LISTEN, DO YOU HEAR ME?

HOMELESS GIRLS' EXPERIENCES WITH CHILD PROTECTION SERVICES
IN A BRITISH COLUMBIAN SEMI-RURAL COMMUNITY

Irene DeLeenheer

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Abstract

This qualitative study was conducted in 2003-2004 to explore homeless girls' experiences with social services, specifically child protection. The focal point of the study was the girls’ initial contact with child protection services while in crisis, and the consequences of that interaction. However, exploring the context of the girls’ lives was crucial to gaining in-depth understanding of homeless girls’ needs. The fundamental questions addressed by this research were: *What are homeless girls’ perceptions of their needs, and what are the best ways to meet those needs?* The grounded theory research was conducted from a feminist perspective and included individual in-depth interviews of five homeless girls ranging in age from thirteen to eighteen, who were living in a semi-rural area of British Columbia. The sample was located through local social workers employed in non-profit agencies outside of the government child welfare system (third party informants). These workers had a long-standing trust relationship with the girls, which had been established before the girls left home. The two main themes that emerged from the interview data were No Safe Place and Safe Place. Although they were desperate for help, these girls encountered a system that continued to leave them alarmingly ‘at risk’. The girls found the system disbelieving, unresponsive, disempowering, inflexible, and traumatizing. The conclusion reached was that needs-based planning is essential, and that homeless girls must be involved in determining their own solutions in order for social services to be helpful. Despite their negative experiences, the girls wanted not only to help themselves, but also to “help other girls out there”. And they retained many hopes for their own futures.
# Homeless Girls’ Experiences and Needs

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In honor

As a special thank you to the young girls who so bravely shared their experiences with me, I have cited a poem by one of the participants.

Snowflakes covered in red, and a bullet right through the head.
No one can save her.
Someone had asked, are you sure?

Sweet sixteen, so young and so bold.
...In the middle of the road, her body lay.
Everyone knew, and no one would say.

The streets are empty, gone and done.
The little boys and girls have no more fun.
The truth about the sweet little girl dead and gone;
Yet, her hair still grows

How can you say that you will call another day?
When I say I love you, and you never do...
Who have we become over the years?
Not whom I remember...
Scared of all, scared of me
Scared to only let me be...
Too much pain to be the same

I’ve got a lot to give before I die
Please God let me live
Watching my own back, looking in every alley, every shack
Why am I not allowed to be?
Why am I in the middle of the sea?
My head hurts
Now I am dead
Why is my body covered in red?

(Holly, 2003)
Chapter I

Introduction

Homelessness is a rampant and complex global social problem (Gardner, M., 1999). In North America, the problem is increasing as the social safety net is shrinking (Van Leeuwen, 2004; Kidd & Scrimenti, 2004; Hicks-Coolick, Burnside-Eaton & Peters, 2003). Poverty is a common experience for the homeless (Slesnick, 2004), and contributes to pressures within the family that cause youths to leave their families.

Canadian homeless people are the poorest of our nation’s poor... The causes [of homelessness] can be found in an interrelated set of socioeconomic factors that have become prominent... [such as] lack of affordable housing, decreasing income for poor families, changing health care... treatment availability, and the increasing instability of families (Roman & Wolfe, 1997, p.2).

An American study concluded that as many as 3.5 million Americans experience homelessness for a period each year (Hicks-Coolick et al., 2003). The proportion of homeless people is similar in Canada, not just in large urban centers but in small cities and in rural communities as well. For example, in Kelowna, British Columbia (B.C.), a mid-size city with a population of approximately 100,000, research indicated that there are up to 365 absolute homeless people at any given time during the year (Kelowna Homelessness Steering Committee, 2003). The 2004 Census shows a 28% increase in the homeless population, with more than one quarter of females in homeless shelters being under the age of nineteen. Youth between the ages of thirteen to nineteen accounted for only 6 percent. However, the study attributed the low number of youth counted to a lack of youth accessible resources, and increased invisibility of homeless youth (Kelowna Homelessness Networking Group, Census, Spring 2004). The census was conducted as a needs assessment, and Kelowna has drafted a plan to implement
resources for the homeless such as emergency shelters, as entry points for assessment and diagnosis, and as stepping stones towards transitional housing to alleviate homelessness (Handschuh, 2005).

The problem of youth homelessness is of particular concern to many in the social work field because youth make up a significant proportion of the homeless population (Slesnick, 2004). Canadian studies report that homeless youth are widely represented both in urban and non-urban communities (McCreary Centre Society, 2001). The same is as true in B.C. as elsewhere in Canada. “In B.C. alone, numbers of homeless youth are increasing...however, the percentage of the B.C. government budget allocated for [youth] has never been lower” (“Family Violence,” 2004, p.16).

In Canada in 2002, 56,749 children were missing, and 75% of those children were runaways (Canadian Children’s Rights Council, 2004). Data collected showed that these estimates of runaways only accounted for a portion of the homeless youth population due to the difficulty in counting the ‘invisible’ homeless youth population who do not access formal helping networks (Kidd & Scrimenti, 2004). Consequently, current studies under-represent the size of the homeless youth population.

According to the B.C. study Between the cracks: Homeless youth in Vancouver (McCreary Centre Society, 2002), there are four main factors contributing to youth becoming homelessness: 1) The youth have experienced mental, emotional, and/or behavioral difficulties; 2) they have been orphaned, abandoned, or forced to leave their homes; 3) they have run away from abuse or families impacted by poverty to the extent that their family cannot maintain their family unit; or 4) they are children of homeless families. Slesnick (2004)) identified additional factors of substance abuse and crime as
contributing to youth homelessness. These studies indicate that youth do not generally leave home unless home is ‘unsafe’, or does not meet their survival needs.

Youth may think that leaving home is a solution to their problems, but once homeless they discover new and different problems. A number of studies have confirmed that living on the streets does not offer protection. The longer the youth are homeless, the more likely they are to become victims of sexual, physical or psychological abuse, develop health and social problems, and to have to resort to crime in order to survive (Baron, 2003; Penzerro, 2003; Hedley, 1998; Tyler & Whitbeck, 2004; Fitzgerald, 1995).

Several studies (Policy research initiative, 2002; British Columbia Ministry of Children and Family Development, 2002b [British Columbia: MCFD]; Raising the roof Organization, 2005) indicate that the primary issues for youth once homeless are attaining safety and meeting their basic needs, including a need for social support and inclusion. These studies recommend that social services help youth by offering safe shelters that provide immediate survival needs and assessments that lead to needs-based interventions – meeting the youths’ needs according to what the youth perceive as helpful. They also point out that extrinsic resiliency factors such as support, caring, and social inclusion significantly influences formation of youths’ developmental strengths – aiding in coping, and therefore supporting youths’ transformation of bad experiences into knowledge and resiliency (Gorman, Sturmon-Dale, Grossman, Klarreich, McDowell, & Whitaker, L., 2005).

As opposed to a problem-focused approach of dealing with specific at-risk behaviors, Resiliency Canada has developed a resiliency assessment and evaluation protocol that provides a statistically sound and research-based approach to understanding the strengths
related to long-term resiliency. Working from this strength-based model of understanding child, youth and adult development, Resiliency Canada emphasizes the positive aspects of individual differences in understanding what extrinsic and intrinsic strengths contribute to optimal human development (Resiliency Canada Organization, 2003).

At this point, such resources are rare, and this puts youth at risk. Robertson & Toro (1998) demonstrated increased risk of homelessness for youth upon separation from either their family or foster care home setting, pointing out that few resources are available to prevent them from staying homeless. The consequences of leaving home may be grave. Dominelli & McCloud (1989), Cosgrove & McHugh, (2002), and Williams, McCandies & Dunlap (2002) view youth as the ‘minority of minorities’ due to the youths’ legally proscribed participation in the labor markets and lack of voting and consent rights, which result in the fewest rights and the highest regulation of any group.

A homeless youth describes this regulatory predicament:

I can’t get any type of financial assistance because I fall through the cracks in the system. [I am not] a ward of the state or in school...[therefore, I] can’t get welfare, so [I] have to get a job...except [I] need a shower and decent clothes before [I] can go job-hunting...[I] can’t...look decent living in the street...[and I] need [an] address to get...[if I qualify for “kiddie welfare”] a first cheque (Novac, Serge, Eberle & Brown, 2002, p.17).

Once youth are homeless, they have limited options because the eligibility criteria for services are very stringent, and many youth and their families do not qualify for aid from Social Services. In Canada, “child welfare services...offer little for youths age 16-19, and community resources are hard pressed to extend assistance to this challenged population” (Fitzgerald, 1995, p.1). Existing legislation, policies, programs, and services do not meet the needs of homeless youths adequately, and there are few or no services available for youth under nineteen who have become homeless. Although some resources
are available to serve this population, a clear disconnect exists between services and homeless youths because of their diverse developmental and contextual needs (Van Leeuwen, 2004). “Homeless youths...lost in...gaps of service...come to be blamed for their unfortunate situations...[and are] seen as incapable-given their dire circumstances and present needs – yet somehow responsible for improving their lives by merit of their age and physical maturity” (Fitzgerald, 1995, p.4). Youths are often blamed for their situations. However, the reality of homelessness is that:

...running away is less likely to be a healthy striving for adulthood than an anguished cry for help from a [youth] who had nowhere else to turn... escaping from serious problems at home, at school, or within themselves (Janus, McCormack, Burgess & Hartman, 1987, p.3).

There are two Ministries in British Columbia that hold the power to grant these youth help: British Columbia Ministry of Children and Family Development [British Columbia: MCFD], and the Ministry of Human Resources [MHR]. In most cases, in order to gain access to resources youth need to be legally deemed in need of protection by a MCFD investigation showing that the youth’s family is unable or unwilling to provide care. Section 13 of the Child, Family and Community Service Act [CFCS Act] defines youth in need of protection or ‘at risk’ if: sexually exploited, physically or emotionally abused, developmentally delayed, and if the designated worker after receiving a report of severe ‘high risk’ circumstances deems a full investigation and protection necessary (British Columbia: MCFD, 2002c). The ‘at risk’ criteria were broadened in 2003 to include youth who are not homeless or sexually exploited (British Columbia: MCFD personal communications, 2005).

However, accessing resources by becoming a ward of the state is often not an option to these youth because this requires them to inform (‘rat’) on their families to
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receive services, and the consequences may be dire. They may fear harm if they tell
and/or fear permanently severed relationships.

Ironically, the helping system responds by putting up barriers against the people it
is trying to help. One key finding in the literature is that many homeless youth live with
their parents or guardians some of the time, and are attached to their families despite
previous abuse (McCreary Centre Society, 2001). However, once the family is in a crisis
state, the “kids are in a double bind, because if they...ask for...assistance, they have to be
turned over to the government, and...[unless they are taken into custody], they’re sent
back home to whatever it is they are running away from” (Baxter, 1991, P.174) without
interventions to increase familial coping. This significantly affects youths’ accessibility
to help if they have to speak negatively against their family or friends in order to receive
that help.

Homeless youths clearly understand that the helping system fails them in
important ways. Reports of youth responses in the Vancouver study, No place like home,
(McCreary Centre Society, 2001) indicated that most of the youth surveyed did not
consider the social and community services they had approached helpful. Further, given
their life experiences, the help they were offered was directive and inappropriate (2001).
According to a subsequent study by the McCreary Centre Society (2002), several youth
in the study had markedly negative experiences with the system. One youth commented:
“They are going to end up screwing your life, they don’t care” (McCreary Centre Society,

Homeless and vulnerable, and unable or unwilling to access appropriate
resources, youth leaving home remain in a desperate situation: the factors that led to their
homelessness remain un-addressed, and many of their basic needs are not met. Under such conditions, taking steps toward self-reliance is extremely difficult. Attending school and doing homework, for example, becomes difficult when one has nowhere to sleep or work, no adequate clothing or school supplies, no transportation, or not enough to eat. Accessing employment becomes equally difficult for the same reasons. With few viable interventions available to help them achieve self-reliance, they are more vulnerable to abuse and more likely to become involved in criminal activity. Such unstable circumstances seriously threaten their health and future development. When youth and their families are unable to access adequate services, it is difficult to address the original stressors that contributed to the youth leaving home, or to remedy the results of homelessness (Latimer, 2004).

Being homeless is particularly hard on girls, especially when they are unable to access resources, because young girls are particularly vulnerable to sexual and physical victimization.

There was a wholesale withdrawal of programs and protections for women after May 2001. This withdrawal substantially worsened the lot of...girls who are living in rural areas...[due to] health care restructuring [reducing resources for girls who experience] violence...and sexual assault (Creese & Strong-Boag, 2005, p.1-4).

Girls cannot compete against superior physical strength, weapons, or other methods used by men to oppress them, and they may have to comply with sexual exploitation in order to meet survival needs. The higher rate of sexual abuse against females by male relatives or friends of the family often creates a situation in which leaving home is a way of avoiding further abuse – especially if the caregiver, ‘protector’, or social worker does not believe the youth’s accusations. “Research indicates that homeless adolescent women are
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more at risk for sexual victimization than adolescent men” (Whitbeck, Hoyt & Ackley, 1997, p.378). “Having been sexually abused prior to running away is related to later sexual victimization in females...[And ] attractiveness [in females was] also associated with sexual assault” (Tyler & Whitbeck, 2004, p.384). Various victim surveys concluded that approximately 91% of all sexual abuse victims were female, and about 60% of incidents were done by a male perpetrator known to the victim (Wallace, 1996).

“Although running away itself has a dramatic effect on entry into prostitution in early adolescence, childhood sexual victimization nearly doubles the odds of entry into prostitution for young women” (“Family violence,” 2004, p.15). Arthur Reynolds (Gorman et al., 2005) states that experiencing violence - physical and/or sexual abuse - direct exposure to alcoholism, and removal from the home significantly weakens a youth’s resilience. Resiliency is ‘the ability to bounce back from adversity’ (Gorman et al., 2005). Mark Katz (Gorman et al., 2005), a psychologist who is directing a resilience research program in San Diego, says that if resiliency is strength under adversity, then multiple risk exposures such as four or more exposures limit emotional endurance. Katz rates finding ‘someone who believes in you’ the most significant factor in building resiliency (Gorman et al., 2005).

Motivation for This Research

I undertook this study to address common problems in interventions with homeless girls, and I hoped to help the girls’ receive social justice, especially equal opportunity. In my experience, interventions have often been based on assumptions about this population - who they are, the nature of their problems, and the solutions required. And often, the needs of the homeless girls have gone unmet. My commitment was to help
provide a forum for the girls where they could voice their experiences of homelessness and their views on resources - reflecting my view of how social construction of the problem of youth homelessness obviously and dramatically affects what our social responses with homeless girls are. And as current literature and social work response indicate, little true needs-based planning is done, and the voices of homeless girls remain silent (Ridge, 2003).

**Framing the Research Questions**

Consequently, my intention throughout this research was to record and analyze the participants’ discourse regarding their intimate understanding of needs related to homelessness and their own ideas for meeting those needs. Hence, the fundamental questions addressed by this research:

What are homeless girls’ perceptions of their needs, and what are the best ways to meet those needs?

By treating the client group as a resource, this study aimed to offer deeper insights into the girls’ experiences of homelessness and their perspectives on viable practice and policy recommendations.

**Definitions of Homelessness and Study Concept**

There are many detailed and very specific definitions of homelessness in the current literature. However, youth homelessness cannot be precisely defined due to its dynamic situation because many adolescents have homes where they can stay temporarily, drifting in and out of housing situations with homelessness ranging “on a continuum from running away for a night [transitory homelessness] to living independently in the open” (Tyler & Whitbeck, 2004). Therefore, for the purpose of this
research, a broad definition was used to include of a variety of living situations of homeless girls.

The criteria for inclusion employed for this research are homeless girls under nineteen (19) who experience uncertain housing arrangements, who may or may not participate in illegal activities and/or have to endure abuse and exploitation to survive (McCreary Centre Society, 2001 & 2002), and who have no adult supervision or care.

