Young People, Trauma and Homelessness
Editorial

Jenny Smith, Chief Executive Officer, Council to Homeless Persons

This edition of Parity focuses on the concept of ‘trauma’ and its capacity as a concept to contribute to our understanding of both the lived experience of many young homeless people, as well as best practice responses.

We know that many different drivers underpin the life-changing trauma experienced by many young people. For far too many, the key driver is family and domestic violence. Other young people are managing the consequences of family breakdown, or they find themselves rejected and sometimes ejected from their families, often as a consequence of homophobia or transphobia. For those living in out of home care, problematic relationships with different care-givers and fellow residents can deepen trauma and precipitate homelessness. In too many cases, young lives include multiple and repeated experiences of trauma, added layer upon layer.

However, we know what works! These service responses illustrate a developing consensus that traumatised young people can benefit from trauma informed care.

This edition showcases models and programs striving to deliver trauma informed care. What unites these approaches includes: recognition of the implications of the extreme vulnerability of young people; an appreciation of the need for a holistic response and a commitment to preventing experiences of trauma from becoming a life sentence.

The homelessness experienced by young people can be one of the consequences of trauma, and homelessness can in and of itself, be the source of additional trauma.

It is vital that the experience of homelessness is not recurring or long-term for young people. The approaches to trauma informed care outlined in this edition must also guide our policy thinking in relation to early intervention and homelessness prevention.

Introduction

Vicki Sutton, Chief Executive Officer, Melbourne City Mission

Melbourne City Mission is proud to co-sponsor this edition of Parity with our colleagues Hope Street Youth and Family Services.

The conversation about trauma is not new. Policy and practice in the specialist homelessness service system — and intersecting systems — have long recognised that homelessness is so much more than ‘rooflessness’. However, what is exciting to see, is how that conversation is being translated on the ground — how we continue to get even better at responding to trauma and supporting the recovery of young people we work with.

This is a sector that is forging partnerships that enable investment in research, knowledge translation and service innovation. It is also a sector that is investing in the professional development of its people. As you’ll see throughout this edition of Parity, this knowledge is translating into new models of care that respond to trauma, as well as strengthening the practice of ‘trauma-informed care’ in existing models.

Acknowledgements

This edition is the most recent of an ongoing series of youth homelessness editions that have been supported by and developed in collaboration with Melbourne City Mission and Hope Street Youth and Family Services. Their support is the foundation on which we build our youth homelessness editions.

More recently YFoundations from New South Wales, Brisbane Youth Services and WAYSS have joined as supporting partners in these editions.

Together, the support of all our edition sponsors has contributed to the development of a truly national focus on youth homelessness.
Feature: Young People, Trauma and Homelessness

Trauma, the Expectation Not the Exception for Young People Experiencing Homelessness?

Sandra Rabjohns, Housing and Homelessness Reporting and Development Unit, Australian Institute of Health and Welfare

Young People and Homelessness

Children and young people who are homeless experience significant disadvantage including disrupted schooling, high rates of mental health problems and engagement in risk-taking behaviours and have a significantly increased risk of long-term homelessness.¹

How Many Young People Experience Homelessness?

Youth are over-represented in the homeless population. The 2016 Census showed that about one in four (24 per cent) people homeless on Census night was a young person (aged 12 to 24 years).² In addition, one in three (33 per cent) people in marginal, other crowded dwellings was a young person (12 to 24). This trend has been consistent since the 2006 Census.

How do Young People Experience Homelessness?

Census data are likely to underestimate youth homelessness.³ For example, it can be difficult to distinguish young people who are homeless and couch surfing, from those who are visiting another household but do not identify as homeless.

Trauma reported in the Specialist Homelessness Services Collection (SHSC)

The SHSC collects data about all SHS clients — their characteristics; their circumstances; the support they receive and outcomes that are achieved. These data can provide a lot of information about young people who are experiencing homelessness and seek support.

However, as trauma results from an individual’s response to a traumatic experience most data in the SHSC can only indicate a client’s trauma history. The exception to this is data collected about a clients’ identified need for trauma assistance.

The expectation is that young people accessing SHS will have a history of trauma.

Homelessness in itself can be a traumatic experience. In addition, young people presenting alone who are Indigenous (one in four — 26 per cent — young people presenting alone in 2016–17)⁶ may come from communities that have experienced widespread and intergenerational trauma.⁷

Young people presenting alone may have also had adverse childhood experiences associated, for example, with being on a care and protection order. In 2016–17, 11 per cent of SHS clients aged 10 to 17 were on care and protection orders.⁸

Some aspects of the trauma history of young people (15 to 24) presenting alone to SHS services in 2016–17 are

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<thead>
<tr>
<th>Table 1: Young people (15 to 24) presenting alone — 2012–13 to 2016–17</th>
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<tr>
<td>Number of clients</td>
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<td>Proportion of clients</td>
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<td>Rate (per 10,000 population)</td>
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Source: AIHW Specialist Homelessness Services, 2012–13 to 2016–17

What is trauma?

Individual trauma results from an event, series of events or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional or spiritual wellbeing.¹
revealed in the identified needs of these youths (Table 2).

**Multiple Trauma, Multiple Issues, Multiple Services**

Clients who present to services with complex needs may have a co-occurrence of issues due to their underlying trauma. Research indicates that as adverse events increase in childhood a corresponding increase in negative outcomes is likely. As a result, people may end up requiring support from multiple services and cycle in and out of services over multiple years because of needs stemming from their trauma history.

Figure 1 shows the additional vulnerabilities of young people presenting alone to SHS services in 2016–17. Six in ten (59 per cent) young people were experiencing additional vulnerabilities.

For example, 39 per cent reported a mental health issue and of these clients, the majority had experienced issues with either domestic and family violence or problematic drug and/or alcohol use:
- About one in ten (11 per cent) reported both domestic and family violence and mental health issues.
- One in 20 (5 per cent) reported both mental health issues and problematic drug and/or alcohol use.
- A further one in 20 (5 per cent) reported all three vulnerabilities (mental health issues, domestic and family violence, and problematic drug/alcohol use).

**Table 2: Young people (15 to 24) presenting alone, by selected needs identified, 2016–17**

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<thead>
<tr>
<th>Service and assistance type</th>
<th>Need identified as per cent of clients</th>
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<tbody>
<tr>
<td>Family relationships assistance</td>
<td>25.5</td>
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<tr>
<td>Assistance for domestic and family violence</td>
<td>21.4</td>
</tr>
<tr>
<td>Assistance with challenging social/behavioural problems</td>
<td>21.0</td>
</tr>
<tr>
<td>Assistance for trauma</td>
<td>13.4</td>
</tr>
<tr>
<td>Mental health services</td>
<td>12.5</td>
</tr>
<tr>
<td>Drug/alcohol counselling</td>
<td>5.5</td>
</tr>
<tr>
<td>Child protection services</td>
<td>4.1</td>
</tr>
<tr>
<td>Assistance for incest/sexual assault</td>
<td>2.8</td>
</tr>
</tbody>
</table>

**Data Linkage: Homelessness Services, Child Protection and Youth Justice**

In 2016 the Australian Institute of Health and Welfare published a report on vulnerable young people who experience multiple, cross-sector services in the specialist homelessness, child protection or youth justice service areas. Three matched cohorts were identified when data were linked in this study (1 July 2011 to 30 June 2015) — the specialist homelessness service and child protection (SHS–CP) cohort, the specialist homelessness service and youth justice (SHS–YJ) cohort and the specialist homelessness service, child protection and youth justice (SHS–CP–YJ) cohort — as well as three corresponding SHS-only cohorts for comparison. The study revealed that matched cohorts experienced multiple levels of disadvantage, at greater levels than the SHS-only clients.

Clients in the SHS–CP cohort were more likely than clients in the equivalent SHS-only cohort to be experiencing domestic and family violence, and more likely to be in housed following SHS support.

Clients in the SHS–YJ cohort were more likely than clients in the equivalent SHS-only cohort to report problematic drug and/or alcohol use, and to end SHS support sleeping rough.
Clients in the SHS–CP–YJ cohort were more likely than clients in the SHS-only cohort to report having a current mental health issue, and have experienced repeat episodes of homelessness.

Trauma-informed Care
There is a growing awareness that traditional service-delivery approaches in the welfare sector may be inadequate because they do not address the underlying trauma that drives the needs of clients who seek support from services. As a result, there is strong interest in reforming services so that they are delivering trauma-informed care.13

Under trauma-informed care, trauma is the expectation not the exception.14 SHSC data indicate this is likely to be an approach suitable for services to young people experiencing homelessness.

Endnotes
3. Ibid.
5. Substance Abuse and Mental Health Services Administration 2014, SAMHSA’s concept of trauma and guidance for a trauma-informed approach, Rockville, United States.
10. AIHW 2017 op cit.
13. Ibid.

What is trauma-informed care?
A program, organisation or system that is trauma-informed realises the widespread impact of trauma and understands potential paths for recovery; recognises the signs and symptoms of trauma in clients, families, staff and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures and practices and seeks to actively resist re-traumatisation.12
Chapter 1: Experiencing Trauma / Experiencing Homelessness

Homelessness

Madelyn May-Dessmann

Well, where to start. Having nowhere to live, no roof over your head, no warmth when you are freezing and no cool refreshment when you are overheated. Homelessness. Many people experience homelessness, including adolescents. Being an adolescent myself, I know the struggles with being homeless. There are several situations that have put me, and all other young people in these circumstances. Acknowledging, and understanding that there is nowhere to go or no one to take care of you, can be quite confronting. This realisation can be traumatising as the hardships that adolescents face on a daily basis are quite significant and incredibly hard to deal with.

Experiencing homelessness as a young person can cause a lot of stress and anxiety. Waiting to be notified that there is a bed available at a youth refuge can be very stressful. As a young person myself, the long wait on the decision of whether or not there will be a secure place to go to at the end of the night is awful and it can have massive effects on our mental and emotional health.

Not knowing whether or not we will have to fend for ourselves for another night, or be safe and sound in a youth refuge, may cause young people to become detached from everyone around us. As we become detached from others, we can lose hope that people do care. We often feel as though there is no one there to support us. Being told that I had secured a bed at a youth refuge gave me hope and a feeling of relief.

When first entering the youth refuge and are welcomed by all the lovely staff, the feeling of comfort and feelings of safety, reassures a young person that there is hope. For some adolescents, living in a youth refuge with all the support provided by the staff and the friendliness of other young people, can make a young person feel at home. Living at a youth refuge with the other young people can sometimes feel as though they are your second family, or in some cases, your family.

Many supports are provided at a youth refuge, including regular chats and helpful advice from the staff, being taught how to budget and being reassured that everything will be okay. During the hardest times, we adolescents often struggle to believe that everything will somehow work out. On top of all the support from the staff at a youth refuge, we are very lucky to always have more than enough food, television, heating and cooling and a safe and secure place to sleep at night.

Living at a youth refuge gives me a sense of relief and a sense of safety. Although all the supports I mentioned are available, staff could improve a young person’s stay at a youth refuge by never forgetting how a young person may be feeling.

As a lot of people including a substantial number of adolescents, experience homelessness. My message to all supporting staff is please, if you can if you can, never forget to take a young person’s ability to cope into consideration.
On the Flip Side

T.J Facey

‘...I’ve been homeless for the past two years.

Some of you may think, aw, how sad. Others may think, Ha ha, loser! But, if you saw me on the street, 99 per cent of you would walk right past like I’m invisible. You’d pray, don’t let him ask me for money. You’d wonder if I’m older than I look, because surely a teenager wouldn’t be wrapped in a stinky old sleeping bag, stuck outside in the middle of a Boston winter. Somebody should help that poor boy!

Then you’d keep walking.

Whatever. I don’t need your sympathy. I’m used to being laughed at. I’m definitely used to being ignored.’

Rick Riordan: Magnus Chase and the Sword of Summer
I’ve always connected to this scene. It is the first time you are introduced to the main protagonist; and you get a sense of his character and personality in this one paragraph. You can see his attitude towards people, and his defensiveness in normal life. This is how people can react to any form of homelessness, from sleeping rough, or even being on the verge of homelessness.

After my family lost our home when I was in Year 10 we constantly moved around — motels, family friends’ places. We were grabbing two, three month leases, so we would have a place to stay. My mother was desperate to keep her children off the street, to keep on providing everything she could, to give her children the best opportunities she could. She kept her children in school and I managed to graduate Year 12, although there were impacts I didn’t recognise until now.

My life went on hold for three years, it circled between two things; where I was living next, and if I was going to even graduate. I couldn’t go out with my friends, I couldn’t invite my friends around. My body was constantly stressed, I was always on alert because I didn’t know when we would be suddenly forced to move again.

Now this all seems horrible, that a single mother with three children was forced to go through this with no help; and it was stressful, but in a way, I am thankful for it... I could have gone without it, but I am thankful for it. Through tough times that were hard fought, my family is the most secure we have been in housing for a while. We are still at the mercy of the rental market, but we know the system and how to make it work for us.

Without this experience I wouldn’t have the skills to push through hard times now. I have more confidence in myself that I know I can make it through anything. And now I can help others who have been in my situation. What I really want to highlight is that the effects of homelessness aren’t always physical, they can be invisible and come out in strange ways. It could be that a person is more defensive, or they act out, or even that they are more vigilant, and like me, I prefer to be by myself than be around other people.

I consider myself one of the lucky ones, I have a stable...ish home. I have a great family and a wonderful mother who has always supported me. I go to university and am studying something I enjoy. I receive opportunities that I wouldn’t normally have, and I have the life skills that not a lot of 20-year old’s have. But I had to go through all that trauma to be who I am now.

I believe others can become like I am too. Just because we may seem broken doesn’t mean we are. Young people are experts in our experiences and we are worth the time to listen to, you never know... one of us could be the next big thing, to bring about a positive change to the world.
My Journey

Jess V.

Hey, my name is Jess I am 21 years old and I grew up in Townsville Queensland. I have lived in Melbourne, Victoria for two and half years. After one year living with my sister, brother in law and niece I was at risk of becoming homeless. I was studying in Melbourne, and my relationship with my sister was breaking down to the point where I had to move out. This is when I went to Frontyard Youth Services.

Frontyard have supported me with accommodation and connecting to tertiary education, through the Education First Youth Foyer in Broadmeadows. I have participated in many activities and programs whilst at Frontyard. The cooking program was my first program. In this program I helped to cook food for everyone to eat. What was cooked depended on the food available and allowed everyone involved in the program to be inventive and creative.

Next was the music therapy program in which you could do one-on-one music and group music. I started with one-on-one music where I learned to play the guitar and had discussions about different types and uses for music. This helped me to discover the reasons I listened to music or used music. I then started group music, which allowed me to get to know other people, learn new songs and play different instruments. The pet therapy program helped me to relax and I could connect with others. This program helped me to feel better if I had a bad day and it was just a relaxing program. I also had the chance to do Yoga at Frontyard. Yoga was relaxing and helped me to clear my head when I was having a really full-on day.

In August of last year, I joined the Frontyard Youth Advisory Committee (FYAC). FYAC helps to give feedback for the services at Frontyard and helps to give perspectives and opinions at consultations with other organisations. FYAC has helped to build my self-confidence and public speaking skills as well as build upon teamwork skills and skills in giving feedback. I have also improved in my ability to pass information on to others clearly.

Since the end of February, I have also been involved in the Youth Action Group (YAG) that is run at Frontyard. I am hoping to improve further on my public speaking, teamwork and information sharing skills. I am looking forward to getting to do the two social change projects.

As I mentioned earlier I live in the Education First Youth Foyer in Broadmeadows. Whilst being at the Foyer I have been able to study a Bachelor of Sports Science (exercise science) and I have found two jobs, one at Crepes for Change and one at the Melbourne Convention and Exhibition Centre. I have met many friends at the Foyer and the workers there are also very supportive and helpful. Through the foyer I have had the chance to be a part of the mentoring program. The mentoring program that I was a part of gave me an opportunity to connect with someone with similar interests that could help me with my resume, see movies with me and gave me another friend that I could talk to outside the Foyer. I have also been able to work on myself whilst being at the Foyer.

Another opportunity I have received over the last year has been the ability to go to Youth Insearch. Youth Insearch is a weekend away for 14 to 20 year olds that provides a safe space to talk about sexual assault, parent and adolescent relationships, self-esteem, trust, grief, communication and drugs and alcohol. This weekend gave me the opportunity to talk about trauma that I had been through and get strategies from other youth that have been through similar things. Youth Insearch gave me the ability to deal with things that I had not dealt with in a long time and gave me time away from technology and the outside world. It also gave me the opportunity to make new friends and to meet people dealing with similar issues. Youth Insearch also provides supports group in each area that people come from to continue the support from the camp to outside the camp.

I have worked at Crepes for Change in the van for nine months. Crepes for Change is a social enterprise that is helping to alleviate youth homelessness. In the nine months that I have worked there, I have had opportunities to visit different parts of Melbourne. I have also learnt new skills including how to make crepes and I have improved my current skills in customer service, cash handling and teamwork. I have also made new friends. Working in the van is a fun and enjoyable experience. It is also laid-back but can get busy.

I have worked at the Melbourne Convention and Exhibition Centre for around a month. In this month I have made new friends and have learnt new skills. I have learnt how to work in fast-paced environments and I have also improved my current skills.

I wanted to write this article because I believe that I good for the community to hear youth voices and their stories. I also wanted to write it because I want to be able to inspire others to share their stories and I would like to influence the community in a way that could create and inspire change.
Towards Dignity and Restoration: A Lived Experience Perspective of Trauma

Morgan Lee Cataldo, Lived Experience Service Development Worker*

‘Ours is not the task of fixing the entire world at once, but of stretching out to mend the part of the world that is within our reach.’ — Clarissa Pinkola Estés

Whenever I think about the ‘why’ behind young people experiencing trauma, what comes to me is a web of complexity. Experiences of trauma are wide-ranging and unique, and although we often work to categorise these experiences — the reality of trauma is that it is delicate, nuanced and must be looked at within the context of the world we live and the intersecting systems that engulf us.

