Welcome

Trauma, Youth, and Homelessness

Wednesday, March 22, 2017

We will begin promptly @ Noon ET

Tech Support
Hannah Sadler

Event Host
Juli Hishida

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NATIONAL HEALTH CARE for the HOMELESS COUNCIL

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SCHOOL-BASED HEALTH ALLIANCE
Redefining Health for Kids and Teens

Who we are

The national voice for school-based health care, based in Washington DC, founded in 1995.

What we believe

School-based health care bring health care to where students spend need it most: in school.

What we do

1. Support strong school-based health care practices
2. Engage our members in experiential and collaborative learning
3. Empower young people to take ownership of their health
4. Advance policies that sustain SBHC

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NATIONAL LGBT HEALTH EDUCATION CENTER
A PROGRAM OF THE FENWAY INSTITUTE

Webinars

- Trauma and Homeless Youth
- Providing Mental Health Care for Youth with Non-Binary Gender Identities

Blogs

- Coordinating Care around the Social Determinants of Health
- Trauma-Informed Care

Workshops

- Providing Mental Health Care for Youth with Non-Binary Gender Identities

JOIN US in Long Beach, CA!

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CALIFORNIA SCHOOL-BASED HEALTH ALLIANCE
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Our convention is the premier advocacy, networking, and continuing education forum for school-based health professionals and advocates from across the nation.

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What we know about Trauma

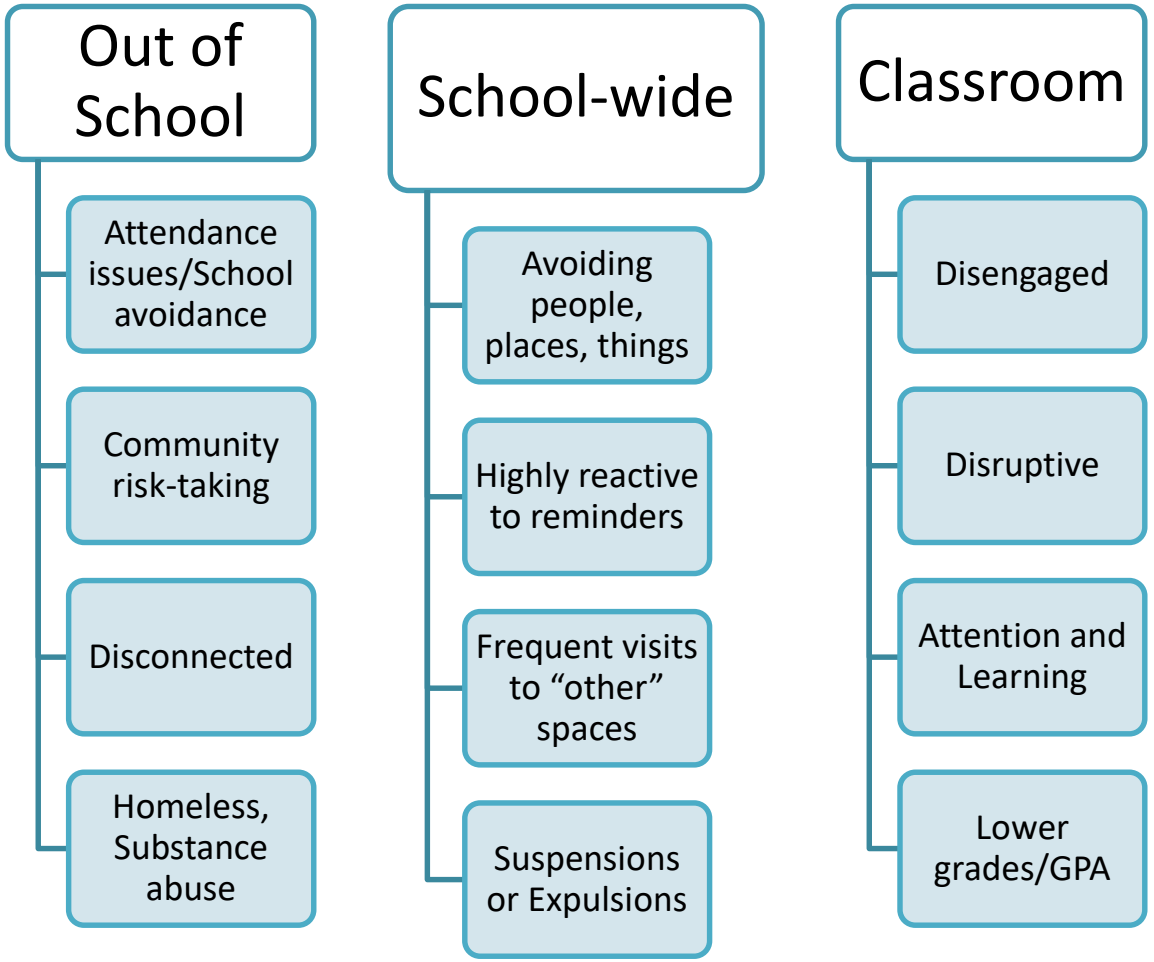
- Trauma is common (ACE study)
  - 1 out of every 4 students
- Trauma can have long term impacts health and wellbeing (ACE study)
- Responses to trauma can vary and depend on many characteristics
- Trauma can impact learning and school success
- One caring adult can make a huge difference!