The rest of this paper is organized into the following chapters and discussion topics. In chapter two, the literature pertaining to the plight of homeless youth, specifically girls, is presented. In chapter three I explain my methodological approach. The fourth chapter, the results and findings section, illustrates the contextual lived experience of these homeless girls – their pathways in and out of homeless, their opinions of services available and/or received, and their recommendations for needs-based ‘help’. Finally, in chapter five, I conclude this thesis with a discussion of the limitations, implications, and recommendations of the study.
Research has addressed causes of homelessness, inadequacies of social service responses, specifically child protection responses and point of initial contacts, and the general consequences for youth of those service responses. While the literature primarily addresses youth in general, I point out those issues that relate specifically to the girls, where appropriate.

Causes of Homelessness

The causes of homelessness are complex, but the most common underlying cause is a lack of housing that is safe and accessible (Raising the Roof Organization, 2005, p.1). Lack of safety in the home is frequently associated with dissolving social welfare safety nets that increase the probability of a disintegration of family units which in turn lead to maltreatment and neglect of dependant family members (Moller-Okin, 1989).

The main reason that many youth leave their homes is fear for their personal safety. While still ‘at home’, most experience “exposure to physical violence, mental health [issues], alcohol and drug abuse, sexual abuse, and conflicts with the law” (Youth Homelessness, 2002). According to Whitbeck, Hoyt & Ackley:

Over 80% [of youth], had a caretaker [adult] throw something at them in anger, and 43% had been beaten up...[and] 31% of the young women and 11% of the young men reported that they had been forced to engage in sexual activity with a caretaker adult (1997, p.382).

Such situations lead youth to acts of desperation (running away without survival means) because, rather than being a place of safety and support, the family has become a serious threat to their welfare. And marginalized youth such as gay and lesbian youth, First Nations, and other minority youth are at an even higher risk of experiencing issues of
poverty, discrimination, and alienation that lead to homelessness ("Family Violence,” 2004).

Deprived of support from their families, many youth are also unable to find support in healthy relationships, because the appropriate and ‘normal’ reactions to trauma are not supportive of building healthy relationships. The research showed that problem behaviors in street youth are common, specifically the need and tendency to solve conflict through violent means. The authors argued that these behaviors are a result of learned survival means in environments where the youth have to physically defend themselves (Slesnick, 2004, P.71).

Without healthy attachment and relationship modeling, a youth may interpret a healthy relationship as “a father who shares his marijuana...or a mother who slaps [the youth] hard across the face” (Slesnick, 2004, p.3). Often, a youth “does not know that love does not come in the form of...pain...[And] questions such as...’what’s wrong with me?’ [rather than “what is unhealthy in this relationship?”] become the building blocks of how they learn to think of themselves” in relation to others (Slesnick, 2004, p.9). Lacking the support of healthy interpersonal relationships and being too young to find good employment, these youths are unable to find safe, stable shelter.

Common Experiences of Homeless youths

“Research indicates that many homeless youth are not on income support as they find it difficult to access” (Josephson, 2004, p.1), leaving them very limited housing options. Once they have left home, youths of both sexes share common problems regarding physical and mental health, and safety. For the purpose of placing the situations
of homeless female youth in context, I will discuss these issues pertaining to youth in general while pointing out the additional concerns specifically related to females.

While using temporary housing solutions, youth are in an extremely vulnerable position. “Until people find a safe, secure, affordable home, and have stability where they live, they cannot achieve stability where they work [or] go to school, and where they find support” (Raising the Roof Organization, p.1). In order to gain access to shelter, food and/or money, the youth may have to perform certain illegal tasks that increase their risk of harm. “Two-thirds of homeless youth have been charged with or convicted of a crime, and over half have spent time in a custody center” (McCreary Centre Society, 2002, p. 60). The youths may become involved in illegal activities by association with the people who are temporarily housing them; for example, by spending a night in a house at a time when a drug arrest occurs.

In addition, youth may “avoid using …shelters because they fear discrimination...[and homeless youth in general may] avoid adult shelters, feeling unsafe around adults with behavioral or mental health problems” (Youth Homelessness, 2002, p.1). Youths accessing adult shelters may be exposed to persons with addictions and criminal behaviors, and may have reason to fear for their safety. In particular, girls are particularly at risk around adult men. Lakeman’s research study (2003) includes Canadian statistics of violence against girls;

Fifty-one percent of Canadian women had experienced at least one incident of physical or sexual assault since the age of sixteen, and of those almost more than sixty percent were the victim of more than one such incident...and one-quarter to one third involved more than ten episodes (Lakeman, 2003).

For many youths, there are no ‘safe’ tangible resources, help or protection offered. Consequently, many youths continue to experience fear, trauma, and abuse in
temporary shelters. Having already fled from their families, their only option is to run and hide again, this time from the conditions they encountered after leaving home. The only remaining option for many is life on the street.

Of course, living on the street is no protection from harm. Youth, who live on the street, must endure a violent and unsafe environment that poses significant physical and emotional health risks (McCreary Centre Society, 2001).

The situation of homeless youth...is clearly not encouraging...youth use various strategies to survive when living on the streets...staying with friends, engaging in prostitution, and committing offences. And the longer they are homeless, the more likely they are to commit offences in order to survive (Canadian Children’s Rights Council, 2004, p.1).

Youth spend most of their days and nights trying to meet their basic needs. Many of the street ‘jobs’ are extremely dangerous, and often include dealing and running drugs, and selling sex (McCreary Centre Society, 2001). “Having to survive on the streets puts homeless adolescents...in compromised situations, which can result in physical assault and/or rape” (Tyler & Whitbeck, 2004). Involvement in deviant subsistence strategies as a means for survival greatly increases exposure to dangerous offenders at high risk times such as at night when there are decreased levels of protection and guardianship (Whitbeck, Hoyt & Ackley, 1997). Youth surveys show that lack of guardianship increases self-determination, but it also increases youths’ risk of encountering life-threatening physical danger. As one street youth put it: “I...make choices for myself now...[but]...[it] is gonna’ kill [me]” (McCreary Centre Society, 2002, p.27).

Physical Health and Homelessness

According to Deborah Doherty (2003), the trauma stemming from family
violence does not only affect the mental stability of the youth, but also directly affects their physical health. Doherty (2003) found that youth who have been exposed to family violence may engage in self-destructive behaviors such as bulimia and anorexia, self-harming such as cutting, and are later in life more susceptible to developing diseases, such as heart disease, high blood pressure, sleep disorder, fibromyalgia, chronic pain/disability, cancer, osteoporosis, asthma, anemia, lung and liver disease and thyroid disease. Shelley Moore (2001) explored the links between anorexia, bulimia and violence against girls – linking their self-destructive eating behaviors to ‘swallowing their hurts’. Shelley Moore coupled the findings of sexual trauma in childhood to further experiencing sexual abuse in adulthood and to other physical problems.

A Toronto survey found that homeless people were much more at risk than the general population for chronic respiratory diseases, arthritis or rheumatism, hypertension, asthma, epilepsy, and diabetes. This survey also found that homeless people are at a much greater risk for premature death (shortened life expectancy by 20 years) due to health conditions and a suicide rate that is 35 times higher than that of the general population (Bryant, 2002). And Bryant (2002) has found that stress caused by social and environmental conditions of homelessness contributes not only to mental problems, but to physical problems as well: “Many... studies find much greater incidence of a variety of conditions and ailments among the homeless population... these include greater incidents of mental illness, HIV infection, and physical violence” (Bryant, 2002, p. 220).

Living on the streets may expose youth to lifestyles that pose serious health risks, including prostitution, addictions, unprotected sexual activity, and gang activity (Doherty, 2003).
Barriers to health services (medical/dental etc.) for homeless minors are: Lack of parents' health insurance, youths’ lack of money to purchase prescriptions, (if youth are under fourteen) lack of guardian consent, and youths’ fear of stigmatization and legal consequences. Some health clinics provide walk-in services to clients anonymously, but if referring the client out is needed, the previous barriers apply (Slesnick, 2004; Bryant, 2002). Slesnick (2004) stated that in a survey of 555 street youth only 28 percent of the youth reported accessing medical care services.

Bryant (2002) states that threats to physical health most affecting youth are linked to prostitution such as sexually transmitted diseases and/or other diseases related to intravenous drug use. Such drug use is shown to have direct negative health impacts on the user, but it also increases the likelihood and frequency of high-risk behaviors that can result in fatal injuries. Street youth experience physical and sexual abuse on a continuum that includes murder: “Five thousand children yearly are buried in unmarked graves…these children were street youth” (Slesnick, 2004, p.71). Even though this particular text refers to U.S. children, it shows a frightening picture of the reality for those five thousand children whose deaths occur without the knowledge of their families.

*Mental Health and Homelessness*

The greatest threats to the mental health of homeless youth come from trauma. Incidents causing trauma are many and varied among the homeless youth population because survival on the streets often entails various forms of abuse such as rape, beatings, robbery, exploitation, abandonment, and witnessing or having to participate in violence (Slesnick, 2004). Any experience of terror and disempowerment such as homelessness
and trauma during the teenage years compromises normal adaptive tasks that lead towards a youth gaining his or her independence and ‘quality of life’ (Herman, 1997).

Consequences of Trauma

The experience of trauma has many diverse after-effects, but studies have shown that “the greater the intensity and the longer the duration of the trauma and the fewer the social supports and comforters...the greater the possibility that delicate biochemical balances within [the] body may have been disrupted” (Matsakis, 1998, p.87). This increases risks for substance abuse, self-harm, re-traumatization, and psychiatric disorders. Research has also shown that the type of trauma affects after-effects. For example, “victims of sexual abuse...are more likely to report symptoms of post-traumatic stress disorder than those who experience only physical abuse...[and those] experiencing both physical and sexual abuse have cumulative negative developmental effects” (Whitbeck et al., 1997, p.377).

There is a higher likelihood for girls to experience sexual abuse and violence than boys, and as a result the girls are more likely to suffer from trauma (“Family violence”, 2004). A study of the relationship between violence and symptomatology in the lives of homeless girls (Goodman, Dutton & Harris, 1997) indicated that traumatized girls suffer an overwhelming number of intra-psychic and social difficulties. Furthermore, these girls do not become desensitized to the impact of recurring or new violence, which increases the negative impact of each new incident. The resulting trauma affects these girls’ social identity and impairs their ability to interact with others on all levels (Josephson, 2004).

Trauma is about loss, and one of the first causalities of having been traumatized is the capacity to trust...Trauma survivors not only lose trust in some of the basic premises that keep people functioning (such as the assumptions of personal
invulnerability and that the world is just and fair) but they can also lose trust in people, including themselves (Matsakis, 1998, p.57).

Whether female or male, an initial intervention response to traumatization is essential to recovery: proper response can prevent development of mental health problems by validating and normalizing the victim’s reactions to the traumatic experience[s], thus helping the person to achieve a ‘normal’ reaction to an adverse event or situation. For, “a supportive response from other people may mitigate the impact of the event, while a hostile or negative response may compound the damage and aggravate the traumatic syndrome” (Herman, 1997, p.61). A key approach to dealing with homeless and traumatized youth is through building ‘safe’ relationships. Herman (1997) describes healthy adaptation after trauma as occurring through connection with others.

The core experiences of psychological trauma are disempowerment and disconnection from others. Recovery, therefore, is based upon the empowerment of the survivor and the creation of new connections. Recovery can take place only within the context of relationships; it cannot occur in isolation (Herman, 1997, p.133).

**Trauma response**

According to Matsakis (1998), it is easy to “misinterpret...trauma symptoms...as a lack of willingness...[or] personal inadequacies” (p.84) if the professional does not understand physiological after-effects and behavior post-trauma, and it is difficult to “recognize that what may appear to be deviance or unusual behavior from one perspective may be quite appropriate [a resourceful and normal behavior] given a different set of values and life experiences” (Sheafor et.al, 2000, p.70). Linley (2003) recommends that responses incorporate the biological, psychological, and social aspects of traumatized individuals in order for “positive changes [to] be used as foundations for further therapeutic work, providing hope that the trauma can be overcome” (Linley &
Joseph, 2004, p.19) by paying attention to the link between growth and distress, and not only distress. For example, “while self-harm appears self-destructive, it can also be seen as an attempt at recreating the self [through reaching out for safe relationships] where the young person is helped pass through an experience and emerge...better equipped to manage their future” (Nicholson, 2004, p.33). Surprisingly enough these kids are often described as resilient people who “rise above adversity and develop effective coping skills and strategies” (Latimer, 1998). The approaches just described are directly opposite to pathologizing approaches where “the preoccupation with the negative is so common...that when the various disciplines combine their evaluations, the client is more than 100 percent disabled...[with no] abilities” (Sheafor et.al, 2000, p.75-77).

Those who are homeless need more than just a place to sleep or a roof over their head to help break the cycle of homelessness...[They require] a wide range of supports – access to housing, health services, income support, and employment opportunities...[including] psychosocial...and life skills services – and opportunity for self-determination and utilizing their strengths (National Homeless Initiative, 2004, p.2).

Social Service Response

On a national level, Minister Claudette Bradshaw is at the forefront of the Canadian homeless response. She is proposing that 1.1 billion dollars be spent on the homelessness initiative that is presently in the process of being designed and is in its primary stages of implementation (Goldring, 2004). This initiative was designed to support collaborative community efforts in responding both to emergency and preventative needs relating to the homeless population in general. Only eight Canadian cities have thus far received significant funds to address their city’s homelessness (National Homelessness, 2004). In 2004 in B.C., eighty-four million dollars was allocated through a partnership between the federal and provincial government: “towards
transitional [and affordable] housing and a range of supports to help communities tackle the challenges of homelessness” (Canada Mortgage & Housing Corporation, 2004, p.1).

On the provincial level, child protection services in B.C. will provide services if youth are found to have suffered abuse or severe neglect. Those qualifying for these services are youth who:

Experience violence, misuse of alcohol and drugs, risk of suicide or [are a] danger to themselves or others, living in...homelessness, [are] disconnected from family...[experiencing] family instability, [fail] to remain in school, work, or day programs [have a history of]...trauma...[requiring helping professionals to] determine youth as high-risk (British Columbia: MCFD, 2000b, p.4).

The Child, Family and Community Service Act [CFCS Act] directly guide B.C. protection services through the following guiding principles:

[Based on the] best interests of the child, [and are] used for planning purposes...[R]elevant factors...considered [are] the child’s safety, the child’s physical and emotional needs and level of development...the quality of the relationship the child has with a parent or other person and the effect of maintaining that relationship...the child’s views...[And] is intended to [influence] responsiveness to the diverse needs of children, their families, and their communities (British Columbia: MCFD, 2000a, pp. 164-165).

Child protection interventions are to be guided by the principle of ‘least disruptive measures’, acknowledging and supporting youths’ attachments to parents and other primary care givers. However, although the Act states that it is responsive to family and youth’s needs, the CFCS Act guiding principles “indicate the CFCS Act is not about universal family support; it is about child protection” (British Columbia: MCFD, 2000a, pp. 164-165). Consequently, policies under this Act tend to be limited to situations when a youth is experiencing “actual or likely physical harm, sexual abuse or exploitation, [or] the parent is unable or unwilling to protect the child from emotional harm” (British Columbia: MDFD 2000a, p. 167). This means that youth needing resources are placed in
a dilemma if they are afraid to damage existing familial bonds through reporting their
parents. In addition, limitations to child protection responses are greatly influenced by
government cutbacks, and even if protection social workers want to help homeless youth,
they may be unable to do so because of fiscal restraints.

The funding drought by...governments had a great impact on service
agencies...[requiring] more elaborate requirements regarding service
eligibility...They are frequently stymied in...service provision by the lack of
capital and operating funds for long-term or ongoing services. And they must
adapt their programs to fit varied and changing funding criteria...Community
agencies that provide programs to youth have had to cut their services
significantly...Forty percent of programs serving youth lost paid staff due to
government funding reductions (Novae, S., Serge, L., Eberle, M., Brown, J.,

Child protection services offer many potential benefits to youth: it can help them
escape abuse and/or death through removal from threatening situations and provide
access to stability and positive role modeling, and to nutrition, care, support, and health
services, all of which aids their development towards eventual self-reliance (influencing
lower rates of suicidal behaviors than homeless youth) (Slesnick, 2004).