The Merriam-Webster dictionary defines trauma as (a). An injury to living tissue caused by an extrinsic agent, (b). A disordered psychic or behavioural state resulting from severe mental or emotional stress or physical injury and (c). An emotional upset. However, of all the definitions of trauma I have found, none speaks to the deep experience of trauma itself. The closest words that resonate are found in poetry, music and other art forms of human expression. I find this one particularly fitting:

By your response to danger it is
Easy to tell how you have lived
And what has been done to you.
You show whether you want to stay alive,
Whether you think you deserve to,
And whether you believe
It’s any good to act.
— Jenny Holzer

If I could describe the experiences of trauma, a key word that always comes to mind is discombobulation. If you can imagine having something happen to you which breaks you into pieces and leaves you to construct back together all your parts, with a new map of yourself, this is close to the experience of unravelling and understanding trauma.

I often ask myself, who would I be without the experiences I have endured that have led to the suffering of trauma? Although I could never possibly know the answer to this question, I nevertheless find it interesting to imagine. I think I would be both more and lesser of a person — perhaps more ‘able’ in some aspects, but then, much less in others — such as my capacity for compassion, for example.

Trauma can be one of those things that creeps up slowly and before you know it, you can’t do things like get out of bed, focus, and/or form or sustain relationships that are nourishing. The capacity for trauma to snowball is great, because the lens through which you see life is completely ‘normal’ and relational to you — even when it might be hurting you and/or those around you.

The process of unravelling and making sense of my experiences has cost me a lot of time, resources and ability. Not everyone is so lucky. Trauma can fragment your life — there are things that belong to you that are scattered in many places, both literally and figuratively. I see concepts such as ‘recovery’ and ‘wellness’ as attempts at describing the gathering of self. The re-arrangement of the deepest parts of you that have always existed and that wish to be recovered after shocking experiences. A person should have access to what they need to pick up the pieces, both physically and symbolically, and put them back into place — access to the places where they feel they must go and go in ways in which they know, and only they know, will support them on their journey towards restoration.

The spaces in which I have truly flourished are those in which people truly care for one another, where everyone is invested in each person being seen, respected and supported. Where there is a sense of community, responsibility and openness. Where painful feelings are ‘okay’ to speak about; where people are adequately supported in times of crisis. Where each person is encouraged to be the truest version of themselves, in ways that cater to complexity and uphold accountability. How we show up with others within a human services context is equally important to designing them more effectively.

Barriers to Care

Given that experiences of trauma are so diverse and nuanced from one person to another, it makes sense that programs and services should be designed and developed to cater to this complexity. Unfortunately, our systems don’t always achieve this. Although often well-intentioned, these systems at best can be mazes to navigate, and at worst, spaces where re-traumatisation is rife.

I see two intersecting problems at play that prevent an understanding of and response to trauma. Firstly, a lack of understanding in the service system about the role and value of trauma-informed and therapeutic services; and secondly, the operation
of broader societal norms that act as barriers when it comes to speaking out about the pain of trauma. Society as a whole often does not encourage the exploration of feelings that are labelled as ‘bad’ ones. So, where do our feelings of rage go? Despair? Agony? If we do not have spaces that can effectively hold the feelings that accompany trauma, how can we have services that adequately care for those who are suffering?

“It’s painful to hear people speak sanctimoniously about anything, but especially about the most important things. Pious unanimity implies a dark side: in the shadow of every church, a den of iniquity. It creates an other, drawing a line through as well as between us.”

Another factor to consider understanding the barriers in place to receiving appropriate care is the measurement of ‘wellness’ dominant in our entrepreneurial society and within a western-centric framework. Often, those who are labelled ‘unwell’ are considered so in direct correlation to their capacity for productivity, rather than their inherent worth and value as a person.

“Self-care and workaholism are two sides of the same coin: preserve yourself so you can produce more.”

Finally, a lack of meaningful participation for those who experience trauma to lead change and design social services acts as another significant barrier. Those with a lived experience, or ‘experts-by-experience’, must be sufficiently supported to access equal power: sitting on boards, serving as committee members and leading change on the ground within the communities to which they belong. Without this approach, we are unable to adequately address the heart of the wicked problems we so desperately want to see change.

As written by Baljeet Sandhu in her report on the value of lived experience in social change,

“Everyone has lived and everyone has life experiences. These experiences make us unique, but they can also unite us. Whether consciously or unconsciously, hidden or in full view, these very experiences can shape the destinies of social change-makers. They can be key drivers for social change and purpose-driven work.”

It Takes a Village
Trauma does not mean people are broken and need fixing, it means that heartbreaking things have happened in their lives — things that no person should have to endure, but endure them we do.

Coming back together both individually and collectively requires the dedication and participation of all of us — not only the person who has endured pain and suffering. To continually blame and stigmatise those who may be ‘stuck’ or ‘falling through the cracks’ is to avoid our collective and shared responsibility as a wider community.

My question, as always, is this: how do we move towards services, or more appropriately, communities, that collectively work together to cultivate environments where the restoration of dignity and shared humanity is possible?

* Morgan currently works at Launch Housing in the Research, Service Development and Advocacy team. These views are her own.

Endnotes
4. Ibid
Young People, Homelessness and Trauma

Elvis Martin, CHP PESP member and R U OK? Ambassador

How can we call Australia home, when 36,000 young people do not have a home? Homelessness does not mean that these young people are without a roof over their head; there is a lot more to it than that. When there is not enough support for a young person facing homelessness, they are probably experiencing trauma. I have heard of many people acknowledging that homelessness can lead to trauma but I do not know why we cannot do something about that.

Young people experiencing homelessness go through a lot of trauma. When young people go through homelessness they just don’t become homeless for no reason! There is always a reason and it is unfair that young people have to suffer because of these reasons.

For example, some young people leave home due to domestic violence. Their home becomes an unsafe place for them. Can you imagine how it feels when the most secure place you know, your home, becomes life threatening and unsafe for you? How do you think that feels? Is it likely that you will find this distressing? Would you end up feeling that things are hopeless? If you think of yourself in these young people’s shoes, you will begin to understand how the young people feel when they go through this!!.

Many LGBTQI young people leave home because parents do not accept them. However, this sort of homelessness has never been addressed or the supports provided that would have protected LGBTQI Young people. Well too late but finally been put in place to support young people in the LGBTI community. The homelessness system and many homelessness services do not know how to react when attempting to assist a LGBTQI young person going through hardship.

Many young people leave home because their families do not support them very well when they go through mental health issues and they don’t feel secure living at home.

These are just few reason why young people leave home! Let me tell you these experiences are all traumatising.

In addition, the stigma attached to homelessness and the lack of support they receive can drag them down even further. The wider community blames and stigmatises them for being homeless, as if becoming homeless was their choice.

Have you ever noticed how some people look down on people sleeping rough? Don’t you think it is painful for the person experiencing homelessness to be treated like they are unhygienic just because they do not have the resources to support themselves? This sort of behaviour makes people experiencing homelessness feel rejected. They feel that there is no one who understands them. As a result, they feel hopelessness. It is already traumatising enough that they are homeless without having to put on with nasty comments like ‘why don’t you get a job!’ or ‘You can fix your problems but you are being lazy!’.

These sorts of comments are nasty and painful. Being homeless means people are not in full control of their lives. People experiencing homelessness need support.

When you see a person experiencing homelessness you can at least be compassionate and give a smile and ask how is their day going! That might make them feel at least there is someone who cares about them. And this might make them feel they are not alone.

I have been there; I know how it feels!
Chapter 2: Responding to Trauma, Program and Service Responses and Initiatives

Structuring Support for Homeless Young People

Laura Petrie, Director of Care Services, Lighthouse Foundation

For over 26 years, Lighthouse Foundation has provided a Therapeutic Family Model of Care™ (TFMC) for young people in the out of home care system and homeless sector. The Lighthouse Model and expertise is shared across Australia informing the way that organisations and clinicians support people with complex trauma by delivering a holistic therapeutic approach.

The model and its principles are detailed in a book co-authored by Lighthouse Founder, Susan Barton AM which is read and utilised in care organisations all over the world. It has been translated into Japanese and Portuguese, among other languages, and is widely regarded as a best-practice resource for treating young people with complex trauma.

Each Lighthouse home has two live-in carers who provide continuity of care, guidance and reliable, predictable boundaries and routines for up to four young people. The aim is to create a secure base for our young people, where permanent carers take on a ‘parental role’ within the home. Carers immerse each young person in a nurturing family-style setting with trauma-informed therapeutic care available 24 hours a day, seven days a week.

The Lighthouse homes each accommodate up to four young people who have been homeless and have experienced significant trauma. Currently two of the Lighthouse homes provide tailored support for parents and babies and two further homes provide intensive therapeutic care to young people and families from the out-of-home-care system. In addition, the Foundation delivers a Youth Resource Centre and Outreach and Aftercare programs that offer support to all of the residents and 800 transitioned young people now living independently.

Recovering from years of traumatic childhood experiences can be a slow process and building trusting, long term relationships is a vital part of the healing process. The therapeutic work undertaken at Lighthouse is guided by three bodies of thought: attachment theory, psychodynamic principles, and trauma informed practice. Lighthouse shapes its procedures, policies and organisational structures to reflect and support the application of these theoretical bases.

All staff who apply for a position undergo an initial psychosocial screen conducted by a Lighthouse psychologist. The two most important functions of the psychosocial screens are the exploration of the person’s attachment style and if present, the nature and extent of the individual’s previous trauma. It is not that a traumatic experience excludes one from working at Lighthouse; rather we are looking for what Dan Siegel, and others have labelled a ‘coherent narrative’ concerning one’s history. Regardless of whether their experiences have been benign or traumatic, an individual who has generated a coherent narrative regarding their own life experience is not only more likely to be psychologically stable, but it also bodes well for their potential to establish meaningful relationships with the young people which is a core component of the work.

Lighthouse Foundation places significant importance on the role of organisational structure as a source of containment for staff and young people. For example, the line management structure operates to hold and contain staff and young people by providing clear levels of responsibility both operationally and clinically. Supervision is an essential ingredient and, as such, clear frameworks of individual and group supervision are provided; not only as a way of maintaining clinical and organisational standards but also as a way of sustaining workers in their roles, facilitating their professional and personal growth.

Carers and clinical staff alike attend reliable and predictable individual and group supervisions to hone their skills and to encourage self-care. The benefits of these experiences filter through to the young people in their day to day home life, their therapy, and through all relationships within Lighthouse. The young people also see that the carers and staff attend their own therapeutic spaces and, as such, they have an experience of therapy and self-reflection being a normal part of the Lighthouse community.

All supervisions, operational or clinical, are organised according to reflective practice and psychodynamic principles and are facilitated by trained clinicians. Carers and clinical staff alike attend reliable and predictable individual and group supervisions to hone their skills and to encourage self-care. Regular supervision also provides an opportunity for staff to mine group resources for insights, suggestions and support. Secure reflective spaces are incorporated into the Lighthouse structure to ensure carers can talk about their experiences without too much anxiety. Then, and only then, does it become possible to think about the processes that tend to engulf carers who are ultimately responsible for the young people’s care.
Beyond attendance at these groups and individual supervisions, carers always have the opportunity to fall back on the after-hours carer-on-call and manager-on-call for assistance.

Another core component of the Lighthouse structure is ongoing training. We train all of our employees on how to engage and support traumatised young people and children. Permanent carers, respite carers, and senior carers all routinely participate in ongoing education groups. Lighthouse provides a 16-week series of two-hour education sessions that focus on a variety of topics including basic counselling skills and self-care, as well as introductions to certain clinical concepts such as transference, countertransference, and group dynamics. In addition to this, all organisation staff, volunteers and partners have the opportunity to attend twice yearly model of care training sessions which delve deeper into the principles underpinning our work. This investment into our carers and team and their associated supports acknowledges everyone’s fundamental role in the therapeutic task.

Lighthouse believes that true trauma-informed practice is where there is systemic holding from managers, clinical teams, carers, young people and the broader community. A support structure that understands holistic therapeutic practice combined with regular reflective spaces, at all levels of the organisation, enables comparatively high-retention rates, which is key to ensuring great outcomes for the young people.

While having a safe place to call home is vitally important, the solution for homeless young people goes well beyond just providing a roof over their heads. We know that lasting healing and recovery happens within a positive, therapeutic community with long term relationships and the results at Lighthouse Foundation speak for themselves. More than 80 per cent of the young people who have been through the Lighthouse model do not return to homelessness and go on to lead productive, independent lives.

Finally, Lighthouse’s ‘On-For-Life’ outreach program sees all young people who have transitioned to independent living able to return to the Youth Resource Centre for a chat, some food, to use the computer, wash their clothes, see their psychologist or meet with previous carers for a coffee. This ensures long-term, permanent solutions to truly break the cycle of homelessness.

If you would like to know more about Lighthouse’s unique and highly effective Therapeutic Family Model of Care™ or to obtain a copy of our recently published Delivery and Outcomes Report, Lighting the Way, please contact our Director of Care Services via 03 9093 7500 or email office@lighthouseinstitute.org.au.
Exposure to trauma is transformational. Assumptions that inform everyday life are upended and can radically impact self-perception and a person’s life narrative. Often — and understandably — the viewpoint for practitioners has focused on mitigating the negative effects of traumatic experiences. Dealing with trauma is what they do. Everyday.

However, this trauma does not simply disappear when workers go home, it leaves a residual presence that can contribute to a cumulative reaction. Empathetic stress, burnout, compassion fatigue, secondary traumatic stress and vicarious trauma speak to a spectrum of dissociative or disjunctive effects.1 Unsurprisingly, there are workers who feel that their experiences are less ‘vicarious’ and represent direct trauma.2

Yet, while trauma is transformational, its impact is not always exclusively negative. Stories of resilience and positive growth emanating from traumatic episodes have been shown to positively alter life narratives, inspire communities and even have a vicarious and positive impact on workers. Resilience, in this sense, can become a source of strength for workers.

The concept of vicarious resilience is rooted in a study that examined the experiences of psychotherapists who worked with survivors and the families of survivors of political violence. Stories of adaptation and survival, of reciprocity in the face of adversity emerged as a source of inspiration.3 These experiences link with the concept of posttraumatic growth, where meaning and purpose is enhanced through exposure to trauma.4

The Australian Centre for Community Services Research (ACCSR) based at Flinders University and Centacare Catholic Family Services are...
embarking on a ground-breaking study to explore not only the effectiveness of Centacare’s established vicarious trauma policy, but how a developed understanding of vicarious resilience among staff can be harnessed to improve overall staff wellbeing.

Through an in-depth qualitative engagement with staff, we aim to identify how workers recognise instances of vicarious trauma and resilience. Through focus groups and interviews, our objective is to ascertain and document the appropriateness of vicarious resilience as a measure of positive change across the following identified areas:

Changes in life goals and perspectives, client-inspired hope, increased self-awareness and self-care practices, increased capacity for resourcefulness, increased recognition of clients’ spirituality as a therapeutic resource, consciousness about power and privilege relative to clients’ social location, and increased capacity for remaining present while listening to trauma narratives.

While there are a number of factors that inform an individual’s resilience (vicarious or otherwise), post trauma support — whether through a community or a workplace — is a significant contributing factor. This is the likely keystone to the study, with any subsequent recommendations to directly inform policy and work practices.

The recent Royal Commission into Institutional Responses to Child Sexual Abuse notes vicarious resilience deep within one of its appendices. Our work aims to elevate the focus from an addendum and to consider vicarious resilience as a pillar of a strength-based approach to working with trauma and its impacts.

This extends across child protection, domestic violence and homelessness, drug and alcohol services and disability.

In terms of staff care, there is nothing more important than recognising what is happening and putting measures in place in response to those experiences. What they are seeing and hearing is a bit like a war zone. When you go into a home and see a beautiful little child who hasn’t been fed and is living in squalor but then you have to shut the door and leave them there, that is very, very difficult. It takes its toll.

Staff can be traumatised from just listening to one another. They can have a mind picture and a memory of extremely challenging situations, even if they weren’t there.

The situations social workers are confronted with on a daily basis are getting worse not better, so we have to step up.

Our response to caring for staff needs to be as important as caring for the client. If that diminishes, the human element of our work does as well.

— Pauline Connelly, Deputy Director, Centacare

It is hoped the research findings will be shared across community service sectors and, going forward, act as a catalyst to lift morale by preventing and alleviating the impact of trauma on workers.

Endnotes
Therapeutic Approaches to Family Violence, Trauma and Homelessness


When family violence renders home no longer a safe haven, young people can experience significant impacts, including complex trauma, homelessness and significant disruptions to their lives. How can we use therapeutic interventions to prevent young people from becoming homeless, and promote their health and wellbeing, life skills, and self-confidence?

Family violence is often synonymous with ‘intimate partner violence’. For the young people we work with, family violence presents in varied ways. It can involve violence being perpetrated against them by their primary carer, step-parent or sibling, or witnessing this violence being perpetrated against members of their family.

Living in a home that is unable to provide physical and emotional safety can be a deeply distressing experience for young people, with significant and long-lasting consequences. One of those is homelessness. Family violence is one of the main drivers into the youth homelessness system. Trauma-informed early intervention family violence programs can play a critical role in enhancing the safety of young people who are at risk of family violence-related homelessness, and building protective factors. These types of interventions can also assist young people who are already in the homelessness system to be diverted from long-term homelessness.

Based around the delivery of therapeutic supports to young people, Melbourne City Mission’s U-Thrive program provides intensive family violence support which promotes recovery from trauma, improves safety and wellbeing, and aims to disrupt the cycle of family violence. This article will share how as family violence practitioners, we use trauma-informed approaches in our work with young people who have experienced family violence and are at risk of experiencing homelessness.

Samantha

When we first met 16-year-old Samantha she had been living with extended family for around 18 months. Prior to this she was living with her mother, who is separated from Samantha’s father. Both of her parents had significant mental health issues, which at times were not well managed. Both parents had been abusive to Samantha and they were experiencing violence from each other.

Samantha’s home life was filled with trauma from her experience of family violence. Describing a time she intervened when her father had attempted to harm himself with a weapon, Samantha spoke of the responsibility she felt for both her own and her parents’ safety. Samantha had recently changed schools and her attendance was inconsistent, thus greatly impacting her education and future job prospects. Samantha struggled to form new relationships and said, ‘It’s awkward when people ask me why I don’t live with my mum or dad’. Her relationships within her social circles were disrupted and she felt like she could not relate to others.
Samantha identified that her understanding of personal boundaries had been impacted, which had resulted in feeling she could not assert her rights. She told us about recent experiences of violence from others in her life, leading to further relationship breakdowns. Due to the normalisation of violence in her life, Samantha also identified her communication with others was, at times, abusive.

How can a young person know of a different way of living if their reference point for ‘normal’ is broken?

