



Traumatic Stress among Homeless Young Adults: Challenges and Treatment Issues

Sanna J. Thompson^{1*}

Homeless emerging adults are one of this nation's most underserved populations and are particularly vulnerable to the detrimental effects of trauma exposure, including developing PTSD [1]. These young people typically reside in unstable and often abusive situations marked by violence and danger [2]. They survive on the street through engaging in high risk behaviors, such as dumpster-diving for food, panhandling/begging for money, and selling drugs or sex for money or shelter [3]. These conditions result in a significant risk for serious health and mental health problems, including malnutrition, sexually transmitted diseases, depressive symptoms, posttraumatic stress, drug overdose and increased potential for self-harm and suicidal ideation [4]. The longer they remain on the streets, the more likely they have to experience victimization, violence, and various traumatizing experiences with debilitating consequences [5], such as emotional dysfunction and posttraumatic stress disorders [6,7]. Research suggests that 18-31% of these young people meet diagnostic criteria for PTSD [1] and lifetime prevalence rates for PTSD among homeless young adult females is 45% and 24% for males [8].

Homeless young adults present a unique challenge to service providers due to their continued involvement in activities that may result in ongoing trauma experiences. These young people are extremely unlikely to seek conventional mental health services due to mistrust of adult service providers [6]; thus, less conventional methods are needed to build rapport and develop trust before implementing formal treatment strategies aimed at ameliorating trauma symptoms [9]. While efforts are further complicated by the mobility and transience of homeless young people, service providers must work to overcome homeless young adults' distrust, anger, and perception that adults are uncaring and unwilling to help [10].

The initial goal of treatment for PTSD is the restoration of some degree of safety and control over traumatic circumstances [11]; however, for homeless young adults their basic needs must be addressed before other therapeutic interventions can be introduced [12,13]. The ideal situation for providing care to these young people would be to immediately transition them into stable housing where a physically safe environment could be established and direct trauma work begin. This strategy is often not feasible or even desired by this population; thus, the use of current evidence-based treatments

for PTSD, such as cognitive behavioral therapy (CBT), among homeless young adults remaining involved in the highly transient and dangerous street culture must be considered with caution. CBT consists of regular therapeutic sessions over relatively long periods of time after trauma has ended [14,15]. These requirements are not practical for homeless individuals who continue living in traumatizing environments.

Safety planning must be the first step and involves developing ways to reduce physical and psychological danger while assessing suicidality, substance use, and involvement in high-risk behaviors, such as survival sex. Newman (2000) suggests that the goals of treating chronically traumatized persons are to assist them to (1) develop trust appropriately, (2) exercise control over their own lives and internal experiences, (3) decrease shame, and (4) increase self-esteem and self-care. Providers who convey respect, empathy, and a genuine desire to be of assistance while not forcing the homeless young person to discuss traumatic experiences or issues are likely to be more successful [10]. Providers must acknowledge the role of choice in street involvement and not push youth to conform to conventional or traditional societal structures and expectations. Helping them understand that accessing services is a positive experience, rather than a capitulation of their autonomy and control is needed before trauma work can begin. Much more development of this area of research and practice is needed to develop more appropriate and effective services to this highly vulnerable group of young adults.

References

1. Stewart AJ, Steiman M, Cauce AM, Cochran BN, Whitbeck LB, et al. (2004) Victimization and posttraumatic stress disorder among homeless adolescents. *J Am Acad Child Adolesc Psychiatry* 43: 325-331.
2. Cauce AM, Paradise M, Ginzler JA, Embry L, Morgan CJ, et al. (2000) The characteristics and mental health of homeless adolescents: Age and gender differences. *J Emot Behav Disord* 8: 230-239.
3. Roy E, Haley N, Leclerc P, Sochanski B, Boudreau JF, et al. (2004) Mortality in a cohort of street youth in Montreal. *JAMA* 292: 569-574.
4. Whitbeck LB, Hoyt DR, Bao WN (2000) Depressive symptoms and co-occurring depressive symptoms, substance abuse, and conduct problems among runaway and homeless adolescents. *Child Dev* 71: 721-732.
5. Foa EB, Johnson KM, Feeny NC, Treadwell KR (2001) The Child PTSD symptom scale: A preliminary examination of its psychometric properties. *J Clin Child Psychol* 30: 376-384.
6. Bender K, Ferguson K, Thompson S, Komlo C, Pollio D (2010) Factors associated with trauma and posttraumatic stress disorder among homeless youth in three U.S. cities: The importance of transience. *J Trauma Stress* 23: 161-168.
7. Thompson SJ, Maccio EM, Desselle SK, Zittel-Palamara K (2007) Predictors of posttraumatic stress symptoms among runaway youth utilizing two service sectors. *J Trauma Stress* 20: 553-563.
8. Whitbeck LB, Johnson KD, Hoyt DR, Cauce AM (2004) Mental disorder and comorbidity among runaway and homeless adolescents. *J Adolesc Health* 35: 132-140.
9. Fest J (2003) Understanding street culture: A prevention perspective. *School Nurse News* 20: 16-18.
10. Fall KA, Berg RC (1996) Behavioral characteristics and treatment strategies

*Corresponding author: Sanna J. Thompson, University of Texas, USA, E-mail: sannathompson@utexas.edu

Received: June 14, 2012 Accepted: June 15, 2012 Published: June 17, 2012

with homeless adolescents. [Article]. *Individual Psychology: The Journal of Adlerian Theory, Research & Practice* 52: 431-450.

11. WilsonJP, Friedman MJ, Lindy JD (2001) (Eds.) *Treating psychological trauma and PTSD*. New York: Guildford Press.

12. Karabanow J (2003) Creating a culture of hope: Lessons from street children agencies in Canada and Guatemala. *International Social Work* 46: 369-386.

13. Kidd SA (2003) Street Youth: Coping and interventions. *Child Adolesc Social Work J* 20: 235-261.

14. Perrin S, Smith P, Yule W (2000) The assessment and treatment of post-traumatic stress disorder in children and adolescents. *J Child Psychol Psychiatry* 41: 277-289.

15. Pine DS, Cohen JA (2002) Trauma in children and Adolescents: Risk and Treatment of Psychiatric Sequelae. *Biol Psychiatry* 51: 519-531.

Author Affiliation

¹University of Texas, USA

[Top](#)

Submit your next manuscript and get advantages of SciTechnol submissions

- ❖ 50 Journals
- ❖ 21 Day rapid review process
- ❖ 1000 Editorial team
- ❖ 2 Million readers
- ❖ More than 5000 
- ❖ Publication immediately after acceptance
- ❖ Quality and quick editorial, review processing

Submit your next manuscript at • www.scitechnol.com/submission