The system has the potential to both serve and mistreat its dependents, and how
this service is carried out and monitored will depend on those who oversee CPS
[child protection services], and on those who advocate on behalf of children
without a voice (Slesnick, 2004, p.69).

**Barriers to Help**

A fear of the justice or mental health system can keep homeless youth from
accessing health care. Youth who do not comply with requirements of those services once
they have asked for help can experience negative consequences: being deemed non-
compliant, denial of resources, and/or institutionalization in foster care or mental health
wards. Unable to access resources and participate in the education system leaves these
youths socially excluded and/or legally retained (Timmer et.al, 1994). Therefore, one of
the greatest barriers to services for the homeless youth are the rigid systemic assessments that pathologize, label, and constrict the homeless youth, reducing their freedoms and limiting their choices (Hill, 1995; Robertson & Toro, 1998; McMurray-Avila, Geldberg & Breakey, 1998). Many health issues may have resulted from illegal activities, and the youth may not seek help for fear of consequences (Hedley, 1998; Tyler & Whitbeck, 2004). A study of homeless youth indicated that 50% of the youth had no access to health care, and that 25% of these youth had been seriously injured and traumatized in the past year (Tyler & Whitbeck, 2004). Access to health treatment is impeded when youth do not have a guardian who will consent to treatment, and do not have money to purchase medications.

Researchers (Rosenfield, 2000; Cosgrove & McHugh, 2002) claim that labeling youths' behavior as deviant significantly affects youths' mental health and receptiveness to the system as well as their opportunity to 'appropriate' resources that are individually tailored to their needs. In addition, Fischer (2000) and Collins (2002) argue that having a labeled social identity can cause feelings of shame and guilt; negatively affecting a person's mental health and behavior, and that interventions should lay a foundation that protect the youth's positive self-image from negative messages and lack of support from society at large. Where possible, interventions should avoid attaching stigma to resources, and they should validate youth reactions to trauma and other severe problems as normal, not as mental illness or deviance (Rosenfield, 2000; Matsakis, 1998).

**Legal barriers**

Options offered to youth by Ministry of Children and Family Development (British Columbia: MCFD) also pose barriers to youth accessing help. Of course the
intention of the MCFD is to help. Child protection measures can be lifesaving and provide stability, in part, because child protection social workers have in-depth knowledge of “the potentially traumatic outcomes of the separation and/or placement experience for children and their families, including precipitation of psychological crises, serious disruption of family relationships, and developmental disturbances” (British Columbia: MCFD, 2001). However, child protection services are unable to help youth if their fear of legal child protection processes such as the ‘duty to report’ prevent them from seeking help.

Measures and approaches (British Columbia: MCFD) taken to support youth and their families under child welfare policy can include requirements that parents and youth attend programs or implement safety plans that include parenting courses, drug treatment and/or testing, anger management, prohibitions from seeing violent partners, inclusion of more supportive and or supervisory measures with the youth, attending employment or educational programs, referral to mental health, counseling, in-home support, etc. Each measure is, of course, only available if there is sufficient funding, and each measure is tailored to react to the families’ current problems, difficulties or needs. These problems are not normally treated as the result of enduring and difficult situations but simply as the results of ‘parents’ lack of ability’ to care for their family, or ‘youths’ inability’ to function independently.

When measures to keep families together fail, services provided under protective B.C. youth legislation include resources such as safe housing and/or foster care. Access to various Ministry resources and services depend on the range of services offered (i.e. affected by cutbacks), youth’s age, familial and individual situation, and developmental
level of the youth. Connecting street youth to resources, youth agreements, youth-in-care support groups, and under age income (MHR) are all B.C. Ministry provided resources (British Columbia: MCFD, 2005b). However, many youth are unable to access Ministry services, and many youth who have accessed resources such as safe housing and foster care still eventually become homeless (Tyler & Whitbeck, 2004). The present protection system fails to help youth deal with the issues that led them to have to leave their families in the first place (Serge, Eberle, Goldberg, Sullivan and Dudding, 2002), and this approach compromises permanency of care, decreasing the likelihood of long-term safe attachments. Services are fragmented and do not address physical and mental long-term developmental needs, and/or healing from trauma. And lack of psychological (and tangible) support after exiting care reduces the opportunity for youth with traumatic backgrounds to come to terms with their pasts when they are more mature and able to deal with past issues (Serge et.al, 2002), and leaves youth struggling with social difficulties.

Innovative programs

Currently, programs and services for homeless youth have many limitations. But some innovative programs have been developed which attempt to reduce such limitations for youth in general and girls in particular – this despite restrictive legal and financial requirements. These programs are being implemented here and abroad. The U.S Clara County guarantees confidentiality to under-age youth who need medical services. However, there are barriers to youth participation, because even if workers assure the youth that their parents will not be informed, they still have to live with their parents, and the youth need to provide proof that they can pay for their medical services (Santa Clara
The Open Door Youth Counseling Centre (2005) in the UK guarantees confidentiality to under-age youth. This service “is confidential and no information is passed outside the service without the client’s consent in writing” (“Open Door”, 2005, p.2). Phoenix youth programs (Fitzgerald, 1998) propose community partnerships to integrate educational and human services to meet high-risk and/or homeless youths’ needs, tailoring education to youths’ individual life circumstances through alternate service delivery approaches to aid youth to “see themselves as worthy, valuable [and] an asset to themselves and others” (Fitzgerald, 1998, p.33).

Staff spoke of [youth needing] resources...to stabilize and improve their lives such as safe, secure housing, alternative educational programs, and pre-employment services [for] youth who may experience greater difficulty completing studies in the regular school system or obtaining the necessary skills to compete in the adult employment market (Fitzgerald, 1998, p.40).

MCFD staff in Salmon Arm, B.C. have begun an innovative community safe housing program that utilizes foster parents twenty-four hours per day, seven days per week. Care providers in this program can promise relative anonymity because they do not have to report to the Ministry unless there are complications, or if they need to access additional resources to aid the youth, and/or the youth are under sixteen years of age.

Standards for Safe House Services in B.C. (British Columbia: MCFD, 2002a) say that youths’ confidentiality is to be protected because youth cannot be harmed if they cannot be found. The youth must be willing to sign consent before staff can disclose personal information regarding the youth to others. However, reportable circumstances are deemed as critical incidents (where a youth may have been or is likely to be critically
injured, and/or in danger) and need be reported to the Director of Child Protection as designated within individual regions (British Columbia: MCFD, 2002a).

Sections of MCFD such as the Research Review of Best Practices for Provision of Youth Services in B.C. (British Columbia: MCFD, 2002b) recommend changing service requirements and provisions to better meet changing needs of homeless youth. For example, the Research Review describes essential services as “youth drop-in centers for reaching the very young homeless youth (12-15) who...avoid shelters for fear of violence...sexual assault, or being reported to parents, police, or sent to a foster home”. Collaborative Community Health Research Centre (2002) research indicated that programs for homeless youth need to be flexible, youth-centered, confidential, and timely; and that service providers be aware that provocative acting out behavior on the part of the youth often indicates maltreatment. The Centre encouraged implementation of “interventions and preventions...within two-weeks, as youth are most in danger in their first year on the streets” (Collaborative Community Health Research Centre 2002, p.13).

I found the literature very informative regarding innovative approaches to youth services like low barrier shelters and related services. MCFD reviews of youth services identify critical services for homeless youth. However, in the current funding reality, these services do not exist or are extremely difficult to access. In addition, I did not find the literature clear with regards to youth confidentiality and service providers’ ‘legal duty to report’, which creates the problem of youth not accessing services for fear of consequences of reporting.

Homeless youth are severely restricted by lack of government resources, and a further restriction might be forthcoming. The B.C discussion paper (British Columbia:
MCFD, 2004a) on the Secure Care Act proposes to legalize the detention of youth engaged in sexual exploitation to keep the youth safe. The youth would appear before a judge within twenty-four hours for a hearing regarding their detention (up to 30 days) – eliminating youths’ self-determination and freedoms. The Safe Care “Child prostitute legislation…may funnel services to particular youth and extend social control strategies that drive some youth underground. This type of legislation will likely affect young women more than young men” (Novae et.al., 2003, p.31).

Including Youths’ Voices

The current literature frequently points out the importance of including youth’s voices, particularly those of homeless girls, to determine the most accessible and helpful resources (Robertson & Toro, 1998; Hill, 1995; Gueron, 2003; Rohe, Zandt, & McCarthy, 2002). It is well documented that physical and mental health and addictions are related to income support, which in turn affects homelessness, which affects ability to secure an income. But “deeper studies of these associations are rare…[and] very little research exists that attempts to evaluate services that assist with these challenges” (Josephson, 2004, p.2) – especially by listening to youths oral histories of their struggles, and their needs [emphasis added] (Fine, Weis, Weseen, & Wong, 2000).

According to the youths, their needs are not being met; therefore, it is crucial to find out from youths what they would find helpful.

“A preliminary review reveals that young people’s perspectives…are rarely described in the professional literature. While such studies exist…they suggest that it is primarily the views of social scientists, scholars, and social institutions that permeate research on the adolescence-to-adult transitions” (Voices in Transition, 1999, p.1). Hill
(1995) and Elliott (1993) recommend that an appropriate social response to homelessness begin with an enquiry to identify the most pressing needs of the population targeted, as identified by the homeless themselves, adding that the most pressing needs will rarely be what we assume them to be. Therefore, the goal of this qualitative inquiry is to examine the experiences of the homeless girls in their attempts to access resources, and to discover which resources they consider ‘helpful’.
Chapter III

Methodology

Design

I chose a qualitative design for this study because “qualitative research...reflects an attempt to secure an in-depth understanding of the phenomenon in question...[and is] a strategy that adds rigor, breadth, complexity, richness, and depth to any inquiry” (Charmaz, K. 2000 p.1). This allowed me to look at and to understand the phenomenon of homeless female youth within its structural and social context and to see how our culture influenced their perceptions of their own experience, fears, and hopes (Vidich & Lyman, 2000). I was interested in how the study participants “made sense of their surroundings through...[their] social roles” (Berg, 2001, pp. 6-7).

One danger of qualitative research is the difficulty of avoiding subjectivity on the part of the researcher. To provide a stabilizing framework of assumptions to guide this study, I used a qualitative interpretative analysis called constructionist (or reflexive) grounded theory, which engages explicit understanding of perspectives or assumptions brought by the researcher to the study. When guided by feminist standpoint theory, this method focuses its analysis on individual experience within the context of the socio-historical and cultural environment - an examination of power relations. So, while constructionist grounded theory enabled me to focus on the girls’ lived contextual experience around homelessness, feminist standpoint theory provided a means of examining the social contexts of these personal experiences.

Feminist standpoint theory demands a non-conventional or un-assumed view of the problem in order to find ‘new’ solutions to the problem under scrutiny. It includes
examination of internal subjective forces and power relations and emphasizes “destabilizing knowledge...[and unpacking] taken for granted ideas about women in specific material, historical, and cultural contexts” (Olesen, 2003, p.333). It claims that all knowledge is socially situated, and requires an examination of “the contemporary moment...of culture, [and its] implications for control over women’s lives...[arguing that] gender is wholly constructed” (Olesen, 2003, p. 348-354). This approach encourages understandings that promote strategies, which, in turn, affect outcomes according to what the homeless girls find helpful.

In accordance with feminist standpoint and constructionist grounded theory, I designed this study to have a person-centered focus that would better enable me to hear the participants’ voices. The participants were treated as the ‘experts’, and were the main sources of information contributing to formation of concepts, relationships between concepts, and the building of theories. And participants were invited to provide feedback on my interpretations.

Recruitment

The study required that participants be English-speaking girls between the ages of thirteen and eighteen who experience uncertain housing arrangements, who may or may not participate in illegal activities and/or have to endure abuse and exploitation to survive (McCreary Centre Society, 2001; 2002), and who have no adult supervision or care.

Third party professionals who worked with homeless girls in non-profit agencies were used to recruit participants. Girls were assured that their participation would be anonymous and entirely voluntarily, and that they could chose to terminate their participation at any time during the interviewing process. A fifteen-dollar gift certificate
to a local bakery and coffee shop was provided to all participants (and was provided upon
the participants arrival). I asked where the participants were most comfortable doing the
interviews, and they chose meeting in non-profit organizations with the exception of one
who wanted me to interview her in her temporary housing environment. The interviews
lasted approximately one hour.

Study participants

For the purpose of concealing participants' identities, each of the five
interviewees was given a pseudonym. The girls are listed in the chronological order of
their interviews: Vicky, Maya, Holly, Adriana, and Breana.

To place their living situations in context, I will provide a brief overview of the
girls' situations. The girls' ages ranged from fourteen to eighteen (14-18) at the time of
the interviews, but they had all been younger when they began experiencing
homelessness. All five participants came from lower socio-economic backgrounds, and
three of the participants' families had had prior Ministry involvement. Four girls were
Caucasian and one girl was of First Nations decent.

The girls' had very different opinions about safety while living on the streets, but
all agreed that they were scared about their living situation at home – scared enough to
run away. None of the girls were 'homeless' or couch surfing at the time of the
interview, so the information they provided was retrospective. However, they were still
living under temporary living conditions that could still result in absolute homelessness.

Vicky said she left home because of domestic violence in her home. She ran away
several times before she found temporary living quarters at her uncle's. She had some
communications with her parents during her absence, and when they moved to Alberta,
she decided to try returning home. At the time of the interview, Vicki was in the process of returning to her parents. She had a strong bond to her little brother and had been his substitute parent from the time he was born. Now she was worried for his safety, and also missed him immensely. Vicky had not yet moved back because her parents were in the process of relocating. She evaluated the safety of returning home and made the choice to return but with safety plans in place in the event that she needed to run. Vicky said that if things got bad again with her parents in Alberta, she would try living with some relatives, and if that failed, she would hitchhike back to B.C. to access her informal support networks.

Maya said she left home because of domestic violence related to alcohol use. But, at the time of the interview she had resumed living with her parents again. She said that she had no option other than to return home because she did not want to live on the streets. She said that her running away had made her parents change and take Maya and her needs seriously.

Holly said she left home because her mother was addicted to drugs and did not want her, and because her father sexually abused her. At the time of the interview Holly was waiting for Protection Services to approve her temporary housing as foster care, and she was living with the uncertainty of being returned to her father, against whom she had laid charges for sexual assault (the investigation was not yet complete). She said she feared that those in the system would not believe her, and that the information given to her regarding foster-care was sparse and not very clear. She liked the temporary care home where she lived at the time of the interview.
Adriana and Breana and are sisters, and they said they left home because their mother began using alcohol and became violent after her husband, their father, passed away.

Adriana moved out at the same time as Breana, and at the time of the interview had not returned to her mother’s house. She continued to live at the home of the person who took her in when she was homeless. Adriana said she would never return home. She considered the transition house as a back-up plan, but rather hoped she could become independent and self-sufficient.

Breana had moved back in with her mother at the time of the interview, and they had found a way to ‘work’ together. Breana said she would stay as long as her mom did not resort to physical violence again. She did not have any back up plans readily available because she felt she had no other options or access to resources.

Confidentiality and informed consent

According to the Infant’s Act the participants were able to give informed consent to the study in the ethics application. Part Two, Section 17 of the Infants Act (2003) states that “an infant may consent...and if an infant provides that consent, the consent is effective and it is not necessary to obtain consent...from the infant’s parent or guardian” (Infants Act, 2003). All participants were required to sign a consent form.

Potential risk to the anonymity of participants was discussed due to the small size of the rural communities in which they lived. I explained to participants that I would take every reasonable measure to protect their confidentiality but also pointed out that despite these precautions they might nevertheless be recognized. I explained that if I were to see them after the study, I would not acknowledge them in order to protect their
confidentiality. However, if they chose to acknowledge me, I would acknowledge them in return. In addition, I informed each participant that she had the option to review what was written about her so that she could remove any information that she did not want contained in a public document.