In order to disrupt Samantha’s experience of family violence, we aimed to provide Samantha with alternative points of reference. Utilising narrative approaches to unpack Samantha’s experience of family violence, we challenged the normalisation of violence through identifying a personal ‘Bill of Rights’, boundary setting, and talking through what healthy relationships look like. The trauma Samantha had experienced significantly impacted the development of healthy coping skills.

During the period we worked with Samantha, she built on her healthy coping skills and together we identified and developed alternative coping skills. We strengthened internal protective factors, developed distress tolerance skills, and implemented grounding and mindfulness exercises. Samantha’s case highlights that young victim/survivors of family violence may start using violence (for Samantha, this was through her communication) because their reference point for ‘normal’ is broken and such experiences can amplify the emotional harm faced by these young people.

Adam

For many young people who are experiencing homelessness and disengagement in education, accessing respectful relationship education is difficult. Therefore, targeted and tailored interventions can allow young people to build upon and develop alternative skills and knowledge. Take, for example, Adam, who engaged with a range of services provided at Frontyard Youth Services, the state-wide access point for young people who are experiencing, or are at risk of, homelessness. Adam participated in a two-hour drop-in group where a range of activities were provided, including watching and discussing a video on respectful relationships, engaging in an art therapy activity and talking with a family violence practitioner about his experience of family violence.

Through the art therapy, Adam was able to powerfully express some of his thoughts and emotions that had been present for him during the drop-in session. Acknowledging his past experiences of family violence, Adam focused his artwork on empowerment, independence, and positivity. He used phrases such as ‘I have a voice’, ‘Fly high or fly home’, ‘Be free’ and ‘Life is a beautiful place’. Through the session, Adam also developed his own commitment to non-violence. These types of therapeutic sessions allow young people to safely express their emotions with the support of family violence practitioners. It is one of the ways trauma-informed practice empowers the young person and increases their protective factors which may reduce the likelihood of the young person experiencing homelessness.

Every day, family violence practitioners work with young people who no longer have a safe place to call home because of family violence. In order to reduce the number of young people entering the system, the use of trauma-informed approaches that focus on the skills and strengths of young people is vital.

Melbourne City Mission’s U-Thrive program — accessible to young people aged 12 to 24 who reside in Melbourne’s north and west — delivers intensive family violence support which promotes recovery from trauma, improves safety and wellbeing, and aims to disrupt the cycle of family violence. Practitioners provide individual therapeutic support for up to nine months; psycho-social and education group work; and secondary consultations with other practitioners who work with young people experiencing family violence.

More information is available at: https://www.melbournecitymission.org.au/services/program-detail/u-thrive
There has been so much written about the causes of trauma and how it manifests for young people we work with that it has been summarised in several reviews. The narrative from these reviews is one where the young people are conceptualised as having deficits. The reviews have told us numerous times about how they became homeless, their mental health and substance use, their sexual health, their cognitive abilities, being a victim or perpetrator of violence, and their history of abuse. These reviews cover high, middle, and low-income countries, many different reasons for homelessness and many different cultural, sexual, and gender identities.

While these reviews are helpful in outlining the deficits and adversity faced by young people who are homeless, they do not tell us about the strengths of the young people, their survival skills and how they have resisted trauma.

There are few evidence-based programs or interventions to support young people who are carrying the burden of trauma. In contrast to how much has been written about deficits, there has only been one review of studies that has looked at interventions for Post Traumatic Stress Disorder or trauma in young people who are homeless. This review found that the quality of the research into culturally sensitive and empirically tested interventions was so poor that they could not provide any recommendations. Other reviews of intervention studies have drawn the same conclusions. The studies they reviewed were too small or too low quality for the review authors to confidently describe what works and what does not.

Interventions to support young people who experience homelessness receive much less attention in research. As part of another project, the author reviewed the research about what helps young people exit homelessness and achieve stable accommodation. Out of 2,400 articles about young people who are homeless, approximately 40 were relevant to young people exiting homelessness and 250 were about interventions. The remainder were descriptions of how they became homeless, how they adapted to homelessness, the problems they faced, and the services that support them.

Studies about interventions receive less attention because they are harder to conduct. Firstly, there is the issue of ethical approval and consent. We work with people who have been subjected to many forms of oppression. This means that we rightly place a higher emphasis on our duty to permit no harm to come to them.

Current ethical issues around conducting research include:
- the lack of specific guidelines on how to conduct research with this group
- the use and type of incentives; obtaining informed consent
- the relationship between researcher, service provider and young person;
- avoiding sensationalism or voyeurism in reporting.

Secondly, there are lots of tools for telling the negative aspects of a young person’s story (such as their mental health problems, or sexual health problems), but there is a lack of measurement tools whose usefulness in examining outcomes in young people who are homeless that have been tested. Finally, and most importantly, we know that they are all different. They have many different experiences and needs from each other, as studies that have presented a ‘typology’ of young people will attest.

Far from being a cause for despair, let’s use this to reflect upon what young people have told us worked for them. Are they not the experts about their lives? While it can be easy to find out what helps young people with practical tasks, finding out what will make a young person feel safe and welcomed is usually harder. Occasionally it can be as easy as asking something along the lines of ‘What do I need to know to help you feel safe?’ and then having a conversation about what the service and young person can do together. Every young person has an answer for this question, even if they cannot articulate it at that point in time.

If young people cannot tell you what they need in order to feel safe, have a look at how they have resisted trauma in the past and how they continue to resist. This is where it helps to look at the client’s past and present behaviours and develop a formulation that re-frames the young person’s behaviour in terms of what they are achieving or what purpose the behaviour serves.

For example, the young person who grew up in a chaotic, uncertain, and noisy household may be spending all of their time alone in their room; that is how they have learned to keep themselves safe.

The practitioners who get the best outcomes for these young people are the ones who reflect on why the
address some of the effects of the traumas they have experienced in the past. Each time we provide a safe environment, recognise and challenge unhelpful scripts, and respond to young people’s feedback, we build up young people’s ability to recognise and regulate their emotional state, their ability to trust others, and their sense that they have control and mastery over their lives. It may not have a fancy acronym, but it is therapeutic.

Endnotes


A Glass of Milk:  
With Mental Health Support

Alana Kohn and Vanessa Leongue, Mental Health Clinicians, check-in @ Frontyard Youth Services, Melbourne City Mission

It is 5.40pm on a Wednesday afternoon and a text message comes through to Vanessa, one of the mental health clinicians at Frontyard Youth Services in the Melbourne CBD. ‘I might be going back to hospital’.

Michael is a 24-year-old male who moved from interstate to Melbourne to start afresh after his mother passed away. He does not have any social or family supports in the city. He says he’s frustrated about being trapped in a cycle of gambling, suicidal thoughts and time in the emergency department. Michael has a long history of utilising public mental health services when he is in crisis. As he has said: ‘Nothing helps. I’ve tried everything’. Often if a ‘patient’ does not respond to treatment, they are seen as the problem. But, what if it’s the system that is the problem?

Michael grew up in a household filled with emotional abuse, neglect and substance abuse. Adverse childhood experiences have a significant and lasting impact on young people and their social, emotional, and physical world. The check-in program, delivered by Melbourne City Mission at Frontyard Youth Services, focuses on providing young people with safety and stability, which is often not familiar to young people with multiple adverse childhood experiences. We know that relationships are both the source and solution for trauma. The check-in mental health clinicians are constantly trying to attune themselves to the young person to bring about safety and stability. This involves meeting the young person ‘where they are at’ in both an emotional and physical sense.

Tonight is one of the many nights Michael feels there is no other option left but to end his life. Using careful consideration and clinical judgement, Vanessa pours a cup of milk, and brings it out with her and meets Michael in the alleyway next to Frontyard. She remembered that he particularly likes milk. He is on the phone to Lifeline. Vanessa knows what will happen next. An ambulance will turn up and take Michael to the emergency department. At hospital, he will be seen as a ‘borderline’ in crisis, and discharged quickly. Knowing that this experience may provide limited therapeutic benefits, and may only perpetuate his feelings of rejection and abandonment, Vanessa sits with Michael. From the outside it may appear as though Vanessa is merely listening. But there is much more occurring in that moment. Vanessa is acting with intention to activate the parasympathetic nervous system (ventral vagal) in order to down regulate the nervous system. It is this increased arousal which precipitates Michael’s regular pattern of contacting crisis services. Michael does not spend his night in the emergency department. He makes his way home and spends it in his own bedroom. Sleeps. This time, the cycle is broken and Michael has experienced some of the benefits of being supported by a mental health program with the unique approach adopted by check-in.

The check-in Practice Model

Assertive outreach forms an important component of the check-in service delivery model. This includes clinical outreach, in partnership with complementary Frontyard services and partner organisations, to visit young people where they are located.

At its core, the check-in program is designed to remove the barriers that young people are faced with when accessing the clinical and therapeutic mental health support they need. Often, young people experiencing homelessness do not have a fixed address, they may have misplaced personal identity and Medicare cards, and they may not have a mobile phone. In the sector, this cohort of clients is referred to as ‘hard to reach’. The success of the check-in practice model lies in the fact that it is based within Frontyard Youth Services, the state-wide access point for young people experiencing, or at risk of, homelessness. Services and staff located at Frontyard are highly skilled at building trust and engaging with young people with complex trauma. Trauma-informed practice forms the foundation from which the clinicians approach their assessment, engagement and work with young people. Their work is enabled by a culture of high accountability and a model of integration and co-location that means there are ‘no wrong doors’ for young people with multiple and complex needs. This means that young people who come to Frontyard for supports such as housing information and referral but who are also identified as having mental health care needs are proactively linked into mental health care then and there, as needed. Assertive outreach is another important component of the service model (and is described later in this article).
The assertive outreach function is a more proactive approach to engagement with young people who would not usually seek services, and experiencing rough and disengaged from many mainstream supports.

Experiencing homelessness and having to deal with the demands of ensuring your own safety, stability and day-to-day survival can be damaging to a young person’s mental health and wellbeing. For young people who have experienced complex trauma, this is the additional layer of complexity that the check-in clinicians must consider.

Mental health practitioners working in this environment must be ready and responsive. For example, this would typically include rapid response in the event of an acute crisis where risk review and referral to emergency services is required, as well as brief engagement where the presenting issue is acute but urgent referral to specialist mental health services is more appropriate.

So… What is Trauma-informed Practice?

Trauma affects the way people approach potentially helpful relationships. When this is not understood, it can put people at risk of further trauma, due to an ongoing sense of fear, betrayal, distrust and lack of safety. Trauma-informed practice creates opportunities for people to rebuild a sense of control and empowerment, and emphasizes physical, psychological, and emotional safety for everyone.

Given the disproportionately high number of adverse childhood experiences and multiple intersecting traumas that those who present to Frontyard have experienced, the way in which services are accessed is important. Many have had negative experiences with mental health services in the past, including involuntary treatment, often accessed via a police response — further perpetuating their experience of trauma. The check-in team aims to recognise and respond to young people in a way that is sensitive to the vulnerabilities of those that have been affected by trauma.

Back on-the-Ground

It is midday on a Tuesday and an Intensive Support case-worker, hands the phone to Alana, the check-in mental health clinician who’s just come on duty, explaining that their shared client, Nathan, is incoherent on the other end and his friend has called raising concerns for his mental health. Alana knows Nathan quite well, having been working with him for a few months since he walked into Frontyard. Nathan has no family or social supports in Melbourne; he came from a background of violence and substance use, and has a diagnosis of Schizophrenia. He takes medications for this but due to his experiences of paranoia he moves around a lot and often opts for sleeping on the beach, in bushes, or in squats as he doesn’t feel safe accessing properties made available to him. This affects his capacity to adequately manage his treatment. In Victoria, the mental health service system is based on geographical catchment areas so on any given day Nathan may find himself in any number of catchment areas, making it difficult for ongoing engagement and appropriate follow-up for mental health care.

check-in clinicians are aware of the instability and uncertainty that comes with the experience of homelessness. They make it a priority to establish safety and trust so that in the event of an acute crisis they can support the young person with a rapid response to acute services in the most trauma-focused manner.

Nathan sounds incredibly distressed over the phone — his friend explains that he had been staring blankly into space, has not showered for a week, has been seen talking to himself and cannot stop crying — with no apparent reason. He cannot get through to his current area mental health service treating team so Alana and Nathan’s case worker make their way to where he is. (Working in pairs is a vital component of the outreach model, ensuring clinician wellbeing and supporting good clinical decision-making in an unknown environment.) When they find him, Nathan is not making any sense and he is very scared. He appears confused, unable to maintain a normal flow of conversation, and is preoccupied by multiple possible conspiracies. He is distracted by things he can see and hear that are not there, and he is concerned for the safety of his family as well as his workers.

Psychosis can be terrifying and can include suspicion and distrust, making accessing mental health treatment tricky. Alana was aware that one of Nathan’s delusions centred around Emergency Services being ‘after him’, so calling the ambulance would have been very traumatic for Nathan. Instead, after assessing the risk and using clinical judgement based on rapport, Alana and her colleague decide the best option is to transport Nathan to hospital and support him through the emergency department process and transfer to the ward.

For most other young Victorians, there would be a family member advocating for them to doctors and nurses — for Nathan, the check-in team fulfil that role. Nathan is able to access the treatment he needs in a less restrictive care response, minimising the risk of re-traumatisation. This is one of the reasons why the North West Primary Health Care Network (check-in’s funder) is partnering with Melbourne City Mission to pilot this new approach.

For young people experiencing homelessness, life can be complicated. It’s not just about housing. It is also about complex trauma and adverse childhood experiences, instability and crisis, with very few resources to draw upon. The check-in program aims to meet the diverse needs of young people accessing Frontyard whilst operating in a mental health system that is challenged to provide services to this ‘hard to reach’ group.

Endnotes

This article will discuss how a contemporary psychoanalytic understanding of the role of trauma can enhance and expand the work of those who support young people experiencing homelessness. We must seek out a more compassionate approach to this work, one which allows workers to safely enter the world of young people experiencing homelessness, validate their experiences and sit with them in their trauma.

During my four-and-a-half years working with at-risk young people and their families experiencing homelessness, I have often asked myself, ‘Why is nearly every young person, parent, carer and sibling with whom I work, undergoing or has undergone a considerable amount of trauma?’ Yes, some experience it more, some less, some cope well at points and not at others. Why?

As a case-worker, my counselling background has helped me in my work and approach to the people I work with. I am committed to searching for the right responses to the traumatised young people and families who I support. Practice wisdom tells us that many young people who end up without a home have histories of adverse childhood experiences, relational trauma, and multi-layered childhood neglect from their caregivers and broader society.

I am currently in my third year studying Gestalt psychotherapy. My knowledge of this approach has helped me better understand the experiences of young people facing homelessness, how to safely enter into their world, and apply healing and therapeutic interventions.

‘The isolated mind’: Current Approaches to Mental Health Conditions

Reconnect case work encourages engagement with young people as well as their families. Through my work in this program, I have come to the conclusion that it is only through gaining an understanding of the context and subjective lived experience that we, as workers, can come to understand the experiences of young people with a history of trauma.

I have also realised that the prevailing medical model approaches trauma-related issues from a completely different perspective. Seventeenth century philosopher Rene Descartes’ famous words, ‘I think, therefore I am’ has strongly influenced our sector’s way of thinking and responding to so-called mental illness today and to life’s difficulties. This model assumes that if someone suffers from something strange, which is a deviation from what it is seen as normal, that person has a mental illness which is located in the person’s ‘isolated mind’.

When responding to life’s sufferings, the human mind is treated as an objective entity, a thinking thing ‘that has an inside with contents and looks out on an external world from which it is essentially estranged’. This thinking is embedded in the practice of many modern mental health practitioners.

In my work, the idea of the ‘isolated mind’ embodies itself in expectations that workers will be able to encourage the young people we work with to change their thinking and to adopt the right attitude towards their goals, and in doing so, they will be able to turn their lives around and change their life circumstances.
For me, it is quite frustrating hearing many workers who work with young people with histories of trauma telling them that they need to take more responsibility in life. Many of these young people are already exposed to responsibilities over and above what is expected of other young people their age. I have come across situations where young people care for their parents battling addictions or parents re-establishing their lives after serving prison sentences. I have witnessed parenting roles swapped, and children being painfully rejected, blamed and overburdened with responsibilities which they could not fulfill.

I have worked with young people arriving to Australia by boat, witnessing the drowning of co-travelers and terrified of losing their own lives and the lives of those they love. I have also witnessed these same young people struggling within their families adjusting to a new lifestyle. I have witnessed family members being highly traumatised who do not feel able to share their feelings within their family or feel safe to access professional support. These lives often continue to be filled with uncertainties and socio-economic disadvantage for prolonged periods of time.

Approaching young people experiencing trauma from the ‘isolated mind’ perspective seems less compassionate, less helpful and often leads to disengagement and re-traumatisation. Contemporary psychoanalysts, Gestalt psychotherapists, and practitioners committed to thinking and working contextually do not locate mental health issues in someone’s brain. Instead, they recognise that so-called mental illness and life’s difficulties can arise and endure in certain contexts. These practitioners argue that people’s ‘symptoms’ are, in fact, very appropriate responses to what they have experienced.

How Can Youth Homelessness Workers Better Respond to Trauma?

Trauma occurs when a person is exposed to certain emotional or physical experiences and due to the absence of adequate validation and responsiveness, the person disassociates painful emotions from their ongoing experiences. Contemporary psychoanalytic literature offers an explanation and argues that it is not the traumatic event in itself, but the parent, caregiver or close adult’s lack of validation and understanding which renders the trauma unbearable.

Practitioners need to work with people experiencing trauma in a responsive and validating way, to support them to work through their trauma and to establish a new world, alongside the traumatised.

Without adopting different approaches to validating young people’s experiences of trauma, the young people we support will remain disconnected from the outside world, and from other people, workers and peers whose lives are moving forward.

The young people we support often have lost their dialogue, connection and communication with the outside world. We need to be able to better enter the young people’s world, where they can safely show us their fears, anger, horror or whatever emotion they have experienced and are experiencing, without us necessarily wanting to make their experience lighter or easier. Rather than quickly pulling them out of their struggle, it takes courage to stay with them in that difficulty. This provides us a pathway into their world, their traumatic experiences and in this way, to them as a person. Donna Orange suggests that ‘the single most important thing is to treat the person as a person, not as a case of trauma and to allow that person to teach us what she or he needs from us’ rather than an objectifying approach where we think we know what the person needs. This latter approach often means we label the person as uncooperative and irresponsible.