Who is responsible for helping traumatized youth in schools?

- Everyone!
- It is not the sole responsibility of our youth to report the trauma and adversity they are experiencing
- Trauma creates feelings of shame, fear, and blame
- Trauma symptoms and trauma-related reactions show up in several ways in schools, but sometimes do not show up at all

Trauma Symptoms and Reactions

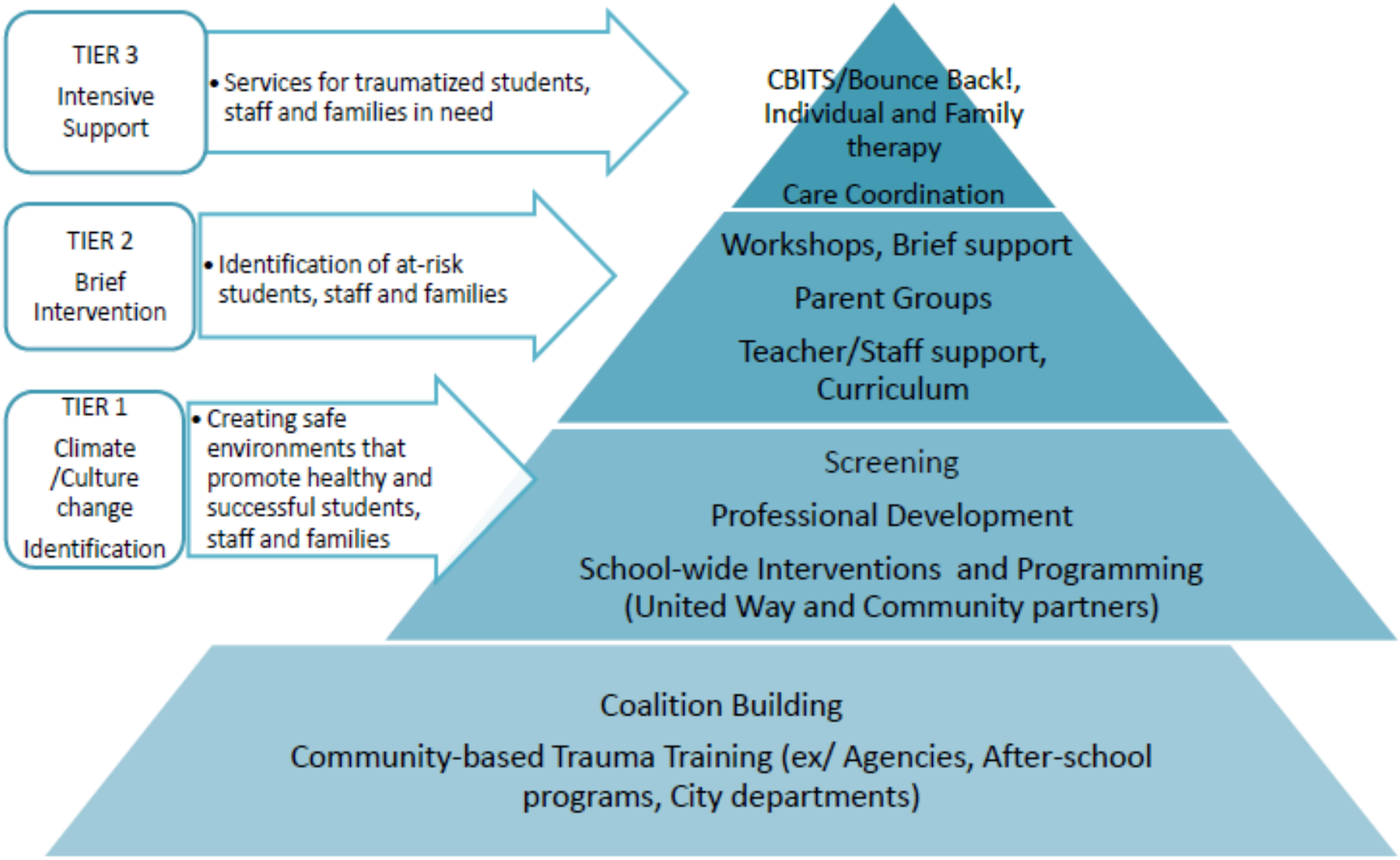
School-related Impact of Trauma



Homeless Youth and Trauma

- Most of these youth experienced potentially traumatic events before they left home, and many of them are retraumatized once they arrive on the street (Stewart, Steiman, Cauce, Cochran, Whitbeck, & Hoyt, 2004).
- Homelessness as a traumatic event in itself (e.g. loss of safety, belongings, control)
- Results in very high costs to the youth (e.g. revictimization, prostitution, substance use)

NEW HAVEN TRAUMA COALITION



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It takes a community…

- Establish internal communication systems to identify and track student, family, and staff wellbeing
- Create connections to families as well as external agencies and organizations
- Create spaces that openly acknowledge trauma (i.e. homelessness) and provide resources
- Build capacity for early identification of trauma and implementation of trauma-focused, evidence-based interventions
- Modify school policies and procedures to be trauma-informed

Resources

- Massachusetts Advocates for Children (massadvocates.org)
  - http://massadvocates.org/publications/help-traumatized-children-learn/
- The National Child Traumatic Stress Network (www.nctsn.org)
  - http://www.nctsn.org/resources/public-awareness/national-homeless-youth-awareness-month
