

# Runaway and Homeless Youth, Mental Health, and Trauma-Informed Care

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March 26, 2019

## ISSUE BRIEF



Young people run away or become homeless for a variety of reasons, many of which can be linked to psychological and emotional trauma. Whether it's abuse, the consequences of living in poverty, a lack of empathy and support for their self-identity, or some combination of the three, runaway and homeless youth (RHY) often experience significant challenges to their happiness and well-being. Many confront this situation even before they encounter the perils of setting off on their own. Once they run away, they are susceptible to a host of additional [dangers and health risks](#), many of which can exact additional tolls on their mental health.

### Complex Trauma and RHY

Youth.gov reports that, [relative to the general youth population](#), these young people “experience higher rates of a number of psychiatric disorders (e.g., depression, anxiety, and conduct disorders) and often lack access to health and behavioral health care.” Other studies have found that as much as [84 percent of homeless youth exhibit symptoms of at least one psychiatric disorder](#)([link is external](#)).

While homelessness is highly correlated with a number of psychological and psychiatric factors, research is less clear on the cause and effect relationship between homelessness and mental health issues. Data point to one important relationship; young people who experience prolonged or chronic homelessness seem to be at higher risk. The U.S. Department of Health and Human Services’ [Office of the Assistant Secretary for Planning and Evaluation](#) reports,

Youth at highest risk of experiencing five or more years of homelessness reported more mental health issues than lower-risk peers, including depression (66.7% vs. 51.2%) and posttraumatic stress (46.7% vs. 30.4%). This highest risk group also reported higher rates of traumatic experiences including physical abuse (64.6% vs. 39.5%), sexual molestation (46.7% vs. 23.3%), and sexual assault (42.6% vs. 19.0%), as well as higher rates of current substance use including methamphetamine use (40.9% vs. 23.7%) and marijuana use (66.7% vs. 45.9%).

These struggles can lead to drastic consequences. The [National Health Care for the Homeless Council reports](#)([link is external](#)) that “more than 40 percent of homeless teens struggle with depression, which is 12 percentage points higher than their housed peers. School-age children and

youth who are homeless are three times more likely to attempt suicide than students who live at home with a parent or guardian.” Additionally, the rate of suicide among LGBT homeless youth is more than double the rate of their non-LGBT homeless peers.

### [An Appropriate Response: Trauma-Informed Care](#)

Researchers have coined the term “[complex trauma\(link is external\)](#)” to encompass the interaction among multiple types of traumatic experiences. For RHY youth some occur prior to homelessness, some occur during it, and no two young peoples’ experiences of trauma or reactions to it are the same. Still, a unifying message is clear: proper services and treatment requires a baseline recognition that RHY mental health struggles are multifaceted. They need behavioral health services as a standard and sustained part of their case management and recovery.

In response to this, FYSB supports — and many RHY-serving grantees practice — trauma-informed care (TIC). TIC is more than just a single practice or approach. TIC serves as a treatment approach for entire organizations and many service providers. The Substance Abuse and Mental Health Services Administration (SAMHSA) [defines TIC](#) as “a strengths-based service delivery approach that is 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.” SAMHSA also lists [six core principles of TIC](#), which are designed to support staff as well as the people they serve:

1. Safety
2. Trustworthiness and transparency
3. Peer support and mutual self-help
4. Collaboration and mutuality
5. Empowerment, voice, and choice
6. Cultural, historical, and gender issues

For RHY services, TIC means recognizing and addressing young people’s trauma at every phase of their interaction with a program. There are models for [trauma-informed intake processes](#) and [therapeutic approaches](#) at RHY programs, and SAMHSA offers a thorough [list of TIC resources](#) for serving other youth populations as well. The Administration on Children and Families lists a [large number of toolkits and briefs](#) on using TIC in youth settings, arranged by theme. The National Child Traumatic Stress Network has many [resources\(link is external\)](#) for using TIC in family therapeutic settings.

For youth-serving agencies who are looking to make their entire service array trauma informed, RHYTTAC offers a fact sheet explaining how programs can [adopt an organization-wide trauma-informed care model\(link is external\)](#). A [SAMHSA brief](#) also outlines ways to bring TIC to the entire youth-serving sector in your community. The [Trauma-Informed Care Project\(link is external\)](#) lists trainings and events for this field, many of which are applicable to youth services.

### [About RHYi Issue Briefs](#)

**Issue Briefs**, developed by the National Clearinghouse on Homeless Youth and Families, provide information about runaway and homeless youth and the issues that affect them.

### **Topics:**

[Runaway and Homeless Youth](#), [Trauma-informed Care](#), [Well-being](#)