In my work, I have realised that a validating and empathetic response that walks with the person in their struggle, no matter how difficult or far-fetched it seems, is the necessary ingredient in supporting people through their traumas. Hans-Georg Gadamer stated that:

‘the person who is understanding does not know and judge as one who stands apart and unaffected but rather he thinks along with the other from the perspective of a specific bond of belonging, as if he too were affected.’

From my experience, workers can offer greater support to young people if they safety and respectfully enter into the young person’s world, understand them, come from a place of validation and empathy rather than thinking they know what the young person needs.

A Shared Humanity

Regardless of what difficulties young people experiencing trauma and homelessness have, and regardless of their fears or behaviours, it is not a result of mental illness arising in their brains. Rather, it is the result of the contexts in which they live and which are filled with the absence of validation and a real understanding of their experiences. We must seek out a more compassionate approach in working with young people with experiences of trauma. With adequate and appropriate support young people can be supported to re-build a new world alongside the traumatised one and re-establish a connection with the outside world and our shared humanity.

Reconnect is a federally-funded early intervention service that supports young people who are homeless or at risk of leaving home. The aim of the service is to strengthen relationships between the young person and their family and to reconnect them with their community, diverting them from long-term homelessness. Melbourne City Mission’s Western Reconnect service works in the local government areas of Maribyrnong, Brimbank and Moonee Valley.

Endnotes
4. Ibid.
7. Orange M D 2014, What is the single most important thing? <https://www.youtube.com/watch?v=mvCAETg9K9c>.
Ask The Right Questions
Jennifer Furby, Manager, Dandenong Youth Services, WAYSS Ltd

Young people seeking assistance from WAYSS Youth Homelessness Services often present with a personal history of trauma. Given the crisis and short-term nature of our support, the alarmingly high level of comorbidity of mental health issues in these young people makes working with these clients challenging.

Trauma can result from exposure to one significant incident such as interpersonal violence, natural disasters and life threatening accidents. It can also result from exposure to prolonged and repeated events such as family violence, sexual and physical assault and neglect. Family breakdown is one of the main reasons leading into youth homelessness. Canadian research identified 77.5 per cent of young people surveyed left home due to conflict with their parents.¹

The brain plays a big role in how we deal with and respond to trauma. When a traumatic event is experienced, the thinking part of the brain (prefrontal cortex) shuts down and the survival/emotional part of the brain (limbic system) takes over. This is when the fight/flight and freeze response takes over which can result in different responses which the thinking part of the brain has no control over.

Once the traumatic event that has activated the brain’s response has passed, other events that may not be as traumatic as the initial event can still activate the brain in the same way as discussed above. When dealing with young people this response can be perceived as anti-social behaviour, therefore when working in the youth homelessness sector we need to change our thinking when responding to these situations. What is interpreted as behavioural issues may in fact be a young person’s response to trauma.

According to Hishida and Torres,² behaviours we may see exhibited from our clients with a background of trauma can include an inability to understand directions, overreacting to comments or facial expressions, hypervigilance, aggression, an inability to connect cause and effect, perfectionism, depression, anxiety, self-destructive behaviours, fear and vulnerability.

Additionally, the challenges these young people face can include the inability to process information, an inability to differentiate between trauma and non-threatening situations, an inability to form trusting relationships with adults and self-regulation of their emotions.

Trauma informed care is central to our work with young people experiencing homelessness. We provide training to our staff to enable an understanding of how trauma and the effects of trauma impacts our clients and how we can best assist them. We include learnings about the correlation between trauma and symptoms of trauma such as substance abuse and symptoms of mental health. We believe if we do not understand trauma we can fall into the trap of our responding to our clients in a way which can be negative and re-victimising.

Rather than asking a client how they are, be curious and wonder what happened to them for them to end up in the circumstance of homelessness. Be curious as to why they are presenting with what we would call behavioural issues, where does this stem from? What does the client need in regard to nurture and safety?

Evidence would suggest that sensory interventions such as sensation-based activities are beneficial as it assists the young person to change their emotional and physiological state therefore provides a self-regulatory response. Our clients will likely need support with this.

First we need to assist our clients to identify how their body is feeling during their time of distress and second we need to assist them to identify what sensory strategies they can use to change how they are feeling.

One of the challenges is the short timeframe we have to work with our clients as we are funded for crisis intervention. The healing process for people who have experienced trauma is not a quick fix and occurs over a period of time. Accommodation options can break down due to the young person’s inability to effectively cope with their trauma therefore they end up back in the cycle of homelessness which can result in creating more trauma.

The age of the client group is in their favour as their brain is still in the developmental phase therefore has the ability to repair itself with the right care and treatment. If we are trained to respond to our clients through a trauma informed care framework we will work to create a positive rapport building experience for the young people which will ideally result in them feeling safe enough to reach out and engage in long-term interventions with other services.

Endnotes
Sitting together over dinner I watched her — her head lowered towards the table, no eye contact. Staff and young people chatted around her, trying to include her in the conversation by making small talk and using inclusive language but still there was little acknowledgement, only slight glimpses of a hidden sadness emanating from the depths of her vulnerability. Catching her eye for a moment I smiled. She smiled back. I seized this brief and timely opportunity to ask her if she would like to have a chat with me one on one. She nodded and followed me to the office.

Sitting in the chair she started biting her nails. She told me that it was her first time in a refuge and that she was scared. She told me that she has no family and that she has never been good at making friends. She said that people always misunderstood her and accused her of being rude and cold. I could sense that there was so much more lurking under the surface but the priority for me, the nighttime support worker, was to have her settle into the refuge safely for the night, to ease her anxiety and to lay the foundations of a trusting environment. A place where she could feel safe.

I asked if she liked to colour in. She giggled — then a smile and told me she used to love it as a kid but she hadn’t done it for years because it was only for young kids. I smiled back telling her this old girl is certainly not a kid and I love colouring in! Instant rapport. We moved to the kitchen area and pulled out some templates, gel pens and coloured pencils.

Within 20 minutes there were five of us colouring. The young person was introduced to the other young residents as they each appeared and joined in. Before long they were all chatting, laughing and admiring each other’s impeccable skills. Various abilities, ages, cultural and religious backgrounds were represented and each person talented in so many different ways — and it was those various points of difference that brought them together — immediately and around a simple art activity.

As a result of this single, wonderful interaction four years ago my colleagues and I at Hope Street Youth and Family Services developed our evening Art/Craft Program designed to provide an opportunity for young people to relax before retiring to their rooms for the evening. The program
encompasses various forms of art-and craft-making according to the young people's interests. Subsequently, the program has incorporated some mindfulness techniques into the workshops in order to assist young people in developing self-awareness, self-regulation and self-care.

My own professional background encompasses working within the Therapeutic Model of Care provision for the Department of Health and Human Services in Child Protection. I did this work for eight years. I discovered, on moving over to the homelessness sector, that my skills in this area were transferable. Being trauma informed and experienced in therapeutic assessment, case management and care planning served as valuable tools that would greatly assist me in working with vulnerable young people who are homeless.

I recently had the pleasure of attending an Art Therapy Masterclass with La Trobe University at the National Gallery of Victoria. The two-day workshop showcased the work of Yayoi Kusama and explored the role art making can play in improving mental health, wellbeing and in therapy.

The workshop highlighted the opportunities that present when art is used as a conduit between a caregiver/therapist and a young person and it explored the impact art making has when used as a therapeutic activity. Proven benefits for the young person include: positive engagement without the pressure of eye contact; providing a relaxed space for problem solving; generating optimism; making perseverance fun; and experiencing a sense of accomplishment when the project is finished. I strongly believe, however, that the greatest impact is found in the ability for the young person to build supportive self-care strategies into the art making space.

Teaching young people techniques related to mindfulness, grounding and self-regulation gives them positive tools that they can implement any time. In the relaxing atmosphere of the creative space young people can talk freely and converse in an open exchange, often allowing them to address subjects that are difficult to share.

The healing and restorative benefits on the human brain of using art making to address trauma are now a focus of international research. In 2008 Art Therapy was employed to address traumatic effects experienced by teachers and students following the Sichuan earthquake and, closer to home in 2017, the Victorian State Government funded a mobile art therapy program to address the needs of children from families experiencing domestic violence in regional Victoria.

Art therapy and art making has been a major activity and approach in responding to young people who have experienced trauma and come into Hope Street's programs. Hope Street supports practices across all programs that encourage the young person’s journey to be looked at through the artist's lens, through self-expression and art making as an integrated practice response.

Art, relaxation and mindfulness are skills for life and are gifts that many young people are unlikely to receive in their day to day activities.

Many young people regularly express their thanks and appreciation to Hope Street for giving them the opportunity to develop their skills and incorporate new techniques and strategies into their lives.

Facilitating such a program is an honor and a privilege for which I am truly grateful.
The Salvation Army Youth and Family Services: A Psychologically Informed Environment

Angie Jaman, Clinical Psychologist at Salvation Army Youth and Family Services

The Salvation Army Youth and Family Services (YFS) is a crisis accommodation program that offers refuge to 13 young people and four families aged 16 to 25 years. YFS also support 70 individuals in an outreach capacity and employ a range of support staff, including case managers, after-hours support, a Life and Living Skills worker, a clinical psychologist, a youth participation worker and a permaculturist to offer the best opportunities for residents in our care. In addition, YFS offer several activities such as a weekly meals program, cooking groups, a gardening group, the ‘Rock and Water’ Young Men’s Group, craft groups, a health promotion group facilitated by a registered nurse, an on-site therapy dog, guinea pigs, chickens and ducks, a housing information club, as well as weekend recreation activities and school holiday programs for respite.

Homeless young people experience high rates of trauma, abuse and neglect prior to becoming homeless, and often report being maltreated by caregivers.1 People experiencing homelessness are more likely to experience anxiety and depression, and to develop severe and persistent mental health concerns.2 Individuals tend to disengage from education and employment when homeless, and can be exposed to various detrimental factors such as drug use, poor nutrition, violence, unsafe sexual encounters, physical abuse, damaging interpersonal relationships, and limited health care.

It is important to reduce youth homelessness as studies have indicated that those who experience homelessness when young are more likely to experience persistent homelessness in adulthood.3 Complex trauma is referred to as the ‘experience of one or multiple forms of trauma repeatedly for a sustained period of time’. Complex trauma often begins early in life meaning victims are powerless to escape, is usually interpersonal in nature, and is associated with several mental health problems including difficulties in self-regulation, substance use, problems establishing relationships, and self-harm. There are greater incidents of Post-Traumatic Stress Disorder, suicide, and depression in this cohort.2 Homeless individuals with complex trauma frequently return to sleeping rough despite a range of interventions being offered.4 Researchers found this was because these individuals exhibited entrenched, self-harming behaviours so were unable to engage with the support provided within supported accommodation or crisis accommodation services.3 These individuals are often labelled as ‘difficult’ or ‘high risk’ and can be excluded from services.

Further complicating matters, individuals who are homeless and exhibiting these behaviours have limited to no access to mainstream psychological support due to prohibitive costs, limited bulk-billed services, and long waiting lists. By creating a psychologically-informed environment within refuge and accommodation programs, this health inequity can be addressed and the impact of psychological concerns on housing outcomes significantly reduced.

Psychologically-informed environments (PIEs) were developed to assist homeless youth to acquire the personal resources that would support them to achieve sustainable outcomes and protect them from future homelessness. PIEs are focused on meeting people’s emotional and psychological needs in order to assist them to meet their own practical needs.6 The psychological needs of staff members are also addressed. This is the model that YFS use within their purpose-built, 13-unit refuge accommodation, and when supporting their multitude of outreach clients.
The core elements of PIE include:

1. **Relationships**

PIEs believe that disrupted attachment bonds with key caregivers shapes future interpersonal behaviour and contributes to mental health problems including depression, anxiety, substance use, difficulties accepting support, and subsequent re-entry into homelessness due to the breakdown of service supports and/or family relationships. Considering complex trauma arises from mostly interpersonal injuries and occurs early in life, attachment theory is heavily utilised.

Genuine care through relationship building is considered the principal tool for change within this framework. Many traumatised young people have poor emotion regulation, appear impulsive, and do not consider the consequences of their actions. Some may be withdrawn, isolated and reluctant to engage and/or exhibit destructive, anti-social behaviour. A PIE invites staff to understand the function of these behaviours by reviewing the individual’s developmental history.

Once this is understood, staff are encouraged to work creatively to facilitate engagement and reduce further harming or isolating the young person. This empathic response helps individuals develop self-regulation, increases their self-esteem, and deepens their own self-understanding. Through building supportive and collaborative relationships and role-modelling appropriate behaviour and consistent boundaries, staff demonstrate how to self-manage, and recorrect earlier attachment injuries by providing care, acceptance, and nurture rather than judgement and punitive measures.

Understanding a young person does not mean tolerating inappropriate behaviour. ‘Elastic tolerance’ is offered as a way of positively managing behaviours, which means recognising that each individual has learnt unique ways of relating to the world and thus need individualised support plans and responses rather than punishment through exclusion or denial of services. Inappropriate behaviour is challenged respectfully and consistently to help individuals understand expectations and boundaries, and young people are encouraged to take responsibility.

Staff work with clients so they both understand the function of any concerning behaviours, and they
problem-solve new ways to meet the young person’s emotional needs that do not involve behaviours that invite eviction or service denial.

Limit-setting is important to prevent worker burn-out, whilst also increasing young people’s adaptive behaviours and interpersonal skills. Validation and empathy, especially in the face of challenging behavioural responses, can help soothe reactive and traumatised individuals, and demonstrate more helpful ways of relating.

2. Staff support and training
Staff are supported through reflective practice, both in a monthly group format facilitated by a clinical psychologist and within individual supervision. Being reflective means looking at experiences with the goal of improving the way one works. It is used to reflect on relationships with young people, the social and emotional development of clients, the emotional impact of the work on staff, and the effects of the relationships with young people on the staff and wider organisation. Reflective practice assists staff to work empathically to understand the interpersonal processes occurring between themselves and their clients, rather than judging or labelling behaviour (and inadvertently the young people) as ‘difficult’ or ‘resistant’. Staff are trained in basic psychological techniques so they have the ability to openly name these processes and help young people develop healthier ways of interpersonal engagement.

3. The physical environment and social spaces
It is important that the physical space (including the common areas and social spaces) are non-institutional, safe and facilitate interaction between staff and clients. Young people need some choice over how and when they engage with staff and any activities provided, and an overall culture of wellbeing is modelled. By providing control and responsibility of the environment to young people, this helps establish a sense of ownership and autonomy and encourages the young people to respect their place of stay.

YFS encourages individuals to participate in gardening and the design and planning of the outdoor space, as well as tend to the on-site animals to develop a connection with their residential space. The upstairs kitchen and meals area is designed like a dining/living area within a home, with couches, fresh flowers and young people’s art adorning the walls. The refuge is painted in bright, vibrant colours, there are relevant posters advertising beneficial services and activities on show, and the office has floor to ceiling windows so the residents can see who is on-site at any time. Bikes and helmets are provided as transportation and are regularly enjoyed in conjunction with staff. Staff wellbeing is supported through structured activities designed to team build and offer reflection on their physical and emotional wellbeing.

4. A psychological/therapeutic framework
John Bowlby18 stated: ‘All of us, from cradle to grave, are happiest when life is organised as a series of excursions, long and short, from the secure base provided by our attachment figures’. Developing a secure base through consistent care allows individuals to explore the world, be supported to develop new ways to engage with novel and challenging situations, and heals earlier attachment injuries. Having a secure base encourages reduced emotional dysregulation, an increased capability to problem-solve, increased self-esteem and self-worth, and less reliance on maladaptive coping strategies, for example, substance use, self-harm and/or para-suicidal behaviours.

Individuals working from an attachment framework ask themselves — ‘What would a good parent do?’ — when evaluating the best response to the emotional and psychological needs of their client. Good parents promote boundaries, self-care, self-reflection, autonomy and help their charges develop problem-solving skills and distress tolerance, therefore this approach works well for a population who are missing these vital skills. In essence, YFS attempts to become a ‘secure base’ for those missing one.

5. Evidence generating practice
This aspect means empirically assessing the effectiveness of the service to determine what works so that it may be continued, and ceasing what does not. It is crucial to give voice to those people directly impacted by the service, i.e. the young people, which is facilitated through resident meetings, a dedicated youth participation worker, and several informal reporting systems including Outcome Star.

Through these five key aspects, YFS offer an environment where vital life skills and healthy interpersonal behaviours are modelled to strengthen young people’s self-belief and support them to make helpful choices that lead to sustainable outcomes. By consistently reflecting on practice and only using evidence-based approaches, the service holds themselves accountable to staff, consumers and the wider community. Individuals with complex trauma do not benefit from one-size-fits-all approaches, and respond best to validation and empathy, thus a PIE can be the first step in helping young people escape the cycle of homelessness.

Endnotes
3. Ibid.
5. Ibid.
8. Ibid.
9. Ibid.
Family Homelessness: The Trauma of Parentification

Lee Ann Farley and Karol Josevska, Family Crisis Accommodation Service, Melbourne City Mission

When people think of homelessness they picture a person on their own. But families experience homelessness too, it is simply that they are not perceived as the norm or common.

The experience of homelessness for families comes with a range of additional complexities. One of the complexities Melbourne City Mission’s Family Crisis Accommodation Service (FCAS) encounters is ‘parentification’ or role reversal.

Parentification or role reversal is when the child or young person feels compelled to act as the parent, taking on adult responsibilities and making adult decisions on behalf of their own parent. In role reversal, the expected and typical role of the parent/caregiver to provide their dependent/child with love, care, safety and stability is absent. The child’s emotional and psychological needs are no longer at the forefront. This reversal of roles adds additional pressures and tensions for the young person who is already experiencing trauma associated with their homelessness.

A particular case where this was evident to FCAS staff was where an adult mother and young adult daughter aged 18 presented. The family was referred to FCAS for short-term support with their housing needs. The main client was the mother, however during the support period it became evident that the young daughter needed her own support plan as well. FCAS was able to work flexibly and developed separate case plans for mother and daughter.

Whilst housing was the main objective for this support period, through the initial assessment it became evident that there were several other presenting issues that also needed to be addressed. These included support needs associated with intellectual disability, mental health, general ill health and hoarding for the mother, and lack of schooling resulting in literacy and numeracy issues for the daughter, along with mental health and trauma from long-term bullying.