  - http://www.nctsn.org/resources/audiences/school-personnel

NATIONAL LGBT HEALTH EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

Trauma among Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) Youth Experiencing Homelessness

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Learning Objectives

- Describe the causes of disproportionate homelessness among LGBTQ youth;

- Identify the mental health and victimization risks faced by LGBTQ youth who are homeless;

- Apply trauma-informed best practices in serving LGBTQ youth who are homeless.

Disproportionate Homelessness among LGBTQ Youth

- Approximately 320,000 to 400,000 LGBTQ-identified youth experience homelessness in the U.S. each year (Quintana, Rosenthal, & Kehely, 2010).

- In Massachusetts public high schools, more than one third of homeless students have a minority sexual orientation or are unsure of their sexual orientation (Corliss, Goodenow, Nichols, & Austin, 2011).

- LGBTQ youth comprise 30 to 45% of clients served by homeless youth agencies, drop-in centers, outreach, and housing programs (Durso & Gates, 2012).

Causes of Disproportionate Homelessness

- Most commonly cited reason among LGBTQ youth for becoming homeless is running away from families who reject them because of sexual orientation or gender identity (Durso & Gates, 2012).

- Second most commonly cited reason is being forced out by family, despite preferring to stay at home, after disclosing sexual orientation or gender identity.

- Another common reason is aging out of or running away from foster care, where harassment and violence against LGBTQ youth frequently occur (Mallon, 1997a, Mallon, 1997b; Ray, 2007).