Since self-exposure can leave these youth feeling vulnerable and distressed, we discussed the possibility of distressing topics emerging during the interview and how distress could be dealt with by choosing to stop the interview and perhaps pursue appropriate referrals.

Interview Format

The interview process was designed to draw out in a participatory manner the context of the person’s life in order to obtain rich data (Hessler, 2003; Robertson & Toro 1998). To reduce the potential for communication barriers and to decrease silencing of the participants’ voices, each participant was approached as the authority on the subject of her own experiences. I found that this method made it easier for the youth to share their stories and disclose certain aspects of their situations that they would not have revealed otherwise.

I used a relatively unstructured interview guide in order to provide the opportunity for the girls to guide the discussion of their personal needs and desires. The open format was designed to encourage ‘new’ knowledge in the hopes that such knowledge would introduce more positive governing symbols that the girls’ could identify with (Madriz, 2000). For example, I asked questions around their survival strategies related to their situations, which, I hoped, would invite them to consider their own strengths. I also used this open approach to interviewing in order to reduce the risk of my inadvertent
imposition of assumptions and to allow discovery of any influences that may have suppressed the female youths’ “forms of resistance that they use every day to deal with such oppressions” (Madriz, 2000, p.836). I did not want to limit the interviews by asking questions that controlled the subject content because I wanted to hear what was important to the homeless girls.

The interview guide focused on participants’ coping strategies and experiences with resources: what resources could have prevented their becoming homeless, and what resources should have been available to help their situation once they became homeless (see interview guide in Appendix). I asked the homeless youth to describe in detail the resources that they felt were vital to their quality of life currently and in the future, and that would help others in similar situations.

Transcription Process

The interviews were transcribed verbatim except when words were not comprehensible. Some verbatim quotes were slightly altered in order to make the sentence understandable, although alterations to the participants’ language are minimal. I have followed Blom’s (1986) outline of ‘standard transcript notations’ in my coding of transcribed conversations. Like Blom, I have used the standard notations of periods, question marks, and commas, and I have used the three-point ellipsis to code silences and two-point ellipsis for pauses (Blom, 1986).

Data Analysis

In vivo concepts were primarily used to develop concepts and to demonstrate relationships between concepts in the analysis. These in vivo concepts were words or phrases that the girls used repeatedly and so indicated important events and issues to
them. For example, participants' words clearly indicated a pre-occupation with 'help'. Consequently, my line of questioning was drawn toward exploring concrete properties and theoretical issues regarding the concept of 'help'.

Data analysis was based on grouping of themes and the division of those themes into categories. For example, I studied how the context and perception of needing help influenced the receiving of help. This was pursued until a point was reached in each of the five interviews when there were no longer many new properties, dimensions, or relationships that emerged. I examined each interview for similar and opposing statements, and documented those under the main headings the youth had themselves described.

Validation

Member checking was only possible with two participants due to the transience of the girls' living situations. Three of the participants were no longer at the addresses they had initially provided me with, and they had left no forwarding information. The follow-up interviews were conducted on the phone rather than in person because at the time the two girls said they were feeling overwhelmed by their present situations and preferred to have a brief phone conversation rather than meet in person. And I could not reach one girl who went into foster care because of restrictions protecting confidentiality. The results of the follow-up interviews could be summarized as: the girls still did not have enough resources to cope adequately, they were still dealing with significant health effects and school difficulties, and they were still not living in permanent residences.

I continually sought peer reviews as part of my validation process from my supervisor and committee members to check my perceptions on the data.
Reflexivity

It is necessary for me to consider my social reality and how that reality has affected how I interacted with the participants and the data.

The girls’ voices have kept me going by showing me courage in telling their stories and by revealing their passionate desire to facilitate positive change for others in similar situations. I appreciated that the girls understood the kinds of resources they needed, and I wanted to honor their voices in this research.

I have personally experienced trauma and learned how it can both bind and free a person, how it can both deeply wound yet strengthen the soul. So when the girls spoke of their pain, survival methods, passion, joy, and hopes for the future, their words resonated deeply in me. I thought I could hear the girls clearly, even when they did not have the language to express in detail their lived experience. And I could see their strengths – their survival skills and their determination to claim their right to a free life.
Chapter IV

Results and Findings

The overriding theme (meta theme) identified in the research was No Safe Place. Secondary themes were linked to issues of safety: Home as an Unsafe Place, Unresponsive and Disbelieving Services (needs denied, breakdown of informal help, feelings of hopelessness) and Mistrust of Protection Services (barely surviving). Other important themes were an Ideal Safe Place (a safe place, being heard and validated), and Pursuing a Better Future.

No Safe Place

The main theme that emerged from the girls’ stories was the problem of having nowhere to turn. Their families were in crisis and unable to assist, and friends’ families had too many stressors of their own to assist a young homeless girl who was unable to contribute financially. They were able to stay in places for a while, but eventually they had to move on, never feeling safe or grounded.

When the girls went to Child Protection Services, they had exhausted every informal resource. This was their last resort for help. The girls were turned away because they were told they did not fit the criteria of being ‘at risk’.

When they were turned away, they lost all hope and suffered severe consequences such as depression, self-harm and suicidal ideation. They all said this was the critical turning point in their coping because they had believed there was some help available for them.
Figure 1: Homeless Girls' Experiences and Needs

- No Safe Place
  - Home as an unsafe place
  - Needs denied
  - Feelings of hopelessness
  - Breakdown of informal help
  - Mistrust of Protection Services
  - Barely surviving

- Ideal Safe Place
  - A safe place (physical security)
  - Being heard, validated (Genuinely cared for)

- Pursuing a Better Future
The ‘help’ on the streets was often in exchange for something, such as ‘companionship’ for others – i.e. sexual favors. And if staying at friend’s houses, the girls experienced guilt at not contributing, and did not continue to stay there for that reason. So they continually had to move from place to place or wander the nights with nowhere to go. At times they would attempt to hitch hike – sometimes for long distances – to people who they hoped would help them.

_Home as an Unsafe Place_

All participants gave the same reason for leaving home: they did not feel ‘safe’ and described being ‘really scared’. They all felt that they were at physical and mental risk if they stayed. The girls described having been physically attacked by their parent or parents at the time of leaving their homes, and they said they only left because they were afraid of being seriously hurt. They said they felt the situation was out of control and would likely escalate into severe violence. Before the interviews, the girls had been staying away from home for periods ranging from a few months to a couple of years with short time-periods in-between of going back home.

The girls said they were unable to change their home situations by modifying their own behavior. They said they had tried reasoning, defending themselves, and doing what the parents had asked, but to no avail. Any change in the girls’ behavior was not sufficient to de-escalate the situation at the time of the conflict.

The risks and dangers described in their homes included physical violence, incest, drinking or drug problems, fighting due to changed family composition, and other stressful life events such as illness and death.
Holly said she was running from: “My dad, my mom, my family; everything. I wasn’t safe there...my mom was a big crack head...On my thirteenth birthday [my mom] told me I was a mistake”. Holly said that she lived with her dad for approximately eleven years, and that he had sexually abused her since the age of seven. The girls understood that their family situations were dysfunctional and very unhappy. And Holly’s pain was evident when she said:

For me, I just would like to forget everything, and ...be put in permanent care so I do not have to worry about going back to my dad, or worry about everything happening all over again and I can feel totally safe.

Violence against females in Vicki’s family was prevalent. Vicki, her cousin, and Vicki’s mom had all been sexually assaulted. A male family member perpetrated some of the assaults, and Vicky described this experience as:

I have had to deal with being molested...He got three months, wow. He has a little girl right now. I don’t think that is right. That hurts me to see. He molested my cousin too...[And] I know I won’t do stupid things like my mom [like hitchhiking] to get raped (Vicky).

Vicky said her mom was angry, but that her mom’s anger got more volatile because of her pregnancy: “My mom is pregnant, and her hormones are going crazy. If it weren’t for the pregnancy, we would probably get along...she gets angry”. Maya said her parents became frightening when they were drinking – with much yelling that often escalated into violent fights that resulted in her being abused. But it was the lack of respect towards her that seemed to have left the deepest scars. “My parents used to be rude and call me fat. [And because they were drinking], my dad couldn’t remember, so he never apologized. It really hurt me...I’ve gone bulimic” (Maya).
Adriana’s sister Breana said her parents had issues with alcohol and other substances, but that they had had a pretty good family until her dad was diagnosed with cancer. She referred to a specific night as the time when her family began disintegrating: 

I was actually there that night when everything happened...all I remember is of my dad, the top half of him fell onto the sidewalk, and I did not know what to do...There was blood all over his face...[He went] to the hospital...and we did not hear from him for a month...[When we did hear from him] he sat us all down and told us he had cancer and cirrhosis of the liver...We all moved back into this big house [and] started fighting...My mom went nuts (Breana).

Adriana said she and her sister left home after their dad passed away because their mom became physically violent. She said that:

My mom...lost it, and ...started drinking...She [got] mean...and [would] always fight...with us ...actual physical fights...She was going crazy...[and] started kicking my door in. We were really scared. I tried actually phoning the cops on her, but she unplugged the phone...we ran away (Adriana).

“My mom had so many different boyfriends. Oh, they had vicious fights between them”. (Breana). Breana said she was particularly scared of one of her mom’s boyfriends. She said this man was big and mean, and that he had told her: “You are a little bitch just like your mom”. She told me, “He started coming towards me, and I did not know what to do, so I started running” (Breana). Breana said that she would express her anger externally, and therefore got into many more altercations than her sister. Adriana did not fight as much, but she said she had a much more difficult time emotionally, because she repressed her emotions. She said she self-harmed and attempted suicide.

All of the girls described their home living environments as unstable, with volatile parenting situations. The youth often referred to themselves as the acting parent in the family. “I was the parent. I was not given any rules” (Adriana).
Though the situations of all these girls were different, they all had compelling reasons to leave home. All had experienced abuse from their parents that were significant enough to make them risk losing their familial attachments and search for new ‘safe’ people with whom to connect. Some of the girls said they would never go home. Holly did not trust her family enough to believe that she could re-connect with them. She described her wounds as too deep.

The parental abuse was more often than not linked to significant life issues such as terminal illness [loss], hormonal changes, severe stress, and to alcohol and drug abuse, poverty, and a lack of resources.

Experience of home as unsafe further harmed the girls by threatening existing attachments with family members. Although the girls’ homes were unsafe, they wanted to stay attached to family members. In some instances, the parent-child bond had been permanently severed with one or both parents either through severe abuse or death, but often the connection was lost only temporarily. In the cases of temporary separation, the girls held hopes for reconciliation, even though reconciliation may not have meant residing together.

When ties with parents were severed, they still had a longing to remain close to their siblings. As Adriana explained: “I lost dad, and then I kind of lost mom too...so [staying close to my sibling] was my only way to having a family. I missed family terribly. I wanted...a family and [to] live normally...I was fifteen” (Adriana). And Vicky worked hard at re-connecting with her sister:

I tried to get ahold of my younger sister. I stood up for my parents when my sister ran away – until I had the same thing happen to me. I miss her a lot. Her and me were never close. I told her that you got to admit that we are sisters forever. She
said I don’t want to have anything to do with mom and dad. I said I don’t care, but are you going to disown me like you did mom and dad? (Vicky).

Vicky also missed her little brother immensely: “I miss my little brother. He is five. I have helped raise him; he is almost like my own” (Vicky). The girls spoke of the importance of being able to have relationships with their siblings, and growing up with them together as a family. And even though they were angry with their parents for the abuse, they wanted to maintain the connection. Even Holly, who said she never wanted contact with her family members, again spoke of her grief and loss in relation to the severed family ties.

Despite the fact that home was, and often remained, unsafe in the girls’ view, several girls felt they had no other option but to return there. The girls desired closeness with their families, but remained fearful. Two girls said they would never return home at the time of the interviews. Three girls had returned home, but did not feel safe. They said they had nowhere else to go.

Maya did not receive any help and ran away, but was picked up repeatedly by the police and brought home again every time. Each time she was away from home for a longer time period, but in the end she gave up. As she put it, “I didn’t have any other options” (Maya). Fortunately for Maya, her parents did get the message, got some help, and decreased their drinking. When things got better at home, Maya said that child protection got involved again. But she said that, again, she was not believed:

Now we can talk. I talk to my parents about everything now that they have [reduced their] drinking. Now that it has gotten better, the Ministry wants to interfere – three years later. So now they are in there all the time, doing investigations, now that everything is good. Now they look at me like I was an idiot, and like I was using excuses, like I was a crazy child – now that everything is fine in the house (Maya).
In some cases, the parents made attempts to resolve problems, but unless this resolution was successful, the girls’ fear at home remained – even when the family was re-united. Vicky said she could not feel safe at home unless her family changed or someone intervened. Though she wanted to return, she could not. “Soon after my dad kicked me out he asked me to come home, but I was too scared” (Vicky). Vicky said she and her family needed time apart – a break from the present family pattern - to make home a safer place. After much communication through letters, Vicky moved home. She said her parents continued to drink beer sometimes after she moved home, and she worried about them loosing control again. Her back-up safety plan was to run away and go to a safe house if her parents became abusive again.

Maya said she had to go home, because “I didn’t have any other options. I didn’t want to live on the streets and ‘stuff. I needed to eat...so that is why I stayed” (Maya).

Adriana wanted to keep her one close family member near her, but was unable to:

I really, really wanted to live with my sister and it seemed like the only way we could do that was if we lived on our own. But I did not want to live on my own, like, I did not want just me and my sister, like, I wanted like a family and live normally and not have to worry about paying my rent and my phone bill or my hot water or whatever, when I should be worrying like, about boys and school...I deserved to live normally...My mom beat up my sister, and she like, was having pot growing in her house, and she was drinking lots, like, what does it take to show...that it is not safe for us to live there? (Adriana)

Breana went home to live with her mom because she could not access independent living resources. After their re-unification, they argued less, but also stayed less involved with each other. “I did not want to move back in with my mom. I was afraid it was going to be the same old thing again...[but] we started getting along...she started taking some herbal stuff for her menopause...she did not go all crazy [anymore]” (Breana). Breana said her mom no longer went out with abusive boyfriends, and that it had a tremendously positive
impact on their life together when her mom paid off her debts from the sale of her house. She said much of their anxiety was reduced through the reduction of money difficulties.

However, each of the girls who eventually went home said she would have never returned home if she could have been able to access other ‘safe’ resources.

*Unresponsive and Disbelieving Services*

After providing an overview of the girls’ experiences when trying to access services I will discuss the effects of Unresponsive and Disbelieving Services under the sub-headings Needs denied, Breakdown of informal help, and Feelings of hopelessness.

Girls’ needs were denied and dismissed when they approached Child Protection for help because they were told they did not meet the criteria for being deemed at risk of harm. When the girls were homeless and approached child protection, they not only received little or no help; they also felt that they were not believed. When the girls spoke of this, their words, voices, and body language indicated shock and disbelief. “They did not believe me” (Adriana). “It was kind of upsetting not to be believed, and to be told that I was the problem. They didn’t even take the time to ask what I was going through” (Maya). All girls interviewed said that they were not believed or taken seriously. Vicki had access to a home that had already been deemed appropriate for foster care, but was unable to stay.

The foster mom tried to get me to stay there, but [child protection services] wouldn’t help. They said there were no safety concerns. It made me feel like a liar, when I was asking for help with finding a place, and they told me I didn’t need it (Vicky).

Vicky described her experience with child protection as: “I wasn’t safe at home...The social workers only seen it from their point of view. They didn’t understand that I didn’t
feel safe going home”. Not being believed was devastating. She described the lack of understanding by the protection workers this way:

The [Protection] Social Worker did not think that there was a problem, She said there was no safety concerns. I don’t know. I don’t understand why she didn’t help (Vicky).

In addition to feeling disbelieved and to being let down by protection services the girls actually had to endure further hardships as a consequence of reporting their situation to the Protection Services. Community resources and child protection did not offer the girls alternatives to their homelessness unless they were willing or able to adhere to specific requirements such as reporting or filing charges against ‘unsafe’ family members. Breana’s reporting of an unsafe home resulted in a distancing of relationships within the family, with family members siding either with or against her. Rather than mitigating this family’s original problems, the reporting process exacerbated current problems and added new ones by causing increased friction within the family. Two of the girls, the sisters, reported that their mother had a grow-op because they hoped that this would result in funding that would allow them to stay together.

