HOLLYWOOD HOMELESS YOUTH PARTNERSHIP

10 Reasons for Integrating Trauma-Informed Approaches in Programs For Runaway and Homeless Youth

Prepared by the Hollywood Homeless Youth Partnership

1. **High prevalence of trauma in homeless youth.** There is ample evidence that homeless youth are exposed to and experience high rates of family and community violence.[i][ii] For many of these youth, especially those with a history of early and sustained childhood abuse and neglect, these traumatic experiences shape their core identity.

2. **Increase youth engagement.** The consequences of trauma exposure interfere with youth's ability to engage in and benefit from services designed to promote stability and improve their quality of life. Trauma-informed approaches reduce barriers to engagement and enable youth to create realistic plans to increase their stability and achieve personal goals.

3. **Increase youth retention.** Homeless youth responding to trauma frequently exhibit disruptive or challenging behaviors and often get restricted from the programs that are designed to serve them. When agencies implement trauma-informed approaches, youth can be more effectively retained in services.

4. **Promote healthy attachment, self-regulation and developmental skill competencies.** Trauma, particularly childhood trauma, reduces youth's ability to attach to adults and peers, manage intense emotions, and develop executive functioning skills. Trauma-informed services address these deficits and help youth develop important new skills.

5. **Improve outcomes for youth.** Many homeless youth experience repeated failure in services because they are unable to meet the demands of agency programs, which further undermines their motivation, determination and ultimately their success. Trauma-informed services take into account the possible challenges these youth may face, help youth participate more appropriately, and give staff tools for supporting youth success.

6. **Establish more appropriate milestones.** Often the milestones and outcomes defined by agencies and/or funders are unrealistic for youth who have experienced chronic or complex trauma. Trauma-informed approaches support the development of more appropriate milestones and outcome measures for participating youth.

7. **Reduce staff burnout.** Staff experience burnout (or compassion fatigue) when they feel that the work that they are doing isn't effective and isn't appreciated. When staff understand youth behavior in the context of past trauma, they feel less discouraged.

8. **Increase staff retention.** Staff turnover at homeless youth-serving agencies increases when line staff feel ineffective. While the implementation of trauma-informed approaches requires careful planning and less reliance on rigid rules, in the end, most staff feel more engaged and more successful when using trauma-informed approaches.

9. **Increase organizational effectiveness.** Many homeless youth-serving agencies are already thinking about trauma and incorporating trauma-informed approaches in their work with positive results. This work should be prioritized to support on-going youth success and strengthen the organization's effectiveness.

10. **Create compelling programs for stakeholders.** Thoughtful and responsive trauma-informed programming represents the cutting edge in the field and is compelling to funders, board members, and other stakeholders.

[i] Robertson, M. J., & Toro, P. A. (1999). Homeless youth: Research, intervention, and policy. In L. B. Fosburg & D. L. Dennis (Eds.), Practical lessons: The 1998 National Symposium on Homelessness Research (pp. 3-1–3-32). Washington DC: U.S. Department of Housing and Urban Development and U.S. Department of Health and Human Services.

[ii] Toro, P.A., Dworsky, A., Fowler, P.J. (2007) Homeless Youth in the United States: Recent Research Findings and Intervention Approaches. In D. Dennis, G. Locke, & J. Khadduri (Eds.), Toward Understanding Homelessness: The 2007 National Symposium on Homelessness Research. (pp. 6-1 - 6-33) Washington DC: U.S. Department of Health and Human Services and U.S. Department of Housing and Urban Development.