Homelessness in Early Adolescence

- Among LGB youth, mean age of becoming homeless is 14 years; many youth do not disclose their sexual identity to another person until after becoming homeless (Rosario, Schrimshaw, & Hunter, 2012).

- Running away from home may be a coping strategy during stressful process of LGB identity development in early adolescence.

- Teenagers may be evicted by caretakers who reject them for gender-nonconforming behaviors even before they verbally disclose their sexual identity to another person (Rosario et al., 2012).

Minority Stress Framework

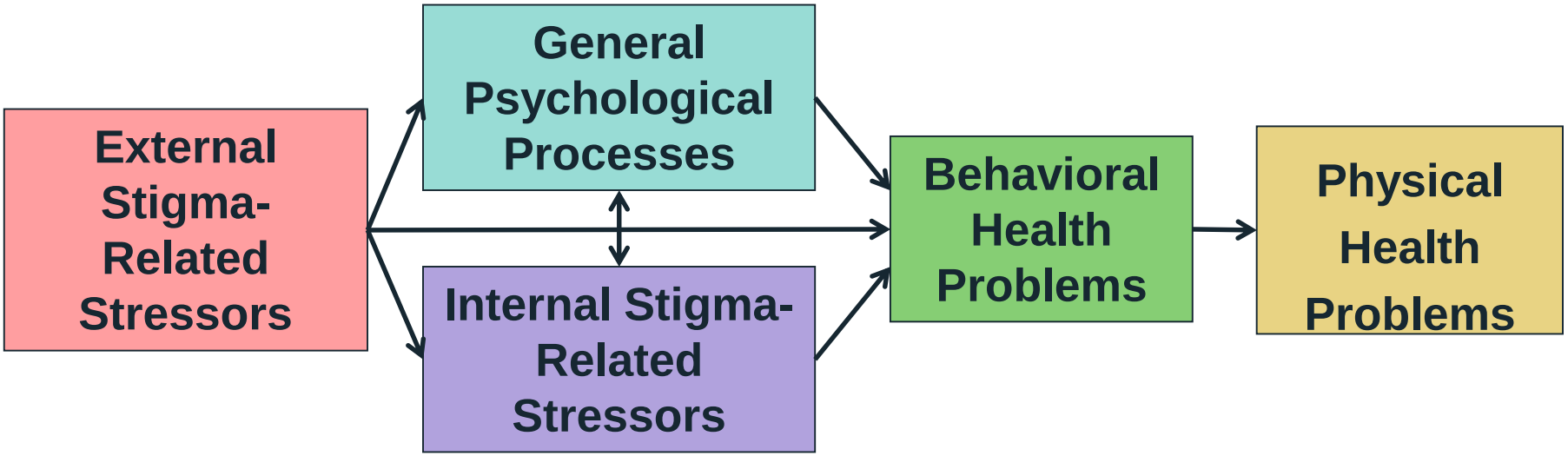

Fig. 1. Diagram adapted from Hatzenbuehler (2009)

Increased Mental Health Risks

- LGB homeless adolescents are more likely than homeless non-LGB youth to have (Whitbeck et al., 2004):
- Current major depressive episode (41.3% vs. 28.5%);
- Posttraumatic stress disorder (PTSD; 47.6% vs. 33.4%),
- Suicidal ideation (73% vs. 53.2%);
- At least one suicide attempt (57.1% vs. 33.7%).
- LGBTQ homeless youth 13 to 21 years more likely than non-LGBT homeless youth to use cocaine, crack, or methamphetamines (Cochran et al., 2002).

Increased Mental Health Risks

- LGBTQ status in runaway and homeless youth is a significant predictor of recent stress; LGBTQ youth are more likely to engage in self-harm and attempt suicide over a 3-month period (Moskowitz, Stein, & Lightfoot, 2012).

- While LGB youth initiate alcohol and illicit drug use earlier than heterosexual youth, substance use behavior most often begins after becoming homeless.
  - May be a coping strategy for stressors of adolescent homelessness (Rosario et al., 2012).