From the moment FCAS met with the mother (Maria) and daughter (Amy), it was clear that Maria’s main preoccupation was for her two dogs who were an integral part of her family. Maria emphasized that she would rather remain homeless and sleeping on the streets if her dogs could not go into emergency accommodation with her. Unfortunately, the dogs were deemed a risk as they were vicious and would try to attack strangers.

Amy’s main concern was to acquire housing — to get some sleep in a warm and safe place, have a shower and have something to eat. Amy pleaded with the workers to help her and her mother. Amy asked if the service could assist with putting the dogs in the kennel for a short time so that she and her mother could have some respite from their homelessness. The workers were able to organise for the dogs to go into a kennel and the clients were placed in a motel which was partially funded by the service.

Throughout the period of support and engagement with Maria and Amy, Amy’s needs were often affected by the decisions made by her mother. Amy’s role reversal with her mother was evident in how she assisted her mother with making sure she was taking her medications, she managed their finances whilst in emergency accommodation, she organised food, and did the laundry for them. Amy was supporting her mother, whilst still dealing with the traumas of her past and present.

Some of these traumas — of sleeping rough and feeling unsafe, repeated experiences of bullying and the implications of needing to care for her mother at the expense of her own needs — affected Amy’s ability to experience safe and stable friendships, social support networks, and fostered feelings of anger and resentment.

Studies have found that role reversal or parentification can have long-term affects that can lead to intense anger and difficulty in forming attachments with others. This stress and trauma — if left unsupported — can lead to additional health and wellbeing issues. ‘For young adults, parentification can impede “normal” development related to relationship building, personality formation, and other developmentally critical processes’.2

By using a strengths-based approach, the FCAS team was able to work with Amy to target some of the alienation that she experienced, and explore additional educational and support options going forward. Amy was supported to identify her own skills and resilience and, together with her worker, set achievable goals and objectives to address some of the challenges she had experienced in her life. Amy developed connections that assisted in building up her confidence and self-esteem levels.

FCAS’s approach recognised that at times Maria and Amy had differing needs and it was important to recognise these and look for ways forward that supported their overall needs.

Endnotes
1. All names have been de-identified.
Lessons to be Learned from Young People

Stacey Veness, HYPA Clinical Care Manager and Claire Boardman, Manager HYPA Homes.

HYPA (Helping Young People Achieve) provides a wide range of support to young people to find and harness their talent for a positive future. It has supported many thousands of young people since its inception in 1958, helping them to access and maintain safe and appropriate accommodation and to reconnect with family, school, employment and the community. HYPA is a division of SYC, a not-for-profit centred on employment, training and youth services.

Imagine you are a 17-year-old living at home with your parents. It is the day before your 18th birthday. You have an overwhelming sense of excitement about your future, knowing your parents will continue to support you while you study or establish your career, and have a friendship group that is encouraging and supportive of one another. Turning 18 is a cause for celebration.

Now imagine a young person who does not live at home but in a residential care unit or foster home. On the day before their 18th birthday, they are packing up their belongings as they have no choice but to move from the place that has been their temporary home. They may be seeing their social worker for the last time; saying goodbye to the people who have cared for them but who are no longer able to support them through the triumphs and adversities of young adulthood. They may be preparing to move into independent housing, living on their own for the first time, and all the while experiencing (again) deep feelings of anxiety, rejection and isolation.

Unfortunately, this is a confronting reality for many young people in South Australia (SA) who are under Guardianship. It is also a reality for those who are homeless and who face the doubly jeopardy of ageing out of the youth justice sector or youth mental health services.

For many young people with histories of adverse childhood experiences, turning 18 exposes them to situations they are not yet ready to master. Being unable to meet societal expectations of young adulthood can potentially further (or re-) traumatising them. Turning 18 is not always cause for celebration.

The trauma from living in dysfunctional households, in multiple placements, coming in and out of youth detention or youth crisis shelters, of experiencing family violence, abuse and neglect, means their brains are not able to develop in the same way as a young person in a safe, stable and nurturing family.¹

Instead, the impact of trauma on brain development means we often see these young people spending most of their days in a state of panic, with the majority of their brain dedicated to their trauma. Their brain becomes wired in such a way so as to enable them to cope with or disassociate from their past experiences. When applying this to a school setting, 80 per cent of the brain continues to ruminate over the trauma, the legacy of terror and worry, leaving only 20 per cent to be ‘present’ in the classroom, to learn and to comply with school norms and expectations. For some young people school can provide a place of safety and routine in an otherwise chaotic life. However, too many young people with a lived experience of trauma cannot cope and ultimately underperform or leave school early.²

Of the young people connected with the child protection, youth justice and/or the youth homelessness sectors, the overwhelming majority present with issues of trauma and attachment. At age 18, these issues are unlikely to be resolved.³

The current approach of ‘becoming an adult’ at age 18 and expecting young people to live independently without a safety net of support and relationships is inappropriate even for some young people from a ‘normal’ upbringing. It is unrealistic and can set up for failure young people with lived experiences of trauma. As childhood trauma is carried on through adolescence and into adulthood, it explains why we often see so many fall instead of fly, developing maladaptive coping strategies to survive, such as self-harm and drug and alcohol abuse, being vulnerable to exploitation and harmful relationships.

In 2014 HYPA launched HYPA Homes, a Specialised Residential Care (SRC) program, with funding from the SA Department of Education and Child Development. HYPA Homes was developed for young people under the Guardianship of the Minister who have experienced significant trauma, abuse, and neglect. At HYPA Homes we attempt to address the issues faced by young people through the provision of trauma informed care. The program is designed to give young people the opportunity to experience an environment that provides all the hallmarks of a family experience — security, consistency, and love — with highly trained carers who have a clear understanding of the complex needs of traumatised young people.

The family setting looks like a typical family suburban home with up to four children per household and carers who live with the children and look after
them as if they were their own. A small group of carers rotate through the house two days at a time, supported by casual carers where needed, minimising the amount of carers having contact with the young people daily. In addition, there is involvement by other professionals such as therapists, who all contribute to providing our young people with a safe, supportive, understanding and consistent environment. While residing with HYPA Homes they are able to confront and deal with maladaptive and destructive patterns of relating, and learn how to form and sustain positive relationships with others.

The program applies trauma-informed and attachment approaches and understands that attachment is the cornerstone to successful transitions into adulthood and life. The outcomes that the program helps young people achieve includes: recovery from trauma, healthy attachment, vocational, educational and social skills, community and cultural connections, positive relationships, and successful transitions into independent living. Currently in SA, the child protection system dictates that our young people must move from HYPA Homes upon turning 18. Despite this, we have the capacity to
maintain relationships to help our young people settle into their new tenancy, and be their safety net for as long as they wish.

In early 2018, Tasmania took a bold and inspired step forward in extending the leaving care age to 21. This means some young people in care will not face the same scary fate as 17 year olds in other states. They will have an experience that provides a strategically built, stepped-down approach of care services, to better transition them into adulthood.

Another example is in the United Kingdom (UK) where poor outcomes for care leavers prompted the government to introduce an initiative called Staying Put. It was used to evaluate outcomes for those staying in foster care post 18. The outcomes were impressive, and the UK passed legislation to allow young people to stay in their foster placements if they and their foster families wished, until they were 21.

We must learn from young people’s experiences of leaving care and apply it to other sectors. At the chronological age of 18 years, a large number of young people ‘leaving’ care have not processed their trauma and loss, nor have they been encouraged and enabled to form positive connections that will support them post-care. How can we then expect these young people to go on to have successful, positive lives?

While living with unprocessed trauma, grief and loss, it is exceptionally hard for young people to learn independent living skills. In many cases young people post-care are moved from an area they know well, to one they don’t know, due to issues of housing availability and affordability. They may have to make this move during their final year of school, leaving a secure placement, where they have had everything provided for them. We then place heavy expectations on these young people to continue their education, establish a healthy lifestyle, connect with their new community and be able to financially support themselves.

In many ways, these young people are set up for failure on attempting to transition to adulthood.

Yet, it is not the young people who fail at making a successful transition, but it is us who fail them for not having systems and a community that understands and recognises the flow on effects of unresolved trauma, and the importance of inter-dependence during young adulthood. When young people ‘fail’ post-care, they often arrive at the doors of our already pressurised homelessness system, and experience adult-centric criminal justice and mental health sector approaches that are a stark contrast to their pre-18 sector experiences.

If we are to learn from young people with a lived experience of trauma, then a complete system overhaul that is aligned with trauma-informed and attachment approaches is desperately needed. Lessons from young people leaving care can be equally applied to the youth justice/adult corrections, specialist homelessness sector and health systems.

It is time to look at how all systems can achieve best practice for young people and be more attuned to their needs. Below are our recommendations for reform:

1. To heal trauma, we need to rewire the brain. In order to do this, time and investment into children and young people’s wellbeing is needed. Young people, regardless of whether it is the education, health, homelessness, justice or child protection sector, need to be given the time they need to process their trauma, with the safety and security of a house they regard as their home; with people around them upon whom they can rely. In reality, this translates to security of funding at levels that enable the requisite type, persistency and intensity of support to be provided.

2. For Guardianship to be extended voluntarily to age 21 (and if requested/required until age 25), including those who choose to live independently, until age 25. This change should be for all care leavers, particularly those in residential care settings who have not been afforded the opportunities of a family home.

3. Individualised plans to help transition 17 to 25 year olds out of care and which are developed well before care orders expire. The plans should be developed with young people, and clearly set out on which areas support needs to focus, to best assist carers and relevant supports to walk side-by-side with young people to ease them into the world of adulthood.

4. Strictly applying the ‘Housing First’ approach with housing models such as HYPA Homes being more readily available for young people who seek accommodation from the Youth Specialist Homelessness Sector. Rather than young people with lived experience of trauma having to cycle through multiple stays in youth crisis shelters while seeking or waiting to become eligible for public or community housing, young people have a right to housing that allows for long-term therapeutic support through trauma informed and attachment approaches.

Let’s together work harder at listening and learning from the experiences of young people so that all can feel that turning 18 is not a time for fear, but a time for positive reflection, celebration and opportunity.

Endnotes


There’s Goals and Then There’s Goals: Planned Support in the Context of Trauma and Tenancy Sustainment

Adam Barnes, Housing Services Senior Manager, Brisbane Youth Service

Housing support work can be easily over simplified and undervalued. There are common assumptions that housing work is all budgeting and living skills development. These loose descriptors may be used to detail day to day work but the reality is that facilitating planned support with young people who are transitioning from homelessness is nuanced and complex.

Brisbane Youth Service have been operating the Sustaining Young Tenancies (SYT) trial project for 18 months. Learnings regarding service model design have been addressed in the November 2017 ‘Responding to Homelessness in Queensland’ edition of Parity. This article in contrast, explores the practice of planned support toward sustainable outcomes for young people who have experienced trauma associated with their homelessness.

One young tenant reflected on her pathway to homelessness:

‘I have 12 brothers and sisters and we were all taken by child safety as our parents did not look after us. I was ten years old when I was sent to my first foster home. I can’t remember though how many in total as they didn’t really want me because of my age. They never gave me a chance so on I went through the system, without any hope, guidance or comfort from anyone, which confused me so I ran away from my placement and self placed at the age of 14.’

Young people’s homelessness experience is commonly defined by the gradual exclusion from relationships that are important to them. Their disconnection from natural supports in family, community and other systems like education and training often occurs in parallel to their engagement with homelessness services and formal supports. It is important to understand that these pathways to homelessness are interlinked with their experience of relationships, reinforcing (often negative) ways that they might think of themselves.

**Planned Support**

Practice reflection conducted with case-workers in the SYT project elicited some common themes. We often began by discussing tenant’s case-work goals and then moved into reflecting on some of the deeper changes occurring beneath these goals. It seemed as though it is in this deeper space where sustainable outcomes occur for young people, particularly for those who have experienced trauma as part of their pathway to homelessness.

Planned support with young people in the SYT project is exemplified by the typical format of partnering with tenants to define goals, as well as develop strategies and actions arising from these. Young people are supported to achieve their goals across a range of life domains. These include material basics such as improved housing or financial stability, mental health, relationships and connectedness, for example.

SYT support is outreach based, allowing practitioners to walk alongside young tenants in their homes, and local communities or when navigating complex systems.
such as legal, housing or education systems. Planned support in the housing context is for this reason, deeply personal and person centred.

It is also complex work. As the tenant achieves some of their goals, they are in the process of strengthening their resilience and capability. How do they experience this achievement? How does this impact the way that they self-identify? How does this impact their identity in the context of their relationships? What role does the practitioner play in this?

SYT practice development suggests that the practitioner has a role to play in not only supporting tenancy goals but in facilitating the tenant’s experience of this process. It suggests that the relationship between practitioner and tenant needs to adapt over time in response to the changing capability and identity of the young person. In this way, the practice of relating to young people needs to reinforce the young person’s experience of the change that they are making.

One of the tenant’s (Matt) reflected that:

‘SYT made Sam and I not feel so alone in making changes. They helped us feel more confident in being independent. They did this through giving us the tools and skills we needed. Found the right people for me to talk to and not doing things for me. SYT gave us a wakeup to clean the house as a couple and not as individuals.’

Matt’s words are good examples of the deeper change that the SYT project is striving for. He does not just talk about getting support to clean the house or paying rent on time. He owns the changes he is making, he owns the confidence and he owns his role in the relationship to his partner Sam, as well as to SYT. Matt’s reflection provides a brief snapshot of a young person who has agency in his tenancy and his relationship with his partner. It is this practice that appears to support sustainable outcomes for young people who have experience trauma.

**Practice Supervision**

Regular and consistent practice supervision is imperative in housing support work. This is particularly true for planned support practice with young people who have experienced trauma. SYT practice development and supervision reflects the person centred perspective described earlier. A relational approach is core to the practice of Brisbane Youth Service and is also front and centre.

SYT practice supervision was also informed by the work of Hellene Gronda who proposed that ‘case management works because of a relationship between the client and the case manager or case management team, with the qualities of persistence, reliability, intimacy and respect, that delivers comprehensive, practical support.’ Regularly checking that these qualities of ‘persistence, reliability, intimacy and respect’ are present in the work, has been useful for SYT practitioners in their relationships with young people.

SYT project learnings reveal that the nature of supporting relationships and their responsiveness to young people appears to be significant. Effective planned support needs to be responsive to not only tenancy related goals but to the changing identity of tenants and the relationships that reinforce their identity. The practitioners’ ability to listen to young people’s changing story, and reinforce young people’s agency in the relationship requires skill and practiced reflection. However, the investment in this space seems to yield real benefit for young people sustaining tenancy.

**Endnotes**

Walking the Talk: Self-care and Working with Trauma

Reflections of a worker in the youth homelessness sector

Marita Hagel, Youth Coach, Detour Program, Melbourne City Mission

She described a haunting childhood memory that was so vivid it took me there too. To see Kate back at that place was heartbreaking.

Kate had come to our service as she was at risk of losing her tenancy due to significant arrears. As a youth coach, I worked to create a safe space for Kate to express her pain. The memory she was describing had been prompted by a recent session she had had with her counsellor and the next session was some weeks away. Kate needed support in that moment and, unlike the counsellor, as a youth coach/outreach worker working in homelessness prevention, I am lucky to be flexible enough to manage my schedule to see young people when they are available, sometimes at a few hours’ notice. Flexibility is a necessity in this work.

It is well known that a significant cause of youth homelessness is the experience of family violence and abuse. Young people experiencing homelessness can be further impacted by trauma, anxiety and depression.

Self-care and Commitment to Trauma Informed Practice

Vicarious trauma is a reality of our work and, being empathic people, the young person’s experience of trauma can have an impact on us. We encourage service users to use self-care but we often forget about our own self-care and the supports that are available to us to help keep our self-care intact. The impact of this can become evident in unexpected ways. An example might be staff not taking sick leave when they need or constantly working through lunch breaks to deal with the pressures of admin.

Workers are supported by policy, procedures and practice frameworks to work with those who have experienced trauma and how to support them within the boundaries of our role. This might take the form of training, debriefing, secondary consults with mental health workers, and supervision. Team approaches also support trauma-informed practice.

In the Detour program, we do regular peer learning which allows individual workers to reflect on a particular incident or case (known as a Verbatim). It involves the presenter being coached by a fellow team member to reflect on the situation, such as a particular conversation with a client, and the impact it had on them as a worker and the learnings they took from it. The other team members observe and provide feedback on the process. It is a space for learning and reflection rather than advice giving. Creating a safe space and a supportive team culture are imperative in this process. On a personal level, we also develop our own self-care practices that work for us, such as going to the gym, walking, yoga, meditation and listening to music.

When we explore the need for support and counselling with young people, often traditional counselling is not the preferred method or the only solution. Other forms of therapy such as art or music therapy and animal therapy are great.
alternatives or supplement to counselling and other forms of self-care. Young people have other creative and cost-effective ways of looking after themselves such as colouring books, writing raps and poetry and music and journaling and spending time with their animals. Sometimes their pet is the only positive connection they have, which presents a challenge when finding appropriate housing. Building social connectedness and working on relationships is also vital to build resilience. Humour and having a laugh with each other is also an essential panacea to the stress of our work.

Workers aim to bolster self-esteem as poor self-worth can be another significant side effect of trauma. We bestow genuine positive messages daily to young people we work with. It is often a struggle for young people to accept or trust these messages when negative feedback and abuse experiences have been the norm from an early age. As workers, we can learn to take compliments too and own it when our colleagues or supervisors commend our work in an authentic way. Every day we strive to uplift others when we also need to be uplifting each other and ensure we are all equipped and empowered to do the best possible work.

In a previous role, I met with a family who had left their home country only days ago because of a humanitarian emergency. Their gratitude to Australia was immense, their pain visible on their faces. What they described was horrific. The workers all needed to debrief with each other afterwards. We cannot help as humans to empathise, feel their pain and be dismayed at the cruelty of others. My team leader and manager were also instrumental in supporting me through working with this extraordinary family and assisted me to try to come to terms with the atrocities they had experienced.

As a worker, I have developed resilience in myself and in my practice through my experiences, learnings, self-care and support from colleagues and management. Through their resilience, the family was able to enrol in English classes and schooling, link to health services, maintain a rental property, and the father found work despite the trauma and dislocation they had experienced.