My sister thought that if she told a secret about my mom…that she was growing pot plants in the basement…[it might help]. She told…the social worker [who] said I think it will help your case out, and me and you will go down to together to the RCMP next week…But then the next day, my sister got a phone call saying that the social worker had gone down there by herself…And that night my mom had the cops come to her house and took her plants…and we were supposed to have…family counseling…[We were told to] go back and live with our mom…and if it did not work out again it bettered our chances of [accessing] independent living, a youth agreement, or foster care, because I was not old enough to be on a youth agreement or independent living…And we were just like, no, we don’t want to go back at all, because we…cannot live like that. How can you expect us to live like that? (Adriana)

And Holly, who succumbed to the pressure to lay charges against family members, experienced her family disowning her about a year prior to the interview
because she had made the choice to tell on her dad. And she feared what her family
members would do to her. I asked her directly if she had to ‘tell on her dad’ in order to
get help. Holly crumpled up, so to speak, and then pulled her self tall before she gave me
a defensive one syllable answer: “Yeah”. She explained how her reporting her dad caused
further conflict within the family:

My sister...doesn’t think that it was my dad (clearing throat) who sexually abused
me; she thinks that it was my brother, but it wasn’t, it was my dad. And now I’m
fighting with my sister, and now I can’t go to school cause I am scared to go to
school...cause I’m scared of my sister...My sister talked a lot a stuff about me
like when I was on the run, [that] I was a hooker [and] huffing paint...it was not
true. [Now] I’m the best well hated person [here, and] it ruined my life...They are
not my family anymore (Holly).

But many of the girls, after periods of homelessness, ended up back at home. They feared
not being able to survive being on their own without access to ‘help’. They said that they
had to choose the probability of abuse rather than the possibilities of prostitution,
addictions, and perhaps death. Vicki said she went home because: “I would have been on
drugs by now. My cousins are hooked on heroin, because social services didn’t want to
help” (Maya). Maya said: “I didn’t have any other options. I didn’t want to live on the
streets and stuff. I needed to eat and stuff, so that’s why I stayed [home this last time]”.

They said the options were too scary and dangerous.

Nope, nobody wants to go there. It is scary. People are mean there. I have heard
hell horror stories. I have friends that have stayed there before. And it is rough,
man. That is where like, yeah, that is where the junkies go, man, the junkie-kids
that the parents kicked out (Breana).

Holly reported her father for incest and was in the middle of the proceedings
regarding her claims, and she worried about the outcome. Vicky and Maya did not report,
so they did not receive any help at all, and both had returned home at the time of the
interview. Maya felt her parents had taken the situation seriously and changed, and Vicky was returning home. Both had back-up plans ready in the event things did not work out.

The girls were grieving their severed family ties and missing family members. They expressed feeling strong and abiding emotions such as anger, anxiety, and fear, and they needed time to know what avenue they wanted to pursue. They just wanted a safe place where they would be heard and believed without having to get involved with the criminal justice system. Also, recounting their stories of trauma at their most intense time of stress was described as increasing their emotional burdens, and as taxing their ability to cope. The girls said that speaking of the abuse and reporting against family members when asking for resources placed immense burdens on their already traumatic life situations. “It is potentially harmful to create a situation that would potentially silence a...victim” (Vancouver Rape Relief & Woman Shelter, 2002).

Vicky said that: “[M]y parents had a drinking problem...and they would fight...My dad scared me and kicked me out”. However, Vicky said that things changed in her home because she disappeared for a while: “My parents took the time to really think about what was going on...we wrote letters back and forth...It was the only way we could communicate, or we would fight”. She implied that an investigation at that time would have been destructive to their family. She said their level of conflict was severe, and that if she had to report against them the conflict would be escalated. She just wanted a safe shelter to be able to stay away from home without alienating her parents further while her parents resolved their difficulties.
Needs denied

Being disbelieved and denied assistance by social services, the girls could not meet their basic needs. Consequently, they experienced couch surfing, being alone on streets at night, having to hitch-hike, having no food, no clothes, and nowhere to sleep - being constantly in danger and vulnerable. The girls were not able to obtain nutrition, sleep, or personal belongings because they had nowhere to get resources, shelter, or a space to keep their belongings. The girls expressed a desire to be believed and to get a safe place to stay. Adriana asked for help in order to find a more stable housing arrangement:

We were trying to figure out how we could live... I said [to a Ministry worker] I am just staying at friend’s houses and couch surfing. Well, you need to do that for the next couple of weeks until we can figure out something to do, wow... you would think like they would put you into a place where they would know you would be safe, and where you could actually eat and sleep at night (Adriana).

Holly spoke of the reality of homelessness as: “I had to steal food, you know, when I was living on the streets”. She said that she could not get access to food or a place to stay, because she was afraid that Protection Services would take her home to her father’s.

The girls said going to school became nearly impossible in their situations. And they said when they asked for help to continue their education, they were denied. Vicky said the protection social worker did not return her call when she wanted to prepare herself for school. “My friends gave me clothes and supplies. I tried to get a social worker, but they wouldn’t get back to me. It was horrible” (Vicky). Holly refused to leave the house where she lived at the time of the interview because she was so afraid of getting hurt by family members. This, in turn, led to her getting in trouble with school
authorities. Holly also said that in order to be able to go to school, she needed her basic needs met:

I want much more help from the Ministry [MCFD]...I really, like I really need. All those clothes in there, they are basically from my stepsister. I do not have any clothes that fit me, and financially we have no money here whatsoever (Holly).

"It was really hard to do school work not having a place to sleep", said Vicky. (She never did say where or when she slept when she was homeless.)

It was really hard to do school work not having a place to sleep. I am still trying to get my grades back up, but I am having a hard time bringing my grades back up. I am in grade 11 and good grades mean a lot to me (Vicky).

All of the girls said that they had fallen behind in their schooling due to homelessness, and that they were angry and sad about not having been able to get more help with their schooling due to there not being a resting place where they could have recovered from their traumas and/or be able to home school until they were ready to end their isolation.

The result of not having their basic needs met had significant health impacts. Their emotional health in their desperate situations often led to high-risk behaviors. For example, a suicidal Adriana went to the emergency room in desperation and was denied adequate help:

I asked for help, I said please help me I have cuts all over my body. And they said: oh, well, have some sleeping pills...you will feel better in the morning...It was not a chemical imbalance...it was from the circumstances that I was living in (Adriana).

Holly described the emotional turmoil that resulted in panic attacks and insomnia because she was afraid she would be sent back to her dad. Holly was awaiting the results from a lie detector test that her dad had to take during his statement in response to the charge of sexual abuse. She thought that she would not be able to access social services if her dad
passed the test. She locked herself in her room and experienced increasing depression. The only help she received was medication. She said that did not meet her needs because she needed to feel safe in a more permanent type of setting. She said she was not provided enough information about the process of her care:

I am so stressed out, because I do not know what is happening and I do not know what is going on, nobody explains a lot of the stuff to me...Honestly, for the last couple weeks, I’ve been locking myself inside my room (Holly).

**Breakdown of informal help**

When the Ministry and their families did not help them, the girls had to turn to friends and sometimes strangers for help. But, Maya was only allowed to stay short-term with her friends. Maya said:

Oh, hm, there was no kind of help...The ministry of Children didn’t help me at all. I asked to be put in foster care, and they wouldn’t even do that. I had to rely on myself, and I didn’t have any knowledge about responsibilities and taking care of myself (Maya).

Maya said she had to hitchhike to try and find help at a friend’s house, and she said: “We ended up with nowhere to go, and it was winter. We couldn’t get a ride and had to stay on the street during the nighttime, because there was no traffic” (Maya). There were no strangers to ask for help. Adriana described couch surfing as: “Horrible, like, I lived out of my backpack, and I was still going to school every day...I just stayed at my friends’ houses...I felt like I was being a burden to them” (Adriana).

Breana had limited options because she was not as popular as her sister, and had less access to informal resources. “I moved in with my grandparents for about a month, but they decided they were too old for a teenager, and...I did not have anywhere to go after that...If I did I probably would not be living with my mom right now” (Breana).
A lot of the nights I just walked around all night, like, it was horrible”. Breana told her sister she was staying with friends.

I was cold...it was January, it was real cold...I always told [my sister Adriana] I had a place to stay...she always had a place to stay, she’s got like, a million friends, they all like adore her, but I, I do not know, I have always been like the outcast...Oh, hm, oh, it was not the greatest experience, but I got to see lots of things, got to experience [this town] late at night, there is some weird shit that goes on downtown sometimes (Breana).

*Feelings of hopelessness*

The girls expressed feeling re-traumatized by the process of asking for help. “I felt worth nothing, because no one would help me. I did not feel good enough...not accepted, and like I did not belong” (Adriana). “I could not prove that it was unsafe...[I was told the options were to] get sent home...[or] keep couch surfing” (Vicky).

The girls said their experiences of attempting to access the formal support network had caused them to have significant feelings of hopelessness. They said they found it difficult to trust others after being disbelieved and rejected. They believed that no one cared enough about them to help them. The girls said that being labeled, pathologized, and blamed by society for their present situation destroyed their self-esteem. Being denied help increased their fear and sense of hopelessness: “I felt worth nothing. I would not really eat, and I was not able to sleep...and I would have to go to school...I would come into class crying” (Adriana). Maya said, “I was on anti-depressants, and I was slitting my wrists, and my self-esteem was very low. I didn’t want to live anymore. My life was crap. Because no one believed me, and no one helped me” (Maya). Adriana stated it as: “I...have cuts all over my body”.

*Mistrust of Protection Services*

Being denied help also made the girls very distrustful of protection services.
I do not trust them. No. I do not trust them...If they ever wanted any kind of information from me, I'll tell them to screw themselves. They did not help me at all, [and they lied] and I did not like that (Breana).

Breana said that the Ministry of Children and Family Development [MCFD] worker had told her and her sister that if they reported her mom’s marijuana growing, the worker would be able to help them, and the worker would not report this to the police until Breana and her sister went with the MCFD worker to the police. However, Breana said the Ministry worker reported immediately, and the police informed their mom without the girls’ being forewarned – increasing their risk of harm from their mother. Adriana expressed how she felt about her and Adriana’s experience with asking protection services for help: “Like, how are they even supposed to help anybody when they are ‘dicking’ around trying to save money, when they just rip you off anyway?” (Adriana).

“Like we went, we went to the Ministry, and asked them for help. And all they did was screw us around” (Breana). The trust lost and fear generated by disbelieving and unresponsive services resulted in secondary trauma to these already abused girls, adding difficulties to their abilities to cope with homelessness. And this made the girls worry about other girls in similar situations:

I have heard of a lot of girls that have experienced the same thing. Many of my friends have gone through similar things, and have had to deal with the Ministry, and have said the same thing. If only the Ministry would stop treating teenagers as if they are nothing. Being teenagers is one of the hardest parts in your life. And they just think that we are just being rebellious. That is not the way all teenagers are (Maya).

Adriana spoke of her experience and other girls’ reality of homelessness:

It gives me so much insight on how shitty it really is and how you like, having to do anything to like, get by. I know so many kids that have been in the same situation, and like, girls I know that I went to school with, now live in [a city] where they are all prostitutes, for their boyfriends, so they had somewhere to live (Adriana).
The word 'unresponsive' best describes the way the girls perceived the lack of help from protection services. The girls said they sometimes got minimal help, but usually no help from protection services to cope with their homelessness. When I asked Maya - who was living in fear that her home situation would erupt again - whether she would go back to the Ministry and ask for help again she said: “No, I would just let it go. I would never bother again after that. It is hard to go back to someone who basically just insults you” (Maya). The girls spoke of inconceivable shortcomings in the structures of available support for homeless youth, specifically in regards to accessible resources that the homeless girls under the age of nineteen found ‘helpful’ according to their experiences.

*Barely surviving*

The sub-theme Barely surviving emerged from the main theme Mistrust of Protection Services concerns because of the girls’ difficulties in coping emotionally with their situations. The girls, forced to rely on their own, and still developing capacities while dealing with emotional pain, frequently resorted to self-abuse, self-medication and illegal behaviors in order to survive.

The girls described cutting as their most frequent method of self-harm. “I did this ‘cut’ with the nail file, this one and this one. Do you know those things that you clean underneath your nails with are really dull?” (Holly). Other examples of self-inflicted harm included hitting themselves with rocks and slitting wrists. Explanations of self-mutilating behaviors are linked to experiencing losses that reactivate earlier losses, interpersonal conflict, exhaustion of personal and familial resources, body alienation and
impulse control that are often linked to trauma – and the consequence of this despair may be a youth at imminent risk of committing suicide (Berman & Jobes, 1991).

Vicky spoke of molestation and sexual exploitation as a common occurrence: “It is difficult to be independent at that age when you are still not legally independent. Especially when looking for places to sleep. I got sexually abused when I was three, and when I was twelve” (Vicky). Holly said she had no-where to sleep so she said she just “slept next to him” (Holly). And “for sure, no, I didn’t have sex with him. Some of the guys I did meet, well, one of them I did, but he became my boyfriend, just because they were just so cool, and just so rad” (Holly). When asked about sexual exploitation, Maya’s answer was simply a brief “Aha” followed by silence.

The girls were aware of their vulnerability to sexual exploitation and used a variety of ways of coping because they feared becoming sexually exploited, or becoming prostitutes. “I know so many kids that have been in the same situation...girls...and they are all prostitutes...to live...they never get a chance” (Adriana). Holly dressed up like a boy to protect herself against her father’s advances. Holly: “I cut my hair short like a boy, and dressed like a boy to not get attention as a girl... Yea, cause my dad, and I didn’t want to...I felt safer that way”. Adriana described how being raped while homeless led her to self-harm: “Oh, well, right around the rape is when I started cutting myself” (Adriana). Harm and abuse continued to be part of these homeless girls’ lives. The risk for post-traumatic stress increased as their trauma continued. Holly: “If a guy touches me a certain way, I freak out, because it reminds me, and feels like it is happening again”.

When the girls were asked why they self-harmed, they said because it hurt so much inside
that they did not know what else to do but hurt themselves externally. They said it reduced the pain and actually relaxed them.

I got scars there; I burnt a cigarette there, and broken glass a lot... I don’t know, I’ve carved names into my legs when I was all depressed like right here that used to be a D and so did that one (Holly).

All the girls had considered suicide as an option. Maya: “No one believed me, and no one helped me... I didn’t care what happened”. There were expressions of hopelessness so deep that the girls sometimes seemed not to care if they lived or died. Maya: “I didn’t want to live anymore. My life was crap”. Adriana: “I wanted to die.” Self-harming increased the girls’ chances of staying alive by momentarily diminishing their emotional pain.

Another self-harming coping behavior was self-medicating through drug and alcohol use/abuse. Maya said: “Drinking became a factor to me... [it] really impacted me”. Breana said she used alcohol significantly during the worst of her grieving time. “I got drunk a lot, especially after our dad passed away” (Breana). Maya offered another example: “Well, if I wasn’t drinking I would be angry. I was still angry, but I wouldn’t feel how angry. I felt like everything was better, and it was helping, but it wasn’t” (Maya). Maya said she felt angry again after drinking. Holly thought she had been raped while unconscious from drinking at a ‘trusted’ friend’s party. When asked if she thought she was raped she said: “Ah, I don’t know. I honestly I don’t know. I was drinking” (Holly). “[Drugs] makes me, I do not know, dull, I do not know, it just dulls everything” (Breana). The girls regarded drug abuse as detrimental. “It is lucky I was in [a small town and not in a big city]... or I would have been hooked on drugs by now” (Vicky). The girls drank or did drugs to dull their feelings of fear, anger, and hopelessness.
Another means of coping with homelessness was offered through prescription drugs. While living under such stress, the female youth felt compelled to ask for medical help either in the hospital emergency unit, or from their family doctors (Adriana, Maya, and Holly). Their care cards were current because youth under nineteen are not taken off their parents’ medical (even if their parents request otherwise, because medical coverage in Canada is mandatory). Anti-depressants were provided as a solution to some of the participants. Maya did not have a good experience with the medications.

