

Unaccompanied Teens, Trauma and Homelessness: Who Cares?

Catherine Robinson, Social Action and Research Centre, Anglicare Tasmania

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'.⁴

Complex trauma can negatively 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.^{5,6,7}

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

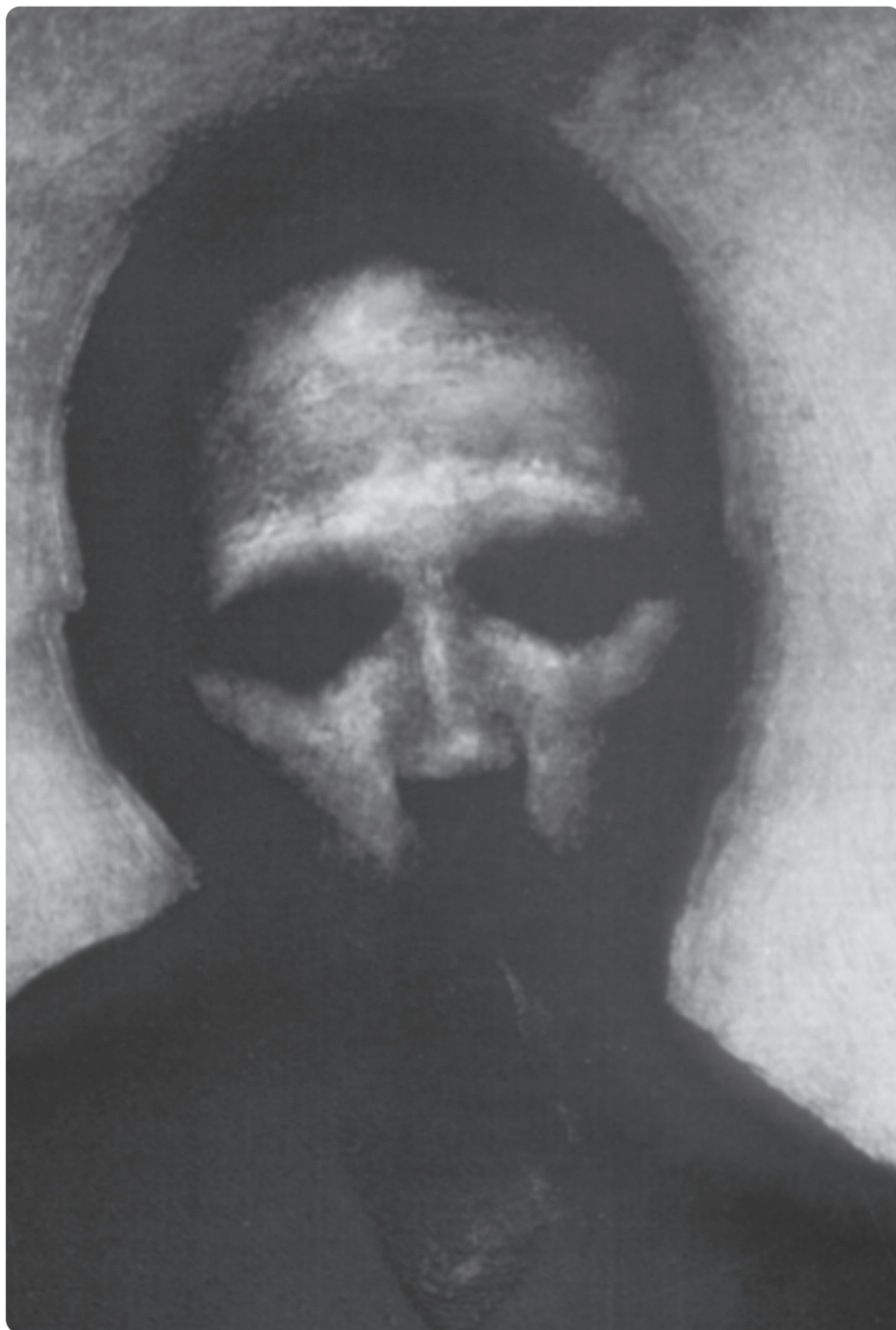
experiences of Post-Traumatic Stress Disorder, complex trauma and ongoing vulnerability to subsequent trauma events. In particular, it points to the open-ended nature of some trauma trajectories which persevere through childhood, adolescence and potentially into adulthood.

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 unforgiveable. 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

1. Robinson C 2017a, *Too hard? Highly vulnerable teens in Tasmania*, Anglicare Tasmania, Hobart.
2. See Robinson C 2014, 'Trauma: A cause and consequence of homelessness', in Chamberlain C, Johnson G and Robinson C (eds), *Homelessness in Australia: An introduction*, NewSouth Publishing, Sydney.
3. Ford J and Courtois C 2009, 'Defining and understanding complex trauma and complex traumatic stress disorders', in C Courtois and J Ford (eds), *Treating complex traumatic stress disorders: An evidence-based guide*, The Guildford Press, New York, p. 1.
4. Ibid p. 1.
5. Ibid p. 16.
6. Corrales T, Waterford M, Goodwin-Smith I, Wood L, Yourell T and Ho C 2016, 'Childhood adversity, sense of belonging and psychosocial outcomes in emerging adulthood: A test of mediated pathways', *Children and Youth Services Review*, vol. 63, pp. 110–119.

7. Rose R 2012, *Life story therapy with traumatized children: A model for practice*, Jessica Kingsley Publishers, London, pp. 48–50.
8. Tomlinson P and Klendo L 2012, 'Trauma informed care for homeless young people: An integrated systems approach', *Parity*, vol. 25, no. 7, pp. 28–29.
9. See Briere J and Spinazzola, J 2009, 'Assessment of the sequelae of complex trauma', in Courtois C and Ford J (eds), *Treating complex traumatic stress disorders: An evidence-based guide*, The Guildford Press, New York, p. 106.
10. See Robinson C 2014 op cit.
11. See for further discussion: O'Donnell M, Varker T, Armstrong, R, Di Censo L, Zanatta P, Murnane A, Brophy L and Phelps A 2014, *The trauma and homelessness initiative*, report prepared by the Australian Centre for Post-traumatic Mental Health in collaboration with Sacred Heart Mission, Mind Australia, Inner South Community Health and VincentCare Victoria.
12. See Robinson C 2014 op cit, p. 215.
13. For further discussion see Robinson C 2017b, *Who cares? Supported accommodation for unaccompanied children*, Anglicare Tasmania, Hobart.

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