On a broader level, staff are supported by the organisation that genuinely consults with service users on best practice and embeds trauma-informed practice into the culture. A culture of self-care enables workers to provide excellent trauma-informed responses.

Trauma-informed practice is promoted by a culture that provides safety, compassion and respect for service users and staff. Where staff have recognition of their work, input in decision-making, acknowledgement and support around the potential impacts of secondary or vicarious trauma, they can continue to thrive. Strong organisational policies and procedures that support a range of work-life balance strategies ensures that staff are able to process the traumatic life experiences of the people that we support.

Trauma-informed work begins at the worker and team level and is enabled when policies, decision-makers and management support our work. This needs to go further than offering staff Employee Assistance Program sessions when there is a critical incident. When workers feel supported and empowered they can continue to strive to achieve great outcomes and contribute to continuous service improvement.

When young people are able to access work, education and stable housing, they are better equipped to do the necessary work to come to terms with their trauma. With support, workers on the ground are enabled to support young people on their journey to better their lives and realise their potential.

The Detour program aims to permanently divert vulnerable young people away from homelessness. Working with young people aged 12 to 24 who are newly homeless and those who are at imminent risk of becoming homeless, Detour gives them access to the resources they need to strengthen their family and social networks and enhance life opportunities.
The Importance of Trauma-Informed Juvenile Justice

Natalia Gale, Projects and Policy Officer, Yfoundations

Juvenile justice needs to incorporate trauma-informed care in its rehabilitation of young offenders.

By the time a young person comes into contact with the juvenile justice system they are more likely than not to have suffered some kind of trauma. Research with young people in detention in New South Wales (NSW) found that 81 per cent of females and 57 per cent of males reported that they had been abused or neglected. A significant proportion of these had experienced severe abuse or neglect. And, nationwide, around 80 per cent of young people in juvenile detention in Australia have experienced multiple traumatic stressors.

To put these numbers into perspective, young people in detention are three times more likely than those in a comparison group to have been exposed to multiple types of violence and traumatic events.

The relationship between exposure to trauma and involvement with the juvenile criminal justice system is not a coincidence. Exposure to trauma often leads to distrust, hypervigilance, impulsive behaviour, isolation, addiction, lack of empathy, and self-protection aggression.

We know from research on brain development that this is in large part due to the areas of the prefrontal cortex responsible for cognitive processing and the ability to inhibit impulses and weigh consequences before taking action not being fully developed until people reach their mid-twenties. Traumatic violence, in particular, can delay or derail brain development, leaving even the most resilient and intelligent young person with a diminished capacity to inhibit strong impulses, to delay gratifications, to anticipate and evaluate the consequences or risky or socially unacceptable behaviour, and to tolerate disagreement or conflict with others.

Trauma-Informed Care

Young people are more likely to take risks, can be resistant to authority and may act impulsively or strategically without any regard for law. Further complicating the picture, these young people are often reacting to current challenges based on alarm reactions and survival tactics learned from coping with traumatic violence or victimisation in their own lives.

By screening and assessing all young people in detention using a trauma-informed approach, juvenile justice workers can then work together to tailor and provide evidence-based and holistic services and programs that will help young people understand and manage their trauma.

Rethinking how we work with, and engage with, young people in the juvenile criminal justice system requires participation and cross-system collaboration from police officers, judges, lawyers, prosecutors, prison staff and policymakers.

It is important to ensure that a thorough trauma-informed screening and assessment of a young person’s needs and vulnerabilities becomes the norm in juvenile justice detention centres. Making this screening and assessment process the norm will help reduce the culture of distrust that seems to be common among young people in detention. Indeed, research has found that many young people remanded into custody may not trust staff with the disclosure of their trauma histories, and both girls and boys under-report sexual violence and symptoms of sexual trauma.

By screening and assessing all young people in detention using a trauma-informed approach, juvenile justice workers can then work together to tailor and provide evidence-based and holistic services and programs that will help young people understand and manage their trauma.

Triggering Correctional Practices

Good correctional practice requires environments that are highly structured and safe, with predictable and consistent limits, incentives and boundaries, as well as swift and certain consequences so that detainees are treated fairly and equally. The trauma many of these young people have experienced makes them especially sensitive to environmental triggers. Yet many are kept in an environment that seem designed to trigger trauma and rage: long periods of isolation, harsh, sterile surroundings, bright lights, strip searches, frequent discipline from
For example, research in the United Kingdom showed that solitary confinement — which involves social isolation, reduced activity and environmental stimulation, and loss of control over all aspects of daily life — is especially distressing when imposed on young people who are already likely to have particular vulnerabilities and mental health needs. In another study, several young people said that their mental health symptoms worsened during isolation, while staff agreed that a young person’s risk of self-harm and suicide is heightened.9

Many of these practices activate post-traumatic survival fears and reactions that are psychologically harmful to young people. They also reinforce the belief that violence is an appropriate way of controlling others, something that undermines the rehabilitative mission of the juvenile justice and child protection systems. Establishing firm and fair discipline, rules, and standards is an effective way to hold juveniles responsible while also teaching them through actions and words that violence is not acceptable.

Sensitivity to Individual Differences

It is important to provide juvenile justice programmes that are appropriate to a young person’s cultural background. In NSW, Aboriginal and Torres Strait Islander (ATSI) young people are disproportionately represented amongst those in juvenile detention, comprising 52 per cent of detainees in 2014/15, despite making up only 2.9 per cent of the total community in NSW.10 It is crucial that those who work with ATSI young people respect and are sensitive to cultural differences, and are aware that cultural norms and practices influence how young people define and experience a traumatic event.

It is also essential to provide care and services that are responsive to the gendered needs and experiences of girls and boys. Currently, trauma is far more likely to be addressed in female than in male detainees.11 Juvenile justice staff should have an understanding of both the differences and commonalities of male and female reactions to trauma. This is because there are differences in how trauma manifests in boys and girls. Girls tend to internalise whereas boys tend to externalise.12

Workers who are familiar with gendered responses are better equipped to deal with a range of reactions, such as whether a young person’s reaction is characteristically masculine or feminine.

Finally, it is important to provide care and services to address the special circumstances and needs of those from the LGBTIQ community. The justice system must respond to their past exposure to violence and trauma in ways that do not perpetuate stereotypes or the use of stigma against LGBTIQ young people. This includes providing services and programmes that support their sexual orientation, lifestyle and peer group choices while helping them to establish a sense of security within themselves and their relationships.

LGBTIQ young people are often the targets of bullying in detention, increasing their likelihood of experiencing despair, isolation, suicidal ideation, and chronic violence in the form of bullying. Detention centres can isolate LGBTIQ young people in order to protect them which can directly traumatise them as well as worsen any past exposure to trauma. Juvenile justice staff must be trained to provide consistent and sensitive therapeutic supervision to ensure the safety of LGBTIQ young people without resorting to isolation, and those who work with them must be trained to deliver trauma-informed care while demonstrating respect and support for the sexual orientation of these young people.

Benefits of Being Trauma-Informed

The benefits of being trauma-informed are many:13

- contributes to restoring order and safety by enabling staff to effectively participate in a young person’s recovery
- helps young people and families better understand childhood trauma and its impact on health and behaviour
- reduces trauma and mental health symptom

- decreases patient use of acute care and crisis services
- cost effective treatment.

By failing to correctly identify, work with and treat young people exposed to trauma, the system fails to support these young people in an impactful and meaningful way.

Endnotes
For a time in my life I told people I lived in a three-story villa with 360 degree panoramic views of an immaculate garden. The reality, though, was far from glamorous. I had found myself homeless. In the middle of a frosty winter, the only place I could find that seemed safe at night was in the nature reserve that surrounded a three-story children’s park. All I had was the clothes on my back, some bus tickets and a school bag.

This was in Canberra in the late 1980s. I was 15 years old and, as far as I knew there were no services that could help me. Even if there were, I didn’t think to, or know how or where to contact them. For a week, I concentrated on surviving. How to eat, where to sleep.

During the day and most of the night I kept on the move. When you are homeless you are always on the move. You move to keep warm, you move to kill time, you move because you are ‘moved on’. I missed the social interaction of my friends at school and in a strange way I even missed school. Even then I had an inkling that education would be my key to independence and financial security.

My circumstances improved and I returned to school, but for the next few years my accommodation status varied. At times, I was snuck into friend’s rooms at night and briefly resided in the corners of living rooms and all the while still managing to stay in school.

It was one of these times that the parents of a friend (who happened to be teachers) asked me what I wanted to ‘be’. I said, ‘A teacher’. This couple offered to put me up in their home, with my own room, a desk in the corner with one condition: I had to spend an hour or more at that little desk every afternoon after school. That opportunity changed my life forever.

Until then I had presumed that my average grades reflected an average intelligence. But now, after years of instability, I suddenly had a secure place to stay, food, caring boundaries and an hour a day sitting at a desk to work on my future. I will never forget the power their belief in my ability to learn had on me. I was able to steadily complete my studies, and my grades soared. As did my future possibilities.

Looking back now, I can barely remember the circumstances described above. They are a very small part of my life story (even though they felt so large at the time).

I know that whatever a young person is experiencing now as a 15-year-old is only part of their life story — where would they like to be in five years’ time? What do they need to set in motion today to achieve this?

A few years later, I became a teacher. Twenty more years and I’m leading teaching and learning practice at an independent school that caters to the learning needs of 15- to 25-year-old young people who have previously disengaged from education, many with experiences of homelessness.

The Hester Hornbrook Academy aims to equip and empower students who, due to a variety of significant barriers to learning (trauma, anxiety, substance abuse, homelessness and on occasion all of the above), have faced obstacles to learning in a traditional classroom environment. The Hester Hornbrook Academy was established by Melbourne City Mission to provide supportive, flexible education and to reconnect young people with schooling, providing both social and education supports. Many of the students we work with have had negative experiences with education and it is our job to cater specifically to their needs to ensure that this time round their experience is positive and worthwhile.

The most fundamental key to our success in this respect, is that each student in our classrooms is supported by an Educator/Youth Worker team. In our setting both these professionals build positive relationships with and contribute equally to a young person’s personal and academic growth.

A lot can happen outside the classroom, and by utilising these two complementary professions, we enable the student to focus on achieving their personal, learning and education goals while the youth worker works closely or behind the scenes to identify and address the immediate needs of our students.

For example, a young person who is currently experiencing homelessness will find it very difficult to focus on a literacy task. However, knowing they have their dedicated Youth worker securing accommodation for them that night and tapping the student into a variety of future options may alleviate their current concerns enough to then concentrate on their current studies and/or future plans.
In order to achieve this holistic and individualised approach to learning it is important that the young person is involved every step of the way.

The first question we ask a student is ‘what do you need from us?’. The answer to this question will set up what their individualised education journey and wellbeing support will look like while in our classrooms. It is also important to ascertain immediate factors such as the last time they ate food and how they slept, to assess their current capacity to engage in the classroom. Basic needs are addressed to allow for positive learning experiences.

On a day-to-day level this may include: having breakfast when they arrive, being able to have a shower, taking food home or allowing them to wash their clothes.

Making sure class is a safe place for all of our students is a number one priority. Our classroom spaces often act as a reliable safe base for the students during the day. And if it wasn’t for this approach, some would not be in education at all.

From an educator’s perspective, it is important to provide adaptable education material that meets the needs of each student and is reflective of the students’ current capacity to work. As the students’ circumstances change or level of engagement increases the educational material is adjusted to match. Stability, availability and routine of education programs can often be a constant means of support, and source of self-worth for our students.

When working with young people who are experiencing homelessness, we must acknowledge the complexities and uniqueness’s of their situations. There is no simple or singular solution. It is common that some Hester Hornbrook Academy Students spend their nights at refuges, couch surfing, staying at extended relatives’ homes and sleeping rough/squatting. We believe it is an absolute credit to our students’ resilience that they still maintain contact with their respective workers throughout these periods or in many cases continue to attend and successfully complete their VCAL certificate.

When my life journey took a significant turn at age 15, I knew that education was my key to independence and security. Now I am proud to work in an environment supporting young people to achieve their own personal versions of success.

The Hester Hornbrook Academy is an Independent school run by Melbourne City Mission, offering VCAL programs in five sites around Melbourne. Each site is co-located with other youth services and every classroom has a youth worker and educator who work together to support their students.
Hope Street Wellbeing and Safety Plans

Christine Fagan, Program Manager North East, Hope Street Youth and Family Services

Trauma robs the victim of a sense of power and control. The guiding principle of recovery is to restore control to the survivor.

Hope Street Youth and Family Services provide 24 hour supported crisis accommodation as a part of a suite of youth specialist programs for young people and young families experiencing homelessness. The accommodation provides each young person with a private room. Each young person is informed about the range of specialist services available. The residential support teams offer respectful, professional, and non-discriminatory assistance designed to respond to young people and their children’s immediate and emerging needs.

A significant number of our client group have experienced trauma, in their distant or recent past, and may currently be experiencing the effects of this. Hope Street implements a range of industry recognised approaches to practice within the 24-hours service model, program procedures and daily activities. These practices and activities are a part of our specialist response in supporting young people who have experienced trauma. This article will focus on one aspect of Hope Street’s youth refuge intake procedure — the Hope Street Wellbeing and Safety Plan.

In trauma-informed care, every aspect of service delivery needs to be mindful of the difficult histories of young people. The following key themes are outlined by Hopper et al. as the basis for trauma-informed service delivery:

• trauma awareness
• emphasis on safety
• opportunities to build control
• strengths based approach.

‘Trauma informed practice is a strengths based framework grounded in an understanding of, and responsiveness to, the impact of trauma, that emphasizes physical, psychological and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.’

The emphasis on safety is extremely significant for trauma survivors and covers not only physical safety, but, as the McKillop Sanctuary Model outlines, four types of safety: physical; psychological; social and moral safety.

For trauma survivors, boundaries have usually been violated, and systems or positions of power abused. It is extremely important therefore that...
clear roles, responsibilities and boundaries are established and that privacy, confidentiality and mutual respect are always modeled and promoted. These items are covered in our Rights and Responsibilities documents and act as a springboard for discussions with clients about values based behaviour.

During the intake process, a team member encourages all clients to ask questions about their rights and responsibilities, to discuss the consent requirements, and to clarify what confidentiality means in a shared practice environment.

In addition, the Wellbeing and Safety Plan gives clients an opportunity to sit down with an individual team member in order to outline their own wellbeing and safety needs. This is an opportunity for young people to share their issues regarding physical safety. They may disclose self-harm, family violence, use of medication or injuries. The young person and the worker decide on options to lessen or eliminate potential triggers and develop strategies to assist in managing strong feelings or seeking of help. These strength based measures assist young people to build skills in emotional self-regulation and to develop control within themselves and their lives.

The word ‘Wellbeing’ in our Wellbeing and Safety Plan is designed to encourage team members and clients to look at more than just physical safety. Wellbeing covers those domains, described in the Sanctuary Model, as psychological, moral and social safety.

These include a broad range of psycho-social skills and abilities, which clients may encounter in the shared living spaces at Hope Street Youth and Family Services.

Emphasis is placed on developing social skills by learning to:
- value self-knowledge
- look after oneself physically and emotionally
- manage strong feelings
- accept differences

As these plans are developed within the residential team, clients also experience a safe relationship when discussing these issues. This builds trust, initially with that worker. This trust may transfer to other workers on the team and then across the organisation. Part of one person’s safety plan may be reaching out for support from trusted friends and family. When that is explored and placed into a Wellbeing and Safety Plan it demonstrates to a young person that the team members support individual networks and believe that clients have the capacity to give and receive support and that they are worthy of receiving this support.

The Hope Street Wellbeing and Safety Plans are not merely a communication tool or a risk management strategy. The Wellbeing and Safety Plans, when utilised with trauma-informed practice principles in mind, become an important therapeutic tool in assisting clients in trauma recovery.

* Christine Fagan been a leader with Hope Street for four years. Christine manages the Youth Residential Program, the Youth Foyer-like program in City of Whittlesea, Enhanced Youth Refuge Program including the After-Hours Response Service and Case Management Programs. Christine has a career history of working with youth, survivors of family violence, Acquired Brain Injury, community work and educational settings.

Endnotes
3. Ibid.
Clinical Supervision…
The way forward… Don’t ya think?
Reflections from the Youth Housing Support Program at South Port Community Housing Group.
Rebecca Blight, Barbara Leon and Claire Lilburne,* Southport Community Housing Group Inc

The term ‘supervision’ has a long history in the human services field, and can be used to describe many different approaches of supervision in the workplace. For many organisations, the primary aim of supervision tends to be around accountability in terms of administrative and organisational goals. For the purposes of this article, Clinical Supervision (CS) will refer to a formal relationship in which a professionally qualified supervisor regularly facilitates the workers’ professional development, education and support.

South Port Community Housing Group’s Youth Housing Support Program (YHSP) is a Specialist Homelessness Service that assists young people (15 to 25 year olds) who are homeless or at risk of homelessness. Most of the young people we support have had transient lifestyles and histories of abuse and trauma and face significant difficulties in negotiating the demands of daily living.

The YHSP Team has accessed fortnightly external clinical supervision as a group for many years, facilitated by a clinical psychologist/supervisor,” with over 30 years’ experience in psychology and psychotherapy, dual diagnosis, psychodrama, and intensive-psychodynamic therapy.

CS for the YHSP team has many perceived benefits such as debriefing about client material, learning new skills and strategies to enhance client outcomes, increased self-awareness and self-care, and team building.

The aim of this paper is to discuss the benefits of CS for workers, teams, organisations and client outcomes, and advocate for the implementation of this type of approach more widely within the homelessness sector.

Education
A large proportion of clients presenting to the homelessness sector have experienced trauma, abuse and disadvantage, and thus present with challenging and complex needs. This requires practitioners to be highly sensitive to these needs and respond in a way that incorporates best practice principles around trauma informed care, attachment theory, relational concerns between client and worker and short and long-term psychological effects for the workers in dealing with such vulnerable group.

The educative function of CS aims to provide an ongoing learning environment, allowing workers to develop their professional knowledge, skills and competencies. The Clinical Psychologist does this through the use of tools such as role modelling, role playing, discussions and facilitated reflection. There is also a component of developing a common clinical language that facilitates the creation of a clear case formulation or ‘working hypothesis’ which takes into consideration the client’s unique story.

Support
Our supervisor’s approach to the supervisory relationship is in itself trauma informed, facilitating a welcoming, confidential and safe place in order for trust to be developed. It is an opportunity for workers to exhale, debrief and reflect on work related concerns and stressors.