I have been off antidepressants for 6 months. I feel better now when I am not on them. People said that I was crazy because I was taking medication...I just got harassed on it. I wouldn’t take them anymore. And then they finally put me on a different one, and it just made me sleep all day. It wasn’t helping. Now that I am off them I’m doing a lot better (Maya.).

Adriana described her experience with anti-depressants as ineffective:

I tried taking anti depressant twice, I tried two different kinds...It was like I was stoned all the time...The only medication that ever worked for me was, because I used to have really bad anxiety attacks...was a tiny pill that dissolves in your mouth and calms you down. But I do not believe in medication to live your life every day, like, with pills (Adriana).

Holly said: “I am actually getting a little worse...I know I am getting really depressed, because I am locking myself inside my room and I am not going out” (Holly). Holly said she felt the doctor prescribing anti-depressants had not addressed her health needs.

Adriana said that:

I was so scared. I became paranoid. I didn’t leave the house for two months. He had threatened to kill me, and they didn’t do anything...I failed the whole semester in school (Adriana).

Coping and surviving through risky and illegal living conditions influenced exposure to illegal activities. Adriana referred to this risk as: “something could have happened...in a house where [we were staying]...if it was a drug dealer...you could get caught up in
something that did not even involve you” (Adriana). Breana spoke of having to stay in
dangerous situations and then having to run and lose all her belongings: “No, [I] did not
have anything, at all, [I] just ran”. Unable to find places to stay where there were no
illegal activities, she had nowhere to go: “there were...nights...I just walked till sun came
up” (Breana). The girls said they often fell asleep at school when they had been unable to
sleep the night before.

**Ideal Safe Place**

Finding help was expressed through two main themes: Ideal Safe Place (with sub
themes: a safe place, and being heard and validated) and Pursuing a Better Future. I
should point out here that I was surprised that the girls’ ideas for help focused on
improving their current situations and prospects for the future, not on what might have
helped them before they left their families. They wanted to leave the past behind and get
on with their lives.

The girls were quick to point out the things that were of real help to them. They
were also enthusiastic about recommending their own ideas for helping homeless girls
and indicated that they wanted to help implement those ideas.

*I am dead serious. I want to help out girls. I would help counsel the girls; that is
something I would love to do. It would be so helpful for there are so many girls I
know, young girls like me...that would need a place to drop in and come to.
Someplace where they are supported, no matter what (Vicky).*

**A safe place**

The girls had very clear ideas of what would have been helpful to them at the time
they felt they were forced to leave their homes. To use Vicky’s words: “If my social
worker would have helped me to find a place to stay, that would have helped a lot”
(Vicky). Maya indicated that living with a relative would have been an option for her:
I personally would not have liked foster care, but I would have liked to have funding to go live with a relative. You know, something like that. I realized I was too young to go on independent living or anything like that.

The girls requested more resource options than currently available. Holly wished for:

Somewhere for a girl to go for a night if they get kicked out or something...to go or somewhere to stay or just even to come have a meal or have a shower or whatever. Like there is always a door open, and as long as they did not abuse it, I think that would be a great idea (Holly).

Vicky spoke of “a safe place where you could stay”. A house that “has to be big, but it can’t look run down at all, oh, maybe like a nice lawn, a nice painted front door, whatever, you know like, a place that looks comforting” (Breana). Adriana wanted “some place that would be pretty accessible to everybody”.

I wish there was more options out there. I know quite a few girls my age and younger that are going through the exact same thing as I was going through when I was thirteen and I’ve been through it, and I know how it feels, and I just wish that they would put [a safe place] out there (Maya).

“This safe place would be available for drop-in at all times” (Vicky). The girls were looking for a place that resembled what they think of as home: “You know, it would be nice if, you know, there would maybe be home cooked meals” (Breana).

*Being heard and validated*

The girls explained that help was found when service providers were listening and caring, and referred suitable options to access safety and basic needs. The greatest help these girls found was a safe place where people listened and cared what happened to them. Maya described her safe place as:

Where someone believed me, and wanted to talk with me, and was listening. Even if I had to go home, and circumstances were different at home, I knew there were people on the outside that knew what was going on – that supported me with it.

Maya obviously enjoyed going where the workers were supportive and caring.
I have been going to [that place] forever, for a very long time. And I am always talking to [that worker], because I’ve felt comfortable with her. She was always someone to talk to, who would listen to me. She tried to help, but there was really nothing that she could do.

When asked how she felt attending First Nation’s resources, Maya said that: “we used to be just Native”, but now she and her mother attend “drum making and dancing classes”, and feel connected and proud of their cultural heritage, which positively impact their self-esteem. “I feel proud, and we do lots of neat stuff there” (Maya).

Places considered safe by the girls were, as Adriana put it, where “someone actually gave a damn about me”, and a “place where you are supported, no matter what” (Vicky). All of the girls understood that they needed more than food, security, and sleep – that other basic needs had to be met. Vicky wanted: “A place where girls could meet. Where basic needs [such as being]...loved, helped out and believed in [would be met]: A ‘homey’ safe place where you could stay”.

It was important for the girls to get their minds off the sad things that happened in their lives, so they wanted a happy, social aspect to life within the house.

I didn’t want to just sit in a room all by myself. Or sit with a bunch of other girls that all they talk about are problems, and you sit around just talking about your problems. That’s good too, but sometimes you just want to get it off your mind (Maya).

They wished for their own space and an opportunity to lead a life, in a way that was close to what their expectations were of a how a ‘normal’ teenager should live. “Everyone should have her own space. Like, to be able to have friends over their age, just to sit down and chitchat – all the stuff that teenage girls should be doing. Not keep us isolated” (Maya). They wanted a place that would welcome and include friends and other support networks, where there would be home schooling, counseling and support to help them...
become independent. Adriana expressed the girls’ particular need for a stable environment because of puberty hormonal changes: “You are a girl, and you are crazy because you got ten thousand hormones going through you body” (Adriana).

Yeah, [girls] deserve to go somewhere, and if they are not given a good stable environment to be in, to come home to, then they are not really going to make it very far, because it is very hard to deal with not having a stable environment and trying to get out on your own. It does not really work (Breana).

They all expressed a need to contribute when they described the ‘safe place’:

“they could for part of their stay like, ah, help with household chores (Breana)”. “Also, they could have options where they could help you find a job, or maybe work around there to pay for your clothes and stuff” (Maya). “A walk-in kind of place for whatever your needs are. I feel like girls kind of deserve that” (Adriana). Adriana goes on to describe the house as needing to have different parts with different functions:

But I would like make a building that was like, part would be where girls could live, like a dorm or something, where they could like eat, and sleep and shower, and like you know, and the other part would be like, where they could have like drug and alcohol counseling and counseling or people that are depressed or have eating disorders or whatever, and then maybe they’d have a part that is just a happy part. Where you’d go there, and like doing fun stuff, and not feeling like shit all the time (Adriana).

Counseling should be: “just for the person, because family counseling, and I know that as a fact, is terrible, because you had to tell about your problems to that counselor in front of your family...it just made you feel like shit” (Holly).

The girls desire for a ‘home’ indicates that who works there is important. They said that to achieve a resemblance to a normal home:

There should be people there that have been moms; moms should work there, moms and grandmas. Because moms and grandmas are the most wonderful people to stay with, because they know how to take care of kids, and they know what they are doing (Breana).
Clearly, such words indicate, at the very least, a deep need in our communities for accessible resources for teenage girls – a place where they can come for help meeting basic physical, emotional, and social needs where their credibility does not need to be questioned - a place that can accommodate individual needs.

**Pursuing a Better Future**

The girls’ dealt with their ‘fears’ and pain by viewing the present and the future, not the past. All five girls had one desire in common: to improve their lives. In particular, they wanted to get good grades in school and work towards achieving self-sufficiency. However, they found this extremely difficult when they were not living in safe or supportive environments, and when they were living in fear.

Vicky said that “no matter what, I won’t let anything or anyone get in my way”. I was struck by the strength these girls possessed. “I just wanted to grow up and do something with my life” Adriana said in a strong voice, declaring that all she wanted was to have hopes and dreams like any other kid her age.

In her own words, each girl expressed an optimistic outlook on her own future despite the traumas she had experienced. I was surprised at how their voices gained strength when they talked about doing something with their lives against all odds. But within their strengths, there was exhaustion and anxiety. Adriana said with a sigh: “I am trying to figure out how to live”(Adriana). The girls were not getting financial support, and they were not able to buy school supplies, use safe transportation, or find other resources needed to function well in a learning environment. Yet they still wanted to do well in school. Maya expressed forcefully: “If I need to, I will take one year off school,
and then go back and become a veterinarian”. They held on to experiencing life positively despite the trauma and stress they had experienced. Breana put it this way:

> I do not know, shit happens, you can’t, if you are just going to spend your whole life dwelling on shit that happened, then you are not going to be alive, you are going to be dwelling on shit that happened all your life, and that is not fun, you are just going to miss all the fun stuff that is going on around you” (Breana).

The girls’ were too young too find employment that would sustain them. However, they saw working on the side as an option to be independent and go to school at the same time.

It would help if I had a job. I think you are old enough to get a job when you are 16, a part time job to be independent, but also keep going to school. I could have stayed at my friend’s if I had a job; she said she just needed me to contribute a little. Can’t get work in here, and do not have transportation at my age (Vicky).

All five girls were determined to fight for realization of their dreams. Four of the girls where in some form of educational program, either in regular school or an alternative school where they could take the high school courses needed to graduate. One girl, because of the transition phases of homelessness, did not know how she was going to be able to continue school. She told me: “I am actually doing really well in school, I get a lot of A plus plusses and B plusses” (Holly). She hoped for a more permanent living situation soon. Holly’s plan for the future was clear: “I want to go to UBC” (Holly). The girls said independence was closely connected to their future dreams, and that the only way to reach their goals was to stay at school and get good grades.

> I am hoping to get my grade ten and eleven this year, and then go over to my regular high school next year and then graduate. And then I’ll take a year off and go to school… I want to fulfill my dreams, and be independent (Maya).

The girls left no doubt about what they wanted: a stable place from which they could grow, and the opportunities to improve their own lives.
Chapter V

Discussion

(Article 20.1) A child temporarily or permanently deprived of his or her family environments, or in whose own best interest cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the state (Wallace, 1997).

[“You” Homeless Girls]:
(Article 12) ...have the right to express your opinions freely and to have your opinions considered in anything that affects you, even in judicial or administrative proceedings. More weight should be given to these opinions as your capacities evolve and you prepare for adulthood; (19, 34, 36) You have the right to be protected from maltreatment and exploitation of any kind; (24) You have the right to proper health care; (27) You have the right to an adequate standard of living which will help you develop socially, morally, spiritually, physically, and mentally (UN Convention on the Rights of the Child, 1989, p.12)

Introduction

This chapter contains four main sections: 1) a comparison of the results with other research 2) a discussion of implications of findings from a feminist/constructionist perspective 3) recommendations for practice, policy, and further research 4) and, a discussion of the limitations of the research.

A Comparison of the Results with Other Research

Many of the results of this study are consistent with previous findings. Specific comparisons between the results of this study and the literature are discussed in each section below. In summary, numerous antecedents of leaving home described by these girls were also reported in other studies. These include structural factors, family stressors (including health), and perception of imminent and serious danger. A number of similar features characteristic of the girls’ experiences once homeless were also consistent with existing research, including their experience on the streets (problems with food, shelter,
problems with transportation, increased vulnerability, and experience of sexual exploitation and abuse.) Physical and emotional consequences of youth homelessness described by the girls also resonate with other data (including risky sexual behavior, health difficulties (bulimia, anorexia, respiratory difficulties), depression (low self-esteem), anxiety, self-harm, suicidal ideation, and sleeping problems (hyper-vigilance). In addition, some of the behaviors described by the girls are consistent with literature on youth resiliency. Finally, some of the dilemmas associated with “duty to report” described here have also been raised in other studies.

Unique findings

The girls demonstrated considerable resiliency and strength despite being exposed to multiple risk factors. They continued to show tenacity in making choices, attempting to build relationships, and in seeking help elsewhere – including from adults. However, nowhere in the literature did I see the strengths, skills, and wisdom that emerged from the girls’ normal and natural reactions to their trauma described and incorporated as an element of the helping response. And, I saw very little literature that addressed interventions tailored to specifically support homeless youths’ health needs after often multiple exposures to trauma. In addition, the girls’ explicit self-reports of the trauma and harmful consequences caused by their Ministry contact were dramatic, and these had not been explored in-depth in other literature. In the girls’ own words they were “not believed,” and consequently felt “worthless and hopeless”. Overall, they felt disempowered and let down by a system failure.

The literature I reviewed did not fully discuss the ‘Catch-22’ that most child protection legislation creates. When helping professionals fulfill the ‘duty to report’
requirement under the current CFCS Act legislation, they are unable to guarantee complete anonymity and confidentiality to the youth, contrary to the youths’ expectations (see recommendation #8). A visit to the MCFD Youth Services web site indicates that the youth are informed in plain language that the MCFD can “protect your rights, help make changes in your life...help you find housing...[and] better your relationships with friends and family” (British Columbia: MCFD, 2005b). Not being able to protect youths’ confidentiality puts the youth at further risk because many will not access services where there are legal consequences. For example, this could include the youth being returned home to the guardian he or she reported for emotional or physical harm. And this can also place the youth in danger of retaliation from her abusers.

While existing literature confirmed that other youths had hopes and beliefs about the importance of an education, that literature did not specifically describe the barriers that homeless youth overcame to attend school; nor did it describe models that would be needed to respond to the youths’ complex problems and learning barriers such as hunger, sleep deprivation, depression, inability to reach the school, and fear for safety (eg. fear of attack by family members, abusers or sexual exploiters/predators). While other studies referred to youths’ developmental stages, they failed to explore in depth how this affected youths’ service needs (see recommendation #3).

Discussion Themes

The main heading in chapters four and five is No Safe Place. However, the headings in this discussion section are laid out slightly differently than in chapter four. This is to indicate the natural changes that occurred while discussing the results and
findings; a new flow emerged as various issues became apparent as vital and grew into specific recommendations.

Therefore, in chapter five, the meta-theme of No Safe Place is divided into two main sections: No Safe Place and Safe Place. No Safe Place is composed of the following sub-themes: Home as an Unsafe Place, Breakdown of Informal Help, Unresponsive and Disbelieving Services (needs denied, feelings of hopelessness), and Mistrust of Protection Services (barely surviving). And in this chapter, the five sub-themes under Safe Place are: Ideal Safe Place (a safe place, being heard and validated), and Pursuing A Better Future. After discussing issues associated with these themes, I will discuss recommendations arising from this study and implications for further research.

Please note that when I speak to the results of my study, I use the word ‘girls’ to signify the study participants, but I use the word ‘youth’ when I refer to other studies’ results when their results are representative of both female and male homeless youths.

No Safe Place

Home as an unsafe place

With regards to the circumstances causing the girls to leave home and their experiences immediately afterward, my findings were consistent with those of other studies. A common precipitating factor of homelessness has been linked to decreasing social safety nets, which in turn decrease familial coping (Van Leeuwen, 2004; Kidd & Scrimenti, 2004; Hicks-Coolick et. al., 2003). In this study, the girls reported that they were at risk in their homes for physical abuse and sexual exploitation. This supports findings from two McCreary Centre Society studies (2001; 2002) that also detailed physical and sexual abuse reported by youths in their homes. These studies on homeless
youth concur with my findings of the girls’ perceptions that they were in imminent
danger, and that the girls were forced from home to flee from danger or abuse.