Suicidality among LGBTQ Youth

- Compared with peers, LGBTQ youth are more likely to (Bostwick et al., 2014; The Trevor Project):
  - report suicidal ideation (x 3)
  - attempt suicide (x 4, with 30-40% prevalence)
- Questioning youth more likely to experience depression or suicidality than LGBT peers.

Increased Survival Sex and Sexual Victimization

- Homeless LGB youth 10 to 25 years old are 70% more likely than homeless heterosexual youth to engage in survival sex (Walls & Bell, 2011).

- LGBTQ homeless youth 13 to 21 years old are more likely than non-LGBTQ homeless youth to experience physical or sexual victimization, have a greater number of perpetrators, and condomless sexual intercourse (Cochran et al., 2002).

Increased Survival Sex and Sexual Victimization

In the Los Angeles Unified School District, compared with non-LGBTQ students, location of homelessness for LGBTQ students is:

- Less likely to be a homeless shelter (Rice et al., 2013);
- Greater than 3 times as likely to be a stranger's home (14.5% vs. 4.2%, *p* .001; Rice et al., 2012);
- May indicate higher rates of sexual exploitation among these youth (Rice et al., 2013).

Increased Survival Sex and Sexual Victimization

LGBTQ homeless youth are more likely than their counterparts to (Tyler, 2013):

- trade sex with a stranger;
- have more than 10 sexual partners who are strangers;
- have sex with a stranger who uses intravenous drugs;
- have anal sex with a stranger;
- have unprotected sex with a stranger;
- have sex with a stranger after using drugs.

Differences in Violent Victimization

- Homeless youth 16 to 20 years old who self-identify as gay and lesbian are more likely to report a history of sexual abuse than bisexual youth (Rew et al., 2005).

- Lesbian runaways are more likely than heterosexual runaways to have been physically abused by caretakers.

- LGB runaways are more likely than heterosexual runaways to have been sexually abused by caretakers (Whitbeck et al., 2004).

Differences in Violent Victimization

- Among homeless LGBTQ males, family violence and stranger violence are more commonly experienced than partner violence (Marsiglia, Nieri, Valdez, Gurrola, & Mars, 2009).

- Partner violence and stranger violence are more common than family violence among homeless LGBTQ females.

Anti-Transgender Discrimination and Victimization

The 2015 U.S. Transgender Survey found that:

- 10% reported that a family member was violent towards them because they were transgender;
- 8% were kicked out of the house because they were transgender;
- Nearly 30% of transgender people experienced homelessness in their lifetime;
- 12% report past-year homelessness due to being transgender;

Anti-Transgender Discrimination and Victimization (continued)

- Many experienced serious mistreatment in school, including being verbally harassed (54%), physically attacked (24%), and sexually assaulted (13%) because they were transgender;

- 17% experienced such severe mistreatment that they left a school.

Factors Associated with Higher PTSD Severity in Transgender People

- Higher everyday discrimination
- Greater number of attributed reasons for discrimination
- Social gender transition
- High visual gender non-conformity (Reisner et al., 2016)

Factors Associated with Lower PTSD Severity in Transgender People

- Younger age
- Female-to-Male spectrum gender identity
- Medical gender affirmation

(Reisner et al., 2016)

Transgender Youth Experiencing Homelessness

- Transgender youth face higher victimization rates in school than non-transgender gay and lesbian youth (Gay, Lesbian, and Straight Education Network, 2009).

- Transgender youth experience humiliation and physical or sexual victimization at shelters when obliged to stay in quarters and use bathrooms or showers based on sex assigned at birth (Mottet & Ohle, 2003).

- Often, they are not even welcomed into a shelter (Mottet & Ohle, 2003; Quintana et al., 2010).

Substance Use and Posttraumatic Stress

- Co-occurrence of SUDs with posttraumatic stress symptoms is highly prevalent (McCauley, 2012):
  - Associated with increased treatment costs, decreased treatment adherence, and worse physical and mental health outcomes

- Substance use is a common avoidance strategy for posttraumatic stress.