Ellis contends that effective clinical supervision is more about the supervisory relationship and environment than any specific theoretical stance or model used. Studies have demonstrated that supervisees perceived ‘trust and rapport’, ‘advice and support’, ‘improved care and skills’, ‘length of relationship’, and ‘reflection’ as effective aspects of CS. Furthermore, our supervisor’s availability for debriefing and support (outside of the regular fortnightly session) provides an extra level of support and reassurance to workers.

The Youth Team is able to feel safe and heard within such a context, enabling meaningful reflection on practice issues and the impact this may have on the personal domain. Workers are supported to observe the ‘relational space’ or relationship dynamics occurring between clients’ behaviours and workers’ reactions, perceptions and biases, and therefore be able to respond accordingly.

Worker Well Being
The YHSP Team’s experience of regular CS is extremely positive in terms of workers’ sense of wellbeing, effectiveness, stability, self-awareness and ability to self care. These benefits are supported by the current literature that also highlights a reduction in emotional strain and burn out.

The YHSP Team’s ability to be sensitive and in tune to team members’ vulnerabilities is enhanced through critical reflection in the supervisory space. The personal histories and experiences of each team member do impact on practice and at times, these are reflected upon and unpacked in
CS. Possible interpersonal conflicts are dealt with and reflected upon instead of being avoided. This in turn creates further harmony and safety within the working relationship of the team.

There are numerous ways in which the traumatic themes within client material can trigger intense personal responses from a worker. CS allows the worker to be increasingly aware of one’s reactions and feelings, and such awareness enables one to better self-care. Some of the ways in which team members’ self-care includes regular gym attendance, regular yoga practice, art, engaging with nature, catching up with friends and supportive networks.

Organisational Benefits
From anecdotal experience, the homeless sector tends to have high staff turnover and vicarious traumatisation can be a common unfortunate consequence of this job. This is due to the complex nature of clients’ presenting needs. At an organisational level, CS has been shown to increase staff morale, job satisfaction and retention, as well as reduce instances of sick leave, whilst at a client level, it is said to improve outcomes.18

The literature overwhelmingly confirms that job retention, job satisfaction and mental wellbeing tends to be low among social workers, whilst levels of burn-out and job-related stress are high.19 In our experience, the YHSP Team has tended to retain staff and has been a solid and cohesive team over the years. It is worthwhile to note that the organisations support of the YHSP Team accessing CS over the years has been highly critical in ensuring its staff morale and job satisfaction.

Client Outcomes
The literature is inconclusive when it comes to measuring the impact of CS on client outcomes, as outcomes can be inherently complex, subjective to the individual and subject to change over time.19 The Youth Team does not claim to achieve better outcomes compared to other services. However, we feel very equipped, with the development of a common clinical universal language, to effectively advocate for our clients in terms of access to high demand services. This often results in better system responses for our clients and improved coordination of services thus increasing quality service provision and ensuring duty of care.

Best Practice
Providing regular and consistent external clinical supervision to staff is a concrete way of acknowledging and honouring that trauma informed practice requires competent and professional supervision. Although CS is accepted within the community services field, it is not widely practiced within Australia.14 Barriers may include a lack of funds, time and access, as well as a relatively unsubstantiated research base.15

In Australia, the community services sector is highly underfunded and many organisations either do not have the budget or do not prioritise the implementation of CS. Often, practitioners and organisations perceive a lack of time for CS, because under-resourced organisations simply cannot afford for staff to be absent from their usual duties. However, as outlined in this article the benefits to clients, workers and organisation are many.

The Youth Team feel extremely privileged to have access to fortnightly clinical supervision.*** It is hoped that this article inspires other community services organisations to implement access to external CS for its staff. We believe it is the way forward for the sector to be able to make a real difference in clients’ lives.

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** We would like to acknowledge and thank our Clinical Supervisor, Mr David Chong — Master in Counselling Psychology and MAPS, for his ongoing support of the program.
*** The Youth Team thanks South Port Community Housing Group for enabling the teams continued access to Clinical Supervision.

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Chapter 3: Reflections on Trauma, Young People and Homelessness: Policy and Research

Youth Homelessness and Trauma-informed Housing Practice: A Brief Introduction and Consideration of Potential Barriers

Daniel Kuzmanovski, University of South Australia

Introduction

The relationship between homelessness and trauma is a complex, but increasingly visible one. Whilst traumatic experiences can act as a precursor to homelessness, the experience of homelessness itself intensifies undealt consequences of trauma. Young people are particularly vulnerable to this reciprocal cycle. The current Parity edition explores a ‘trauma-informed model’ and what it can offer in understanding and addressing youth homelessness. This particular article introduces the model based on developments in recent literature and identifies several potential barriers to its implementation within housing practice.

Trauma-informed Practice and Youth Homelessness Within Australia

Within contemporary Australia, it would be difficult to deny the detrimental personal and societal consequences of experiencing trauma and homelessness. Issues highlighted within literature range from reduced educational and employment opportunities, poor mental and physical health, social exclusion and entering the criminal justice system, to more direct situations of interpersonal violence and self-harm.  

Given their developmental vulnerability and significant (although underestimated) presence in the Australian Bureau of Statistics (ABS) homelessness data population (42 per cent involving individuals under 25), young people are particularly exposed to such consequences. The need to understand and respond to such a complex interrelation of factors and consequences has contributed to the development of a trauma-informed model of practice (also known as trauma-informed care).

Whilst literature has discussed a diverse range of specialised applications of a trauma-informed approach, as a general framework it aims to structure an environment and practice which acknowledges the centrality and ongoing influence of traumatic experiences within an individual’s life. From a housing perspective, this can be contrasted with non-trauma informed practice in which the influence of trauma (and cyclical re-traumatisation) is downplayed or ignored when addressing an individual’s wider housing and social inclusion goals.

Based on developments within recent literature, the aims of the trauma-informed model can be summarised under several broad practice themes:

Establishing an appropriate environment within which to address trauma, which:

• is congruent with, and can sustainably uphold, trauma-specific services
• provides physical and psychological safety, predictability and sustainability
• avoids further re-traumatisation, victimisation, and humiliation
• acknowledges the multiplicity of vulnerability, and the impact of trauma on identity.
Reshaping attitudes and awareness towards the influence of trauma, both:
- internally, through workplace development (that is, staff training and organisational changes)
- and externally, through wider advocacy (that is, policy development, improving political and funding prioritisation)
- by emphasizing the need to consider external societal factors and stakeholders in an integrated manner.

Restructuring or avoiding situations that reinforce a power imbalance between individuals and services, by:
- emphasizing a non-deficit, collaborative, and ‘strengths-based’ approach
- focusing on personal empowerment, skill development, and the rebuilding of trust and control
- identifying detrimental practice situations (that is, misinterpretation of client emotions, potentially restrictive eligibility criteria).

Whilst there is strong consensus within the literature regarding such aims, it is worth identifying and discussing several additional issues which could act as potential barriers to the model’s implementation within housing practice.

The Policy Context of the Australian Public Housing Sector
One potential barrier involves the emergence of organisational conflicts of interests.

Addressing both homelessness and trauma through trauma-informed practice involves a systematic network of individuals, organisations and factors working together. In the context of housing practice, access to public housing plays a significant role in buffering the inaccessibility of the private rental sector and mainstream homeownership for vulnerable families and / or young people.

The issue relates to what has been discussed as a set of policy shifts occurring within Australia primarily since the 1990s, which represent an ongoing disinvestment in the public housing sector. Such shifts involve the redistribution of funding away from the public housing sector and into the private sector, and the residualisation of public housing via insufficient housing stock, stricter eligibility criteria, and shorter typical tenancy periods.

More recently, such policy shifts can also be identified within the New South Wales (NSW) Government’s current Future Directions for Social Housing in NSW policy framework. With regard to trauma-informed practice within such a housing context, potential tenancy instability or inaccessibility could limit the ability to develop an appropriate environment in which to implement a wider system of support and safety. Whilst trauma-informed practice is congruent with the framework’s emphasis on an individual’s skill and employment
development,” there is no discussion regarding the role that homelessness and a lack of tenancy plays in perpetuating such needs. Similarly, the potential emergence of complex behaviours as part of the initial support process could also place an individual’s tenancy at risk (that is, with regard to the proposed ‘antisocial behaviour policy’).11

Practice utilising the trauma-informed model could benefit from a direct assessment of the wider policy context in which it operates, and the potential organisational conflicts which might emerge in practice. For example, whilst the New South Wales Government’s Specialist Homelessness Services Practice Guidelines document directly recommends that practitioners utilise a trauma-informed model across a range of policy contexts involving young people,12 further discussion could assess the potential impact of such housing reform policy on the model’s implementation.

The Societal Issue of Stigma
Another potential barrier involves the stigmatisation associated with homelessness and public housing tenancy.

A 2014 survey conducted by Anglicare Western Australia highlighted the prevalence of stereotyping surrounding the identity of a ‘typical’ public housing tenant:13

“A majority of respondents attributed traits such [as] laziness, exploitative, entitled or dangerous to public housing tenants. Seventy-four per cent of respondents associated drug and alcohol abuse with typical public housing tenants, and 61 per cent of respondents went as far as to say a typical public housing resident would have a criminal conviction”.

Whilst the report highlighted more of a polarisation within respondent opinion surrounding the causes of homelessness, the main emphasis remained on personal deficit and failure.14

Within a housing context, stigmatising attitudes could potentially impact the implementation of a trauma-informed model, if:

• the practice environment shifts from strengths-based to deficit-focused
• housing accessibility continues to worsen through ongoing discrimination and social exclusion
• change and awareness within the workplace becomes limited due to the normalisation, or social acceptance, of such stigmatising attitudes
• such stigmatising attitudes gain political potency and limit the potential for external advocacy.

The Political Context of Neoliberalism and Individualisation
A final related barrier worth considering involves a current political prioritisation of policies and practices that favour a shift away from traditional government intervention within the social domain.15

Both the reduction in government funding and ownership of public housing, and the stigma of irresponsibility associated with public housing tenancy, can be interpreted in part as consequences of such a political context.

With regard to the trauma-informed model, this raises a potential risk in misinterpreting its individual-centred empowerment focus. Focusing on an individual’s skill development, without a realistic consideration of structural factors such as housing accessibility or systemic discrimination, can reinforce the power imbalance between individuals and services. Individualising structural issues could also further exclude individuals from support and societal opportunities, thus perpetuating the cycle of trauma and homelessness.

Conclusions
Whilst the resilience of youth should not be underestimated, efforts to create an appropriate environment in which to address underlying cyclical issues could fall short without accessible and appropriate housing. Ultimately, wider societal factors could influence the successful implementation of a trauma-informed model within housing practice.

Acknowledgment
This research is supported by an Australian Government Research Training Program (RTP) Scholarship.

Endnotes
3. Jennings A 2004, Models for developing trauma-informed therapeutic health systems and trauma-specific services, a report prepared for the National Technical Assistance Center for State Mental Health Planning (NTAC), National Association of State Mental Health Program Directors (NASMHPD), U.S.A, p. 15.
12. NSW Department of Family and Community Services 2014, Specialist Homelessness Services — Practice Guidelines (Module 1), NSW Government, New South Wales, pp. 1–73.
In this article I offer some reflections on my recent research about highly vulnerable teens in Tasmania.¹ This is a cohort of older children who concurrently experience lifetime trajectories of cumulative trauma, repeat homelessness, limited education, poor health, contact with police and youth justice, and repeat child protection notifications. The research focused on the experiences of children aged 10 to 17 who are known to police and/or youth justice and to child protection (but who are not placed on care and protection orders) and who also experience unaccompanied homelessness. It explored why some children come to experience such intense adversity and the kind of care needed to increase their safety and well-being.

It is not my intention to discuss the findings of this research in detail (you can access the report at https://www.socialactionresearchcentre.org.au/research/too-hard/). Instead, I discuss some troubling observations made in the research about how the cumulative trauma described by highly vulnerable children is largely mirrored and deepened in the systemic response that these children also receive.

As a component of the research, older children aged 14 to 17 took part in life-story work undertaken with me. These young research participants were extraordinarily articulate in their descriptions of the multiple traumas that peppered their lives from early childhood to adolescence. Frankie* (14 years old), for example, characterised her relationship with her father as follows:

*I don’t believe dad loved me. I think that he — I don’t know — I think he might have just thought a child is like a doll, you can just chuck it away.

While we may focus our sadness or even anger on the father who abandoned her, I think Frankie’s parental assessment offers a profound prompt for a much wider consideration of care in the lives of highly vulnerable teens. Frankie’s words haunt me as I continue to investigate the limits of child protection, housing, justice, health and education responses to children who experience cumulative trauma, including unaccompanied homelessness. The confronting imagery Frankie employs frames pointed questions also answerable in the broader community, and in particular by those of us who work within the systems of support offered to highly vulnerable children: To what extent do our responses offer children love? To what extent do our responses dehumanise children? To what extent do our responses seek to dispense with some children because they are too hard?

These are distinctly uncomfortable questions that must be levelled at those responsible for advocacy and research as well as those involved in delivering, designing and funding services, programs and policy initiatives that directly impact highly vulnerable children. As I argue here, it’s my feeling that more open debate and honesty about how well any of us serve highly vulnerable children is acutely needed, if we are to intervene in the routine dispensability and trauma they report.

**Trauma, Teens and High Vulnerability**

Research shows that complex trauma is expected to have physiological, psychological and developmental impacts.² Ford and Courtois³ define complex trauma as compounded experiences of trauma which cause a compounded response. For Ford and Courtois, complex trauma involves traumatic stressors that are:

- repetitive or prolonged
- involve direct harm and/or neglect and abandonment by caregivers or ostensibly responsible adults
- occur at developmentally vulnerable times in the victim’s life, such as early childhood
- have great potential to compromise severely a child’s development.

Complex trauma can negaively impact multiple dimensions of life including health, housing, education, employment and relationships. Ford and Courtois emphasize that complex trauma includes the effects of post-traumatic stress but goes far beyond this. It has a particularly severe impact in emerging adulthood when young people are developing understandings of themselves and how to relate to others.⁴⁻⁷

In short, as Tomlinson and Klendo⁸ argue, ‘young people who have experienced multiple traumas do not relate to the world in the same way as those who have not had these experiences’. They may experience issues such as low self-esteem, depression, anxiety, anger, difficulties in emotional regulation, suicidality and substance abuse amongst others.⁹

Research also demonstrates a strong relationship between experiences of complex trauma and homelessness, including a clear picture of how the experience of homelessness in itself is another trauma event in already traumatic life paths.¹⁰⁻¹¹ As such, I have¹² argued that cumulative trauma may be a useful concept through which to incorporate
experiences of Post-Traumatic Stress Disorder, complex trauma and ongoing vulnerability to subsequent trauma events. In particular, it points to the open-ended nature of some trauma trajectories which persevere through childhood, adolescence and potentially into adulthood.

In the life stories that teens shared during my recent research, cumulative trauma was indeed revealed as a central driver of high and persevering vulnerability, including unaccompanied homelessness. Childhood exposure to family violence, physical and sexual abuse and random community violence was common. Teens also described engaging in substantial adult care work during childhood, including caring for themselves, siblings, parents and grandparents. A profound feeling of abandonment because of a lack of care and protection emerged from research participants’ life stories, whether or not they had experienced violence and abuse.

During adolescence, participants described reaching physical and mental breaking points at which they began to run from home environments of adversity. Feeling abandoned by care-givers, stigmatized and bullied in school environments, and often experiencing severe impacts of childhood trauma, they embarked on a journey into adolescence during which further harm accumulated. Their struggle to survive unaccompanied precipitated deepening disadvantage including unsafe couch surfing, rough sleeping, poverty, school exclusion, violent victimization, drug use, suicidality and mental illness and involvement in perpetrating violence and crime.

Through interviews with service providers working face-to-face with teens in multiple professional areas including supported accommodation, child protection, police, youth justice, youth support and outreach and adolescent mental health, it was also clear that cumulative trauma was understood as the overwhelming cause of the extremely poor outcomes faced by some teens in Tasmania.

In both my interviews with teens and service providers, it became troublingly apparent, however, that systems of response were generally speaking, simply unable to provide the kind of care needed to keep children safe. To be clear, my research concluded that unaccompanied, homeless children with very poor physical and mental health and longstanding school absences are not able to access adequate care in Tasmania. Rather than encountering a system focused on responding to the acute impacts of cumulative trauma, what I saw in my research is how often cumulative trauma becomes the reason that children cannot access the care they need. In short, Too hard? Highly vulnerable teens in Tasmania argued that children requiring intensive therapeutic and relationship-based care are likely to be considered ‘too hard’ to help for over-stretched government and non-government services.

Stopping the Accumulation of Trauma: The Need for Social Care

Awareness of cumulative trauma in the lives of adolescents should not drive us to consider the provision of trauma-specific services alone. Social, systemic and practice changes must be aimed at recalibrating our responses to unaccompanied homeless children, for whom cumulative trauma is such a central driver of high vulnerability. For me, these needed changes are best articulated through the rubric of
social care — that is, through practices of care that involve and engage communities, governments, services, families and individuals.

Firstly, broad social change is needed to address the proximate causes of childhood trauma, namely neglect, abuse and children’s active exposure to the intimate partner violence of their parents and carers. One starting point would be a national campaign focused on the prevalence of domestic child abuse in Australia and on the political commitment needed to end it. A concentrated and coordinated surge in policy initiatives and funded supports for struggling families — such as that which has led to improved responses to domestic violence — is key.

Secondly, acknowledgement by governments that children escape unaccompanied from domestic abuse and adversity and are not always cared for by their community is needed. Where children’s needs outstrip the scope of existing services, systemic change is indicated — but children’s needs must be made visible and addressing them made policy.

In Tasmania, as in other jurisdictions, it is clear that there is a persistent cohort of children who are unaccompanied, homeless and highly traumatised and whose needs will not be met within the child protection system. Currently these children fall between the child protection and specialist homeless service systems. The question arises as to who has responsibility for the care of unaccompanied homeless children? This is a very uncomfortable ethical and legal question for relevant ministers, policy-makers and frontline child protection and homelessness workers — all of whom must currently defend against accepting responsibility for this group because there aren’t resources to provide the full and proper care to all those who need it.