While home may have been safe and supportive in the past, the girls felt unsafe
enough to leave and stay away from their homes during a time of escalated conflict. The
girls described family conflict as spiraling out of control, as parents “going crazy”, and
explained that they needed to flee their homes to protect themselves from anticipated
physical danger. The results regarding the girls’ imminent danger were supported by
Crane and Brannock’s (1996) findings in their Australian study of Implications for Best
Practice and Policy-making. The girls described the following factors as the catalysts of
the family crises: poverty, sexual abuse, and drug and alcohol addiction. These factors
were sometimes introduced or exacerbated by significant life events like illness, death, or
other life transitions and/or changes. These findings were also supported by Crane and
Brannock (1996). In addition, three of the girls said their mother’s pregnancy or
menopause was a factor that diminished her parenting ability - linking familial conflict
and crises to hormonal changes. I have not seen any studies explore in-depth hormonal
effects on parenting, abuse, and/or parent teen conflicts.

My study results indicate that reaching the limit of their physical, financial, and
emotional means, caregivers became unable to provide healthy caring and the girls were
sometimes compelled to take on parenting roles themselves.

*Breakdown of informal help*

The girls wanted to stay outside their families with people they had already built
relationships with, and hoped for Ministry resources to help them in the girls’ chosen
informal placements. The families where the girls intermittently stayed after leaving
home did not have access to enough resources to support placements for the girls. They were unable both financially and emotionally to support the girls long-term because the girls required additional care that most families were unable to provide. For example, two of the girls suffered severe emotional consequences from their previous abuse and present situation of homelessness. They suffered severe emotional consequences, such as agoraphobia and even felt compelled to lock themselves into their temporary shelters after receiving death threats from family members and past abusers.

Other studies (McCreary Centre Society, 1994, 2001) support my findings that homeless youth prefer informal support networks to formal services, but that informal support networks are often inadequate to support the homeless youths needs without additional supports in place.

Unresponsive and Disbelieving Protection Services

In principle, child protection addresses and promotes capacity building in families that should facilitate re-unification. However, in reality, the responses of the helping system often fail to promote such goals and can even prevent their achievement. In this study the serious barriers to services posed by the Child Protection response – and the effect of that response on the girls – asserted themselves as key issues.

Of course the child protection system is not being deliberately unresponsive. And the child protection legislation is appropriate when criminal charges need to be laid. However, according to these youth, there were significant gaps between the guiding principles and the implementation and delivery of services.

Reductions in services have affected all homeless youth, but especially those aged sixteen and seventeen due to a service gap in the transition from the child welfare system to adult services. Changes to social assistance programs have made it more difficult for young people to receive help. Monthly benefits are reduced to
one hundred and fifty dollars for youth who are considered employable (Novae et.al, 2002).

Consequently, youths found the helping system to be inadequate, as supported in previous The McCreary Centre Society studies (2001, 2002).

Other studies (Resiliency Canada, 2003; Robertson & Toro, 1998, Dominelli & McCloud, 1989; Fitzgerald, 1995; Leeuwen, 2004) concur with my findings that the system often failed to meet the youths’ needs. These included basic needs (clothes, shelter, food, and safety) and emotional needs (to be heard and validated). These studies also found that present resources were inadequate in meeting crisis needs resulting from abuse and trauma such as an urgent need for safety, and feelings of fear and hopelessness that lead to depression, self-harm, suicidal ideation, and coping through high risk behaviors. And like my study, these studies also found that youth were often blamed for their situation of homelessness.

There are several main reasons the child protection helping system creates or allows situations in which homeless girls’ needs are denied. One obstacle to keeping youth safe is the withholding of services until child protection workers get confirmation that youth is ‘at risk’. This process often prevents timely delivery of services at a crucial point in the youths’ lives. There are few resources available that protect youth immediately during their initial phase of homelessness. A British Columbia based research study shows (Collaborative Community Health Research Centre, 2002) that timely services are essential because the first year on the streets is the most dangerous to the youth, and the first 72 hours are crucial to keeping youth safe, because they have not yet acquired survival skills. The prompt provision of services is also important because
youth begin to become less open to receiving resources after the first two weeks of being homeless.

The girls in my study expressed fear at going to existing shelters where there could be adult consumers, drug users, abusers, sexual predators or exploiters, and thieves that increase risks to their safety and personal property. Several studies have documented fears and actual risks of youth accessing various safe shelters (Raising the Roof, 2004; Youth Homelessness, 2002). And such studies indicate that the fear of oppression and abuse when accessing shelters as a young vulnerable girl is realistic. Ninety eight percent of homeless girls have been sexually abused, and most more than once (McCreary Research Centre Society 2002).

There is...[much] sexual activity in most...shelters, but it is rare to see mutually supportive male-female relationships. The...social culture is chauvinistic. There is no room in the shelter system for a feminine voice, never mind a feminist one (Novae et.al, 2002).

The duty to report is another problem that also hampers quick responses. Perhaps worse, the duty to report required the girls to inform on their families, thus creating internal conflict in the girls and increasing the conflict between them and their families. Of course, this increases pressures on families. I found very little existing research on the emotional impact on youth being required to report against their families.

My study results show that Ministry workers advised the girls that they must report or file charges for physical and sexual abuse, and/or provide evidence of parents’ illegal activities. This contradicted the girls’ need to remain attached to their families despite their previous abuse. Telling their own stories while in a time of crisis without receiving help was emotionally distressing because most of the girls feared a final
severing of parent-child bonds through the reporting process. This increased self-blame and shame associated with abuse received while at home. In addition, reporting against family members increased the girls’ threats to safety if persons reported on retaliated against them. This requirement was very distressing for the girls, who realized that they might have to return to their families at some point.

The requirement to acquire guardian consent posed another obstacle to services. As this study and related research shows, the needs of homeless girls are real. The statistics and research (Gorman et al., 2005; Whitbeck et al., 1997; Wallace, 1996; “Family Violence”, 2004) state that most homeless girls experience sexual and physical abuse, and they endure torment (rape, and physical and emotional abuse) resulting in long-term health effects. Research (McCreary Research Centre Society, 2001; 2002) states that if the girls are already on the streets, they are in grave danger, and that timely services may mean the difference between life and death, and/or addiction and chronic ill health. Yet ‘the system’ often effectively deny homeless girls the ability to ask for help by requiring permission from guardians before providing help. This too often means requiring consent from people who are creating or vitally contributing to the problems that the girls are running away from.

The protection system is also hampered by the standardization of its responses. Services are determined more by policies and funding (Novac et al., 2002) than by the ‘actual and changing’ circumstances of the youth. Consequently, child protection services are guided by inflexible and specific criteria, for example by age and familial circumstances, and not by the particular situation of each youth. For example, “gender differences and issues have not been taken into account in most service development and
management” (Novac et.al., 2002, p. 10). This results in failure to take crucial considerations into account: for instance, the fact that young women who are not diverted from prostitution within the first three or four weeks are likely to prostitute for the next three or four years (Novac et.al., 2002). In addition, the after-affects of the trauma experienced by these girls are not specifically addressed (Novac et.al., 2002); nor are the strengths and wisdom they have gained through their acquired survival skills are not considered as significant factors when addressing interventions (Matsakis, 1998). Therefore, each youth’s particular needs and strengths are not adequately addressed or engaged. Individually tailored and gender sensitive services are further discussed in the recommendation section. Several studies support the notion of rigid services that are unable to comprehensively meet the needs of youths who are homeless or in danger of becoming so (Tyler & Whitbeck, 2004; Serge et. al., 2002).

And finally, there is some age stereotyping in the system against these youths (Hill, 1995; Robertson & Toro, 1998). According to the girls, there seemed to be a common misconception among helping professionals that they were seeking adventure and not wanting to follow rules. Therefore, they were often disbelieved, and their experienced traumas were not taken seriously. They were not heard, and their experiences not validated. Several experienced being labeled and pathologized as deviant, manipulative, lazy, or dishonest, and were told that something was “wrong with them”. The girls were told it was “their fault” they were homeless because some of their parents told workers that the youth could come home.
Negative Effects of Protection Responses

Approaching protection services was a crucial turning point affecting the girls’ futures. The girls said that encountering a disbelieving system deprived them of hope, further damaged their self-esteem, and actually made their situations worse.

Loss of hope

The rejection that the girls’ experienced from the Ministry lowered their self-esteem and increased disillusionment because they felt “worthless” and that “nobody gave a damn” about them. Their loss of hope and family contact impaired the girls’ ability to cope and live life. When the girls were turned away, they “lost hope”, and suffered severe consequences, including depression, self-harm, and suicidal ideation. They said that the Ministry response made them feel disempowered, disbelieved, worthless, rejected, hopeless, and “let down”. They felt particularly that no one cared enough to help them. The McCreary report (2002) notes that fifty percent of the homeless youth interviewed had been in some form of government care (Child Protection or Correctional Services), but were still homeless after their contact with the Ministry.

Continued conflict with families

They did not find that the system provided temporary assistance that helped them reunite with their families; instead, they felt caught in a process that further increased familial conflict and difficulties. Their family conflict continued or escalated because of the girls’ contact with the Ministry. Two of the girls had family members threaten them because the girls had reported against them. Similarly, the McCreary study (2002) reported that homeless youths’ family relations did not improve after contact with Social
Services, but rather that the homeless youths continued to have low family connectedness.

*Barely surviving*

Unable to access adequate resources, girls faced the prospect of life on the streets. The girls’ reports of their experiences on the streets were confirmed in other studies (McCreary Centre Society, 2001; 2002; Canadian Children’s Right Council, 2003), which included findings that girls’ vulnerability to abuse was significantly increased without adequate resources (Van Leeuwen, 2004).

These results also concurred with other studies which stated that homeless girls stole food, abused alcohol and drugs to cope, and were often pressured by males into sexual behaviors against their will without protection of condoms, all of which resulted in grave health effects (Novac et.al, 2002). Four of the girls in my study had been sexually assaulted, and suffered severe emotional consequences. Consistent with other studies, the girls also described poor health and nutrition, low self-esteem, severe anxiety and depression resulting from traumatic experiences suffered while at home or on the streets (National Coalition for Homelessness, 2003). Several studies cited the dangers of youth being homeless as: sexual, physical, or psychological abuse, including torture and death, which result in health and social problems (Baron, 2003; Penzerro, 2003; Hedley, 1998; Tyler & Whitbeck, 2004; Fitzgerald, 1995).

Although health effects from abuse were discussed in most studies, few explored in-depth the relationship between abused homeless girls, self-harm, suicidal ideation, and other specific health effects – and interventions that support growth and healing. The results of this study indicated a close relationship between health difficulties and
experienced abuse. Most of the girls in this study were bulimic, self-harmed, experienced suicidal ideation, and described sleeping problems due to never feeling safe. But they also showed resiliency despite their traumas.

*Mistrust of Protection Services*

Girls’ learned mistrust of protection services alienated the girls and so perpetuated the problems listed above. Disappointed and disillusioned by the helping system, they learned to survive by sometimes desperate means to meet their basic needs. The girls stated that they experienced further emotional abuse due to the system not being responsive, and most said they would never seek help from the ministry again. Even when three girls provided evidence and reported, they felt it did not help them or even made their situation worse. The McCreary study (2002) reported that homeless youths’ opinions of Social Services varied from “outright belligerence to distrust to gratitude…[but that] many youth seemed to be cynical and jaded about the system” (p.51).

The main theme throughout my results was No Safe Place. Basic physical and/or emotional needs could not be fulfilled at home, through informal help outside the home, or by approaching the formal child protection system. Consequently, the girls ended up on the streets – a most hazardous place where the dangers often cause severe negative health effects and death in the population of homeless girls (Novac et.al, 2002).

Current Attempts to Provide Alternative Service Delivery

Of course, the problems faced by homeless girls and the in-built system barriers discussed above have not gone unnoticed among helping professionals. And it is worth
noting here that alternative service delivery models are currently trying to avoid those barriers arising from the professional and legal duty ‘to report’.

Alternative models try to get around in-built barriers in order to provide better care by, for example, ensuring confidentiality by not asking for service users’ full names and/or ages (avoiding the criteria of the duty to report, because adequate information to report is not provided). This is intended to provide access to shelter for persons who are fearful of legal consequences.

But these programs are often restricted by statistical and legal constraints where the name and age of the service user is required, which in turn activates the process of the legal responsibility of service providers’ duty to report.

Shelters that have been able to provide anonymity have found that homeless persons are often ready to disclose their personal information and become volunteers once they have built a trusting relationship with the volunteers and the staff. This self-determined approach creates hope and self-esteem. Through becoming active community members through volunteering, many homeless persons eventually gain employment and permanent residence (personal communications with shelter staff, 2005).

However, despite the best of intentions, such programs are confined to very limited success by legal requirements, lack or uncertainty of funding, and other constraints. There are presently no service delivery models in Canada (Personal shelter staff communications, 2005) that guarantee youth anonymity and confidential services if they are under the age of nineteen (though some can provide anonymity for a time period of up to seventy-two hours before they have to report). Consequently, they are confined to efforts that continue to produce unsafe situations for homeless youth.
Safe Place

It is unfortunate that few studies address and consider the advantages of engaging homeless girls in finding solutions to their own problems because the girls' experiences of unsafe situations gave them clear ideas of what a safe place would be. And they were eager to express their ideas. They spoke of having answers to their own dilemmas, and wanted to help others in similar situations. They were passionate when they spoke of this ideal safe place – and they were hopeful about their community’s future ability to respond to homeless girls.

The Ideal Safe Place

A sanctuary was described by the homeless youth as someone and somewhere they could have their needs met in a manner that was governed by self-determination. The girls kept speaking of a safe place where they would be heard and validated; where they would be “believed” and someone would “give a damn” about them. The girls wanted to “have a say” and be able to access a safe place while they put their lives on a positive course.

Though they wanted to be believed and emotionally supported, other needs came first. As one girl put it: “just give me a safe place, to eat, sleep, shower, and a place to store my things”.

The girls wanted to ‘normalize’ their lives in order to be able to stay in school – and live a ‘normal teen life’ – following rules, without having to scramble for survival resources on their own.
Figure 2

**Ideal Safe Place**

A house that is “…big, but [not] run down at all [with] maybe, like, a nice lawn, a nice painted front door, whatever, you know, like, a place that looks comforting” (Breana).

“…a place to stay, that would…[help] a lot” (Vicky).

“…somewhere to go, or to stay, or just…to come [and] have a meal, or a shower, or whatever” (Holly).

“…somewhere for a girl to go for a night if they get kicked out or something” (Holly).

“…a place where you are supported, no matter what” (Vicky).

“I would have liked [access to] funding to go live with a relative” (Maya).

“You know, it would be nice if, you know, there would maybe be home cooked meals” (Breana).

“…I just wish that they would put [a safe place] out there” (Maya).

“…a place where girls could meet. Where basic needs [such as being]…loved, helped out and believed in [would be met]: A ‘homey’ safe place where you could stay” (Vicky).

“…a safe place where you could stay” (Vicky).

“…some place that would be pretty accessible to everybody” (Adriana).

“This safe place would be available for drop-in at all times” (Vicky).
The girls' saw a safe place as one where services were holistic and including, a safe place for social inclusion, meeting basic and health needs, or other needs including help with schoolwork and skills development – a place where they could just be, without worrying about ‘the dangers of being a girl’. The odd shelter will accept youth, but only with the consent of the guardian or child protection workers. (Similar shelters to what the girls described have been established in Canada for adult women who have experienced abuse, but have not been legally sanctioned for youth.)

The girls had many valuable insights and strengths and wanted to help themselves and others in similar situations. Their ideas were particularly relevant because they grew out of their direct experience with homelessness. They wanted stepping stones and help to achieve successful futures by healing from their abuse and achieving personal growth.

*Helping Girls Pursue a Better Future*

My findings differed from those of most other studies by uncovering the girls’ strengths. These were demonstrated by their determination to make tough survival choices that they hoped would improve their own futures and the futures of other homeless girls.

Throughout their distress, four out of five girls’ had a pattern of helping others, and they were known as “advice givers” (Gorman et al., 2005). Street youth advising and supporting other youth against becoming homeless was a significant finding in the McCreary research (2002) as well.