Trauma-informed Care for LGBTQ Youth Experiencing Homelessness

According to the Substance Abuse and Mental Health Services Administration, a trauma-informed service organization:

- Realizes widespread impact of trauma and understands potential paths for recovery;
- Recognizes signs and symptoms of trauma in clients, staff, and others involved with the system;
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices;
- Seeks to actively resist re-traumatization.

Standardized Assessment

- Basic standardized assessments to identify LGBTQ youth and their associated mental health, substance use, and HIV risks (Keuroghlian et al., 2014).

- Include questions for all homeless youth regarding sexual behavior, sexual orientation, and gender identity.

- LGBTQ homeless youth should then be carefully screened for risk of depression and anxiety, PTSD, substance use disorders, suicidal ideation, suicide attempts, violent victimization, and HIV risk behaviors.

Best Practices for Staff Serving LGBTQ Youth Who Are Homeless

From the National Alliance to End Homelessness:

- Treat LGBTQ youth respectfully and ensure their safety;
- Appropriately address sexual orientation and gender identity during the intake process;
- Support access to education, medical care, and behavioral health care;
- Support transgender and gender-nonconforming youth participants;
- Inform LGBTQ youth participants about local LGBTQ programs and services.

Best Practices for Organizations Serving LGBTQ Youth Who Are Homeless

From the National Alliance to End Homelessness:

- Create a safe and inclusive environment;
- Adopt and implement written nondiscrimination policies;
- Adopt confidentiality policies;
- Provide LGBTQ competency training to all agency employees and volunteers;

Best Practices for Organizations Serving LGBTQ Youth Who Are Homeless (continued)

- Establish sound recruitment and hiring policies regarding LGBTQ competency;
- Develop agency connections to LGBTQ organizations and the LGBTQ community;
- Collect and evaluate data on the numbers of LGBTQ youth accessing services to educate key decision makers and guide programmatic expansion.

Best Practices for Integrating Behavioral Health Services

- Would ideally be age-, gender-, and culture-specific, grounded in principles of trauma-informed care, and integrated across housing, medical, substance use, and social services (Keuroghlian et al., 2014).

- Given reality of limited services and resources for homeless youth, need at least minimum care package of behavioral health services for LGBTQ youth experiencing homelessness.
  - Focused evaluation and referrals for counseling, psycho- education, psychotherapy, and psychopharmacology for mood disorders, trauma, and substance use disorders.

Integrated Treatment for Addictions and Trauma

- Recent shift in focus toward trauma-informed care created a favorable environment in community SUD treatment settings for evidence-based integrated therapies that also target trauma and stress (Killeen et al., 2015; McGovern et al., 2015; Roberts et al., 2015).

- Integrated treatments for SUDs and posttraumatic stress are well tolerated and improve both SUDs and PTSD

Minority Stress Treatment Principles for Behavioral Health Clinicians

- Normalize adverse impact of minority stress
- Facilitate emotional awareness, regulation, and acceptance
- Empower assertive communication
- Restructure minority stress cognitions
- Validate unique strengths of LGBTQ youth
- Foster supportive relationships and community
- Affirm healthy, rewarding expressions of sexuality and gender

Pachankis (2015)

Cognitive Processing Therapy for PTSD

- Adapting selected components of cognitive processing therapy for PTSD (Resick and Schnicke, 1992):
- Focus:
  - Education about posttraumatic stress;
  - Writing an Impact Statement to help understand how trauma influences beliefs;
  - Identifying maladaptive thoughts about trauma linked to emotional distress;
  - Decreasing avoidance and increasing resilient coping.

Cognitive Processing Therapy Adapted for Minority Stress

- Tailoring for transgender patients:
  - Focus on how transgender-specific stigma causes posttraumatic stress (e.g. avoidance, mistrust, hypervigilence, low self-esteem);
  - Attributing challenges to minority stress rather than personal failings;
  - Impact Statement on how discrimination and victimization affect beliefs (e.g. expecting rejection, concealment needs, internalized homophobia/transphobia);
  - Decreasing avoidance (e.g. isolation from transgender community or medical care);
  - Impact of minority stress on self-care (e.g. safer sex practices).

Questions & Answers

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