Thirdly, practice change is needed. Unaccompanied homeless children need trauma-informed, age-appropriate care and intensive family support, mediation and restoration where appropriate, not temporary accommodation services based on adult pathways to independent housing. Given there will always be unaccompanied children who do not receive a child protection response and who are unable to return home, it is a reality that services — outside of the child protection system — need to provide long-term therapeutic care in residential settings as well as through outreach.13

Unaccompanied homelessness is just another trauma that accumulates in the lives of children like Frankie. Too hard? illustrates traumatic life paths which stretch from early childhood into adolescence and which are simply given different shape by the exposing experience of unaccompanied homelessness. The existence of support systems which — in the context of scarce resources — must defend themselves against the complexities that traumatic lives bring can only be understood as one of our community’s greatest failings. That children like Frankie can be abandoned by immediate care-givers for many reasons (including parental trauma) is a difficult reality to grapple with. That they are then doubly abandoned by our community, where our systems of support draw across collective resources, is unforgivable. If we are to offer more than re-traumatisation to children who already expect adults to fail them, the uncomfortable question of ‘who cares?’ must be kept on the table.

* Pseudonym assigned by the researcher.

Endnotes


5. Ibid, p. 16.


10. See Robinson C 2014 op cit.


References


Many in the sector believe people who become mired in cycles of homelessness tend to have had traumatic childhoods. These histories, it is contended, groom people to be particularly at risk of exposure to further trauma. This factor, in turn, impacts on the young person’s experience of homelessness and their capacity to exit from homelessness.

A focus on trauma is not restricted to the homelessness field. This interest is also present in areas such as child protection, family violence, mental health, alcohol and other drug and resettlement practice. Trauma has also become a prominent theme in fiction, non-fiction and the popular media. It could be said that trauma has a broadening constituency.

The purpose of the current contribution is to complement this enthusiasm by asking: what social, cultural and personal contexts best support recovery and healing from an experience of trauma? In what follows the intention is to insert a social dimension into the consideration of recovery and healing. The first focus in this brief four-part review is to question the popularity of trauma as both concept and concern.

1. Concept creep
‘Trauma-talk’ is increasingly common. In earlier times the term’s ambit was generally restricted to physical injury (‘road trauma’; ‘battlefield trauma’) and the specialist service attending such injuries (‘trauma medicine’). Today, the term is encountered more broadly. Didn’t get that job, relationship breakdown, bad loss in the semi-final? These kind of everyday losses can now be colloquially described using the ‘t’ word — and no one is disconcerted when this happens. There is no surprise here. We all know language is creative and practices of social exchange are fluid.

Might the same evolution be occurring in diagnostic practices and the in-use conceptual vocabulary found in health and human services? This is obviously a big question. For the current purpose it is worth noting that a number of mainstream researchers contend that the definition of trauma has been subject to a kind of ‘concept creep’ that has expanded who is identified as having a problem.¹ ² This broadening process de-vitalises the concept.

Given the term’s use spans the colloquial, faux-technical and formally diagnostic a range of problems arise.³ The problem of over-reach, of over-inclusivity, is exacerbated when industry figures announce ‘We all have them (traumatic memories) tucked away in the lower part of our brain, in the cerebellum’ as a leading clinical psychologist did.⁴ In this advocacy a consciousness of trauma tends to become embedded as a normative reference in personal experience. Mindful of this risk it follows that care is taken not to hollow-out the concept by over-generalising its usage.

2. A diagnosis of trauma can invalidate
You do not need to be a discursive determinist to recognise that a diagnosis can have both progressive and regressive actions. For example, it can be enormously reassuring to be told ‘you have depression’ when you had been thinking ‘I am just such a useless no-hoper.’ Notwithstanding this advantage, ‘the diagnosis, the assessment, [can] … become the cornerstone of an emergent identity’? Might this latter idea be relevant to those with a diagnosis of trauma?

In a recent book, Tanveer Ahmed, a Bangladeshi-born, western Sydney-based psychiatrist presented details of his work with a re-settled Afghani migrant. This man had experienced multiple traumas during the 50-year long tragedy that is the immediate history of his country. According to Ahmed, this man had coped remarkably well until he internalised his Post-Traumatic Stress Disorder (PTSD) diagnosis, a turn that occurred while he was being therapeutically socialised to become more reflective and emotionally literate. Ahmed⁵ concluded that the (post-traumatic stress disorder (PTSD)) diagnosis became his identity and rendered him psychologically disabled.’

Rather than the therapeutic process providing relief and greater options, in this (and other cases) Ahmed describes an inadvertent process where persons can be infirmed by their diagnosis. This process of invalidation is familiar to anyone who has witnessed the existential struggle many young people experience when told ‘you have schizophrenia’ by an authority. Such events are powerful ceremonies, rituals of transformation, which can inadvertently disrupt and caste-down — mindful that being given a diagnosis can also have a helpful impact: I don’t need to blame myself anymore. I have PTSD and that’s why I struggle with my emotions and behaviour.
When it comes to a mental health diagnosis there is almost always an unstable relationship between advantages and disadvantages. Rose put it this way:

[The psychotherapies embody ... a whole way of seeing and understandingourselves in modern societies. The words of the psychotherapies, their explanations, their types of judgment, their categories of pathology and normality, actually shape, have a proactive role in shaping, the subjectivity of those who would be their consumers.]

To those who have experienced what has wounded and maimed, much is offered by a diagnosis of trauma. And, there are risks if this marker of identity comes to inadvertently totalise subjectivity in ways that discount the person’s prospective, as well as here-and-now, sense of agency.

3. The role of connectedness in the recovery process
Some who experience long-term homelessness have histories of relational trauma. Far worse than not ‘good enough’ (to recycle Donald Winnicott’s famous phrase), many of these people have had disastrous primary attachments and have experienced severe neglect and/or abuse from those who were their assigned guardians. In addition, a good number have had violated backgrounds in institutions and pathogenic leaving care histories.

Narrowly read, this formulation incites a particular kind of query: for those who have experienced trauma is there a class of intervention that has an empirical claim to effectiveness? In this consideration a suite of quick-fix solutions have been presented. These methods claim to be effective in re-adjusting individuals who are deemed to have faults in
self-regulation, hyper-arousal, and so forth. Amongst a larger group, eye movement desensitisation and reprocessing (EMDR), ‘tapping’/emotional freedom techniques (EFT), ‘havening’ or, slightly broader in their provenance, cognitive behavioural therapy, mindfulness and positive psychology have been presented as candidate prescriptions.

‘Therapo-centric’, silver bullet interventions have a siren-like appeal. Mindful of this charm, in so much as the aim is recovery and healing — rather than symptom minimisation or control — privatising techniques can play a significant role without this input being sufficient. This is especially likely if the understanding of recovery is one that embraces the importance of context and belonging.

Commenting on recovery in the mental health field Patricia Deegan, a foundational thinker in the recovery movement, stated: ‘the aspiration to live, work and love in a community in which one makes a significant contribution’ is inherent to the possibility of recovery.

Another early contributor argued that a pre-condition for recovery was ‘the creation of new connections’ — ‘capacities for trust … and intimacy’ that those who have suffered abuse require in order to complement the ‘autonomy, initiative, competence [and] identity’ dimensions that also have to be re-forged.

This principle transcends boundaries between practice fields, for example between intellectual disability and practice with asylum seekers. Commenting on those who have suffered severe dislocation and deprivation, violence and anxiety, as refugees Van der Veer argues that these ‘traumatised people are those who don’t have a social network and … the primary objective (of recovery work) should be to build up social connections.’ Reciprocal attachments and a sense of belonging are central to the prospects for people successfully achieving recovery and social inclusion.

What does this kind of work look like? Unlike accounts that privilege individualising, technique-centred approaches McIlwaine and O’Sullivan offer an analysis, and a number of poignant vignettes that illustrate, the importance of establishing connectedness between participants in work in and around trauma. More broadly, the importance of meaning, history and belonging can be glimpsed if one considers the appropriateness of imposing psychologising form of treatment on aboriginal people suffering ‘trans-generational trauma’. Dispossession and colonisation have deeply meaningful, cart-wheeling effects. To frame these effects as symptoms-to-be-treated is violent given this imposition reproduces similar injustices to those that caused the initial harm.

4. Structural rather than private responses

There is a growing interest in techniques for treating trauma as a circumscribed problem that afflicts individuals. To a degree, this interest can be read as a kind of epi-phenomena given it represents a deeper formulation: the premise that it is ‘the individual’ (and their defects) that is the core concern. This is an ideological position, one that contends it is the individual who constitutes the correct locus for problem formulation, and the proper field for problem resolution.

It seems common sense and the popular imagination increasingly privilege explanations of this kind. This development mirrors the ascendant status neo-liberal ideology accords ‘the individual.’ This circumstance has certain consequences not least of which is that ‘the social’ tends towards invisibility given the prospects for its recognition are inversely related to the power attributed to individualising explanations.

Historically, the sector has tended to prefer structural accounts, for example, ‘homelessness is a consequence of our unequal society.’ A dramatically escalating process of economic polarisation, in the context of a policy decision to move many from pensions to NewStart, presents to this worldview as a key context for the recent increase in homelessness.

Whilst maintaining this perspective, the powerful advantages to being trauma-informed can be acknowledged without a trauma-lens pre-occupying policy and practice. In so much as such a colonisation might occur, discontinuities will arise. Like organising swimming lessons while the river is running dry.

Endnotes

The Case For Counsellors In Youth Refuges

Kat Perdriau, Youth Reconciliation Practitioner, Hope Street Youth and Family Services*

Victorian youth refuges are full of young people fleeing family violence. With the now well-researched consequences of the trauma this violence leaves in its wake, therapeutic responses are more important than ever. Counselling programs to assist young people to recover from their experiences can go a long way to assisting them into safe and secure housing and escape the cycle of homelessness. Hope Street is funded for just such a program, and I am lucky enough to be in that role.

I am the Youth Reconciliation Program (YRP) Practitioner, which is predominantly a supportive role for young people and their children living in the Hope Street refuge. As young people often don’t respond well to the word ‘counsellor’, Hope Street refers to me as a specialist practitioner and I introduce myself to residents as a person they can chat to at any time about anything. The program has an emphasis on early intervention, and this is supported by a literature review from Barker, Humphries and McArthur.1 The review concludes that the earlier services are able to intervene, the more likely they are to assist in ameliorating the causes of homelessness for young people.

Residents of the refuge can access the Youth Reconciliation Program at any time during their stay and ex-refuge clients can remain with the program for three months after they leave the service. The principal function of the Youth Reconciliation Program is to provide one-to-one counselling support for clients, both in the refuge and in an outreach capacity. An important component is to obtain feedback and evaluate the amenity of the refuge stay from the client’s perspective. It is during the counselling sessions that clients open up about how they are feeling, particularly about their stay in the refuge, as the environment is often unfamiliar and sometimes unnerving for any young person. Thus, advocacy plays a significant part of the mantel of the Youth Reconciliation Program, in that clients will request mediation between themselves and their families or peers, other residents and sometimes even their workers. I concentrate on helping residents hone their communication skills, which assists them to problem solve and function successfully in a communal environment.

In my role, I use a solution-focused therapy with residents, which emphasizes strengths and solutions, rather than problems or perceived deficits.2 I try to assist young people to become what De Shazer describes as customers in the helping relationship, as opposed to complainants or visitors, thereby guiding them towards solutions to their homelessness. I also employ the miracle question to help them focus on what life could be like if their current circumstances were miraculously different.3 This assists them to concentrate on the solutions at hand and develop achievable goals. Refuge residents can present with multiple concerns, as a result of the trauma experienced from having to flee family violence and reside in crisis accommodation. They are sensitive to the refuge organisational structures and practices, particularly the relationships that they build with workers. These connections can have a critical impact on the young person’s perceptions of homeless services and the level of trust they place in them.

The research that underpins the need for trauma support for homeless youth focuses mainly on the efficacy of services. The majority of the literature is based in the United States and Canada, with some more recent findings from Australia, but little of it is refuge specific. What is apparent, however, is that the existing research suggests that trust and agency are of paramount importance when working with traumatised young people. The recommendations that come from the literature revolve mainly around the need for flexible environments that provide safety and security for clients and therefore aid in their recovery from trauma. Another finding is that flexible program structures have the most benefit for clients. A consistent recommendation is that programs should strike a balance between the concern for rules or adherence to guidelines, and the development of therapeutic and individualised responses to offer succour. Having a counsellor at Hope Street provides young people with just such assistance. It also illustrates that advocacy for young people can ameliorate any sense of power imbalance from which they may have escaped, while building on their current strengths and skills.

Research suggests that it is difficult to quantify rates of trauma within homeless youth populations, due to their transient nature and reluctance to seek help. This is compounded by an inherent distrust of service providers and a fear of victimisation.4,5,6,7 What has been found, however, is that among homeless youth, the majority of reported trauma stems from physical and emotional abuse.8 and being homeless exacerbates their vulnerability to further distress.9 From their sample of 145 homeless youth, Bender et al10 found that the notion of trauma was linked to the physical and mental effects of the harmful events they had suffered and
that these were repeated throughout their episodes of homelessness. Coates and McKenzie-Mohr\textsuperscript{11} used semi-structured interviews, along with an established trauma symptom inventory and trauma history questionnaires, to demonstrate the extent to which stressful events pervaded the lives of homeless youth. The effects of these experiences of trauma were repeated and ongoing, altering their perceptions and resulting in anger and anti-social behaviour.\textsuperscript{12, 13}

When considering efforts to improve the recovery experience of trauma, it is recognised that homeless youth require care and assistance from workers they can trust and who will restore their faith in themselves as valuable members of society.\textsuperscript{14} The growing knowledge and understanding of trauma informed care (TIC) over the last decade has increased the ability for homelessness services to more therapeutically respond to the needs of their clients. Focusing on safety is considered the first imperative when implementing TIC, followed closely by the establishment of positive relationships with staff. Professional therapists are not necessarily required to apply therapeutic practice, as long as a sense of connectedness is established between clients and workers.\textsuperscript{15} This not only reinforces a sense of safety but also one of empowerment, particularly if clients are able to participate in developing programs that are tailored to their needs.\textsuperscript{16} Programs that utilise strength-based approaches are considered best practice, supporting clients to manage their emotions, rather than responding with punitive methods.\textsuperscript{17, 18} Thus, an on-site counsellor at a refuge allows a young person the safety and security required to work through any negative emotions with which they may be struggling.

Working with traumatised youth who reside at Hope Street refuge has highlighted to me that they are looking for workers they can trust to be caring and compassionate and to assist without judgement. Thus, relationship building is the vital ingredient to engendering a sense of confidence in the place they are calling home, despite the length of their stay. This means that sometimes the formal process of counselling is not always required but what is more important is someone for them to talk to and who will simply listen to their concerns. When working with clients, I refer to the basic tenets of counselling; unconditional positive regard, active listening, and empathy for their situation. Hope Street recognises that Cognitive Behavioural Therapy or Acceptance and Commitment Therapy are appropriate as counselling tools. But what we also recognise is that young people who have survived trauma, respond well to knowing that their workers hold their care and holistic wellbeing as paramount. This is achieved via our multi-disciplinary team approach, utilising TIC and supported by my presence across all Hope Street sites. This approach is integral to my practice as the Youth Reconciliation practitioner.

* Kat has been the Youth Reconciliation Practitioner at Hope Street for two and a half years. Kat has a history of working with traumatised and marginalised young people in youth justice and education settings.

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5. Barker J 2012, Literature Review: Effective interventions for working with young people who are homeless or at risk of homelessness. Department of Families, Housing, Community Services and Indigenous Affairs, Canberra.
Opinion

Donna Bennett
Chief Executive Officer, Hope Street Youth and Family Services,
Supporting Young People at Hope Street

The holistic wellbeing of all young persons and their children is paramount. It is shameful that, in our prosperous country, thousands of people between 16 and 25 have no safe place to live. Youth homelessness does not occur in a vacuum. Trauma, social isolation, mental health issues, poor physical health and interrupted education are merely some of the negative repercussions that damage the lives of these vulnerable people. Responding to this unacceptable social problem requires a multi-faceted approach.

It is central to Hope Street’s approach that each young person is provided with an environment that fosters stability and personal, physical and emotional safety. Hope Street provides a sanctuary in which many can begin the process of recovering from the trauma of family violence and neglect. Homelessness also causes trauma. We believe it is essential to assist young people in developing their capacity to live interdependently in the community. Our aim is to provide opportunities for them to develop their resilience, their living skills and their ability to engage with education leading to fulfilling employment and ongoing connection within their local community.

The Hope Street articles contained in this edition of Parity provide a glimpse of our expert approach to scaffolding a compassionate response to the needs of young people and their children. Whether they be for a single night, or a longer time, our interventions are professional, responsive, trauma informed and designed to cater for individual needs within a safe and caring environment.

Socio-political structures continue to barricade young people into cycles of poverty and homelessness. Ending youth homelessness is everybody’s responsibility. The whole community should be involved in the solution. The continued assistance of governments, corporate entities, philanthropists and individuals, is vital.

Hope Street cannot work alone. In partnership with community stakeholders, we are currently piloting and establishing new program models in growth corridors. We are excited about the new services that will make a difference in the lives of young people. Ending long-term homelessness is our goal.
Homelessness in Australia: An Introduction

Homelessness in Australia: An Introduction provides thought-provoking, up-to-date information about the characteristics of the homeless population and contemporary policy debates.

Leading researchers and advocates from across Australia have come together to contribute their expertise and experience to produce a foundational resource that will set the benchmark for the future analysis of homelessness. Editors, Chris Chamberlain, Guy Johnson and Catherine Robinson are all recognised experts in the field.

Homelessness in Australia: An Introduction is published by New South Press in association with the Victorian Council to Homeless Persons, one of Australia’s leading peak homelessness advocacy bodies.

Homelessness in Australia: An Introduction contains 14 chapters.

Part 1 includes: an essay on homelessness policy from the start of the nineteenth century to recent times; a chapter measuring mobility in and out of the homeless population and a piece on the causes of homelessness.

Part 2 is about contemporary policy issues and discussions. It has chapters on: the debate about definition and counting; gender and homelessness; young people; older people; Indigenous homelessness; domestic and family violence; people with complex needs and the justice system; trauma as both a cause and consequence of homelessness; and people who are long-term or ‘chronically’ homeless.

Part 3 includes a piece on the ‘failure of the housing system’ and a chapter on ‘reforming the service system’.

People will find the essays in Homelessness in Australia both illuminating and challenging.

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