The girls in this study were optimistic and determined. They were “not giving up” and were “trying to figure out how to live”. The girls attempted to go to school while homeless, and while experiencing multiple risk exposures to violence, physical sexual
abuse, and direct exposure to alcoholism. For example, the girls often had to walk the streets all night to keep safe and fell asleep during the day when they were safe and warm in school. They attempted to find solutions to continue school. Two of the girls wanted to home-school, but there were no available resources. They built safe and supportive attachments that helped sustain them through emotional pain and turmoil. They all expressed hopefulness about their futures, and a strong common factor was the girls’ need to ‘go forward’ and grow into independent adults. All were sure that a ‘safe place’ would contribute to their efforts to improve their futures.

The girls were searching for a safe place where they could have their physical and emotional needs met: A place where the girls could safely display the emotional consequences of their experienced abuse without anyone judging them as “crazy”, where their strengths could be recognized and engaged, and where they could feel secure in the present and learn to proceed with confidence into the future.

*Circumstances Particular to Homeless Girls*

The girls referred to ‘different rules between females and males’, and described various survival strategies to ‘survive’ these rules. They described continuing to be vulnerable to experiencing abuse, trauma, and social labeling because of their age and gender. The girls wanted self-determination in service provision that would take into account their strengths and maturity level according to their lived experience, and not by ‘standard age developmental expectations’. The girls had learned to depend on themselves for their survival and were reluctant to again become dependent in the event that this would increase their vulnerability.
Few studies have explored in-depth the challenges faced by homeless girls in their own particular circumstances. Most studies have, therefore, discovered little about the specific services required by this population.

The girls' experiences of abuse and trauma confirm that the girls were at risk according to the MCFD 'at risk' criteria of "[having been] sexually exploited, [exposed to] drug or alcohol addictions, living on the streets, or hav[ing] a mental health problem" – specifically the after-effects of trauma (British Columbia: MCFD, 2005a). Yet these girls were unable to access "help" from social services.

MCFD Youth Services Staff (British Columbia: MCFD, 2002b) published recommendations to reduce further cuts to youth services:

We believe the province of B.C. is responsible for ensuring that all children under nineteen have adequate food, shelter, clothing, and that they are safe from physical, mental, and sexual abuse...and...they have the right to safe housing, and support services...We believe that 13-18 year olds do not have the skills to live on their own without ongoing appropriate and adequate support...We believe that youth service providers need the required education, training, and experience specific to youth needs...We believe youth services interventions of today are early intervention programs for young adults of tomorrow...We believe...adolescents are at a developmental stage that requires specialized youth sensitive services [and] we believe services to youth should empower them based upon their individuality assessed developmental needs rather than rigidly based on chronological age (British Columbia: MCFD, 2002b).

These and other data confirm that the dramatic cuts to social assistance (Creese & Strong-Boag, 2005) such as disability payments, health benefits, and child protection services could not help but weaken the social safety net for these homeless girls and their families. These cuts to prevention and early intervention services will lead to increased costs of later interventions such as alcohol or drug addiction services, correctional services, health effects related to homelessness, foster care, and/or chronic dependence.
on the system. For example, “the cost of supportive housing is seventy percent less than the cost to maintain children in foster care” (Van Leeuwen, 2004, p.502).

These following recommendations are based on the girls’ ideas expressed in this small study sample to be considered by social services (including child protection).

Policy and Practice Recommendations Deeply Influenced by This Study’s Results:

1. Encourage service bodies working with homeless girls to discuss the findings of this study and begin developing pilot projects as recommended below. (This author will discuss findings locally).

2. Provide models of universal prevention and intervention in schools and recreational contexts to identify and support youth at risk. The girls asked for a place where they get support and help – where they could have a “time out”. They needed immediate access to help that was ‘non-stigmatizing’, and a time period without ‘legal consequences’ where they could gain access to mediation, support, and tools that would increase their interpersonal relationships prior to conflict escalating out of control. Two programs that could be adapted to specific communities offer such preventative or pre-crisis support. An organization in King County, USA (“Friends of youth”, 2005) has a wide range of early intervention and prevention programs in the community and in schools to support youth at risk by helping to prevent homelessness or aid homeless youth in their initial stages of homelessness. The Australian Institute of Family Studies (Crane & Brannock, 1996) conducted pilot projects in schools, and found they were able to intervene early to reduce family conflict and youth difficulties by addressing topics in the classrooms such as:
“feelings and emotions, power balance in relationships, bullying, getting to know yourself and depression and support systems” (p. 17). In addition, they ran “parent support sessions which covered many of the activities and issues raised in the student sessions” (p. 18). The project effectiveness was measured through student, parent, and involved professional’s questionnaires, and results showed that collaboration between all involved increased interpersonal relationship skills and knowledge of resources, whether formal, informal, or internal.

3. Design and evaluate “soft entry” low barrier pilot projects to address the youths’ immediate and short-term health and safety needs when they leave home. These would provide universally accessible short- or long-term supportive accommodations with a range of wrap-around services for girls 13-18. These low barrier pilot projects would utilize a participatory ‘youth centered’ developmental approach by including the girls in the critical assessment, design, and implementation of services aimed at reducing risks associated with homeless girls. The girls also wanted this type of service to be available at the street level where it could provide youth with opportunities to ‘hang out’, gain skills, find resources, and get help to deal with difficult family situations. Such a program would be tailored to youth culture and be advertised in places frequented by homeless and ‘at risk’ youth. The Joshua House and Youth Haven House try to provide such services. Services include three short-term residential emergency services and five residential supportive programs that are “designed to extend a helping hand to homeless youth…to [make the] transition to independent living” (“Friends of youth”, 2005). Such a program is in accordance with the needs expressed by the girls in this study, specifically the girls’ needs of a place
where girls can come to be safe and have their developmental and other basic needs met. Such needs include ‘healthy’ relationship building, inclusive social environment, access to food, clothing, transportation, and shelter, health services, storage, laundry and bath facilities, schooling and educational support, and workout equipment.

4. Provide shelters with some experienced, trained, “caring and non-judgmental” staff with strong assessment and clinical counseling skills. This would help meet the girls’ various developmental, mental health, and health needs - specifically needs related to after effects of abuse, i.e. emotional reactiveness, decreased functioning, and other physiological reactions including post traumatic stress.

5. These trained professionals would utilize trauma and suicide assessment tools in order to increase positive outcomes of service interventions, specifically with regards to tailoring services to fit with the homeless girls’ mental, emotional, and physical needs in relation to their experienced abuse. (This would require time to build trusting relationships essential to trauma recovery.) These tools should be sensitive to factors of developmental stage, culture, and gender. A number of existing tools and approaches could be adopted. For example, the Trauma Symptom Checklist for Children (TSCC) (Briere, 1996) evaluates children’s responses to unspecified trauma events to support findings of after-effects and abuse, and to support legislative and policy changes to address the needs of homeless girls. Dr. John Coates of St. Thomas School of Social Work (personal communications, March 22, 2005) is in the process of designing a user-friendly tool to measure trauma and its effects in homeless youth in order to influence interventions. This two-part tool features an initial set of simple questions to provide broad information about the youth’s experience without further
traumatizing them. The second part of the tool involves more in-depth questioning to
detail and understand youth trauma. The Ministry (British Columbia: MCFD, 2001)
prepared a comprehensive assessment approach called Practice Principles: a guide for
mental health clinicians working with suicidal children and youth (Ashworth, 2001)
that would be very helpful in assessing youths’ mental health needs.

6. Respect girls’ self-determination and respect youths’ rights to be heard and
understood. The girls stated they wanted ‘a voice’ in where they were placed – a
choice in whether resources would support their independence or incorporate them
into a family unit where they would be considered as dependents. Their main concern
was that resources be tailored to each youth’s perceptions and preferences, their stage
of development, and individual situation - including strengths of their survival skills
and health needs due to trauma. The Australian youth homelessness researchers Crane
& Brannock (1996) recommended the importance of recognizing the youth as a
young person in his or her right, with views, feelings, and important information,
cautioning that “when young people find others acting or speaking in a way which
presumes they are themselves the problem, they quickly dismiss such assistance as
useless” (Crane & Brannock, 1996, p. 3).

7. Make services gender- and culture specific so that they are designed to fit with
circumstances specific to young girls. This would take into account the high risk of
sexual exploitation faced by girls and address their health and developmental needs.
This would also contribute to recognition and engagement of their strengths. There
was one First Nation’s youth in the sample, and she endorsed the importance of
culturally appropriate services for indigenous youth. She said that gaining
understanding and pride in her cultural heritage gave her a sense of belonging and increased her self-esteem. She thought that activities such as drumming and dancing were healing to both herself and her mother.

8. Guarantee confidentiality and anonymity for at least a period of time in order to reduce risk. A visit to the MCFD Youth Services web site indicates that the youth are informed in plain language that the MCFD can “protect your rights, help make changes in your life...help you find housing...and better your relationships with friends and family” (British Columbia: MCFD, 2005b, p.1), but no in-depth information is provided about the process and duty of having to report. When helping professionals fulfill the ‘duty to report’ under the current CFCS Act legislation, they are unable to guarantee complete anonymity and confidentiality to youth, contrary to the youths’ expectations. This puts the youth at further risk because many will not access services where there are legal consequences out of fear of being returned to the guardian he or she ran from, or out of fear of other legal consequences if they had to engage in criminal activities to survive. The Australian Youth Homelessness Study (Chamberlain & MacKenzie, 2002) reported that the experiences of Australian homeless youth were similar to the girls in this study.

Young people often find that...service providers’ breach what they consider to be a trust and implicit confidentiality of their conversations...often dismissing the young person principally on the basis of parental deference. There is a clear implication for a wide range of services and practitioners to explicitly examine from an ethical perspective the nature of their service relationships with young people and to develop practices respectful of them (Homelessness among young people in Australia, 2001, p.99).

In the context of The New York Runaway and Homeless Youth Act (RHYA & Confidentiality, 2002) the Covenant House New York has developed a specific policy
on confidentiality, records, and reporting because “assurances of confidentiality are critical to success in assisting youths that may otherwise turn away from help and return to the streets” (P.1). Dr. Jeff Karabanow of the Dalhousie University School of Social Work (Personal communication, March 22, 2005) initiated a verbal agreement with child protection services, police and youth shelter staff in Montreal, which stipulated that the staff did not have to report youth over the age of 13 for 72 hours. With youth under 13 years of age they were required to notify either guardians or police, but not required to “hand over”, or return them to their home. The 72 hours provide time for the staff and youth to build some trust. In this pilot project, the staff fully inform youth of the reporting process and provide youth with the choice to leave after the 72 hours, thereby avoiding the need to engage legal processes. The American National Law Center on homelessness and poverty (2004) cite The Runaway and Homeless Youth Act: “The law [does not] require the program to contact the youth family until 72 hours [after] the youth enters the shelters” (p. 6).

9. Adjust the service model to ensure that one case manager or advocate follows each youth consistently. I also recommend the reinstatement of the B.C. office of child and youth advocacy. The data in this study presents compelling evidence for the need to provide girls with one advocate who can maintain a consistent relationship with them. This would avoid exposing an already ‘stressed out and traumatized youth’ to fragmented services, and an individual advocacy model may improve on existing case management approaches.

10. Increase public awareness of the reality of homeless girls’ lives. Acknowledge publicly that homeless girls’ experiences of abuse and discrimination are in violation
of human rights legislation. Clearly label youth exploitation as a violation of the
International Convention on the Rights of the Child. In addition, help increase
awareness of this population’s needs as stated by its members, and create awareness
of the vitality, strengths and other inherent resources that these girls apply to the
problems they face. Develop strategies to change youth stereotypes, creating
interventions that address “the way young people are understood and stereotyped”
(Crane & Brannock, 1996, p.7).

11. Provide specific curricula to sensitize youth workers to the girls’ experience. For
example, such as the sensitizing health curriculum for homeless outreach workers
(Health Resources and Service Administration, 2002).

Ideas for Further Research

1. Initiate a British Columbia based study with a much larger sample that
incorporates perspectives of the girls, parents, and service providers as in the
Australian model, “Implications for best practice”, (Crane & Brannock, 1996)
where the results will provide increased knowledge of antecedents for home
leavers, as well as suggest effective practice and policy responses – asking the
question: What resources do the families, girls, and service providers believe will
strengthen families and reduce factors influencing abuse - precipitating
homelessness?

2. Ask homeless girls and their families: What do you consider as ‘non-stigmatizing’
and helpful services?

3. Ask homeless girls: How do you experience after effects from trauma, and what
do you think are healthy and normal reactions to trauma?
4. Research service delivery outcomes, asking: Which do you find more helpful – pre-planned and rigid services, or more flexible services where you participate in the planning?

5. Ask homeless girls: Do you think you are safer if you are able to access help for 72 hours on your own without needing to get consent from adults? For example, I would recommend examining the particular implications for legislative reform in the event of implementing the 72-hour delayed reporting response as described above.

6. Research school resources by asking what is considered helpful according to this population: What type of resources would help you stay in school and succeed there?

7. What are the implications of B.C.'s proposed Safe Care Act from the perspectives of youth?

Limitations of Study

The study sample was identified through third-party helping professionals employed in two of five non-profit agencies that responded to the researcher's request for participants. Ministry child protection workers were unable to participate as third party informants due to confidentiality requirements associated with their statuatory roles. Due to the nature of the trusting relationships and communications between third party informants and participants, the results may have been influenced, and may have differed if participants had been taken directly off the streets. The small sample and geographic location of the study limited making broad generalizations; therefore I was unable to develop theory (could not do theoretical sampling) due to the small sample. I used
grounded theory principles to identify themes based on the girls’ words. It is possible that the researchers’ own experiences may have positively or negatively affected the degree of rapport established with the girls. The results were based only on self-reports, presented according to the girls’ perceptions and accounts of their experiences. Although the researcher did not validate the accuracy of the girls’ stories, these data were highly consistent with other reports. Conclusions and related recommendations were based purely on the girls’ experiences, consistent with the constructionist grounded theory and feminist approach to this study.

Conclusion

I am both discouraged and encouraged by my findings thus far: discouraged by the enduring damage that continues to be inflicted on this vulnerable population by the inadequacies of systemic resources; and encouraged by the wealth of potential solutions discovered in the strengths of the girls themselves, and in social work guiding principles. My findings indicate very clearly that this is a very rich field of research that can yield many practical benefits to social work in general, and to this client group in particular.

According to this study’s results, social work need only fulfill its already existing guiding principles and mission statement of purpose to provide services that ‘fit’ these homeless girls’ stated needs. Social work would, however, have to utilize practice models incorporating strengths perspective, feminist practice, and community rebuilding from strength’s versus deficit base. This would require engagement of these girls’ strengths and resources - as expressed by the youths themselves - in the designing and providing of services. This would also require changes in attitude and application of law, particularly with regard to the rights of youth, and clear realistic assessments of their needs. Until this
is done, girls like those in this study will continue to fall between the cracks in the system.

Planning for this specific population without hearing their voices ignores their resourcefulness, creativity, and other strengths that enable them to survive under extreme conditions. Such disregard increases the risks that they face — now and in the future. “Legislators and policy makers cannot claim ignorance of gender inequality. Not to address these realities is tantamount to being indifferent to the welfare of half of the population” (Creese & Strong-Boag, 2005, p.1).

The social cost of a cycle of violence, chronic ill health, and dependency resulting from homelessness is far more expensive than the economic benefits of promoting and aiding homeless girls towards self-sufficiency, independence, and self-determination.
References


*Secure Care Act.* Statute of British Columbia 2000, c. 28.


Appendix B

THE UNIVERSITY OF BRITISH COLUMBIA

Transcriber's confidentiality document

I, the Transcriber ___________________________, promise to keep all identifying information confidential that I am transcribing from the audiotaped interviews for Irene DeLeenheer regarding her study on homeless female youth.

I promise to never to release or speak of any of the information that I heard while transcribing the information.

Date:

Signature:

Printed name:

Date:

Witness signature:

Printed name:
I do / do not (please circle) give permission for the information I am providing to be used in a future study conducted or supervised by the investigator(s) focused on a similar or related topic.

Signature: ____________________________
Are you a female between 13 - 18 years old who presently has no permanent address? Would you be willing to talk about community resources available to you?

I am a master's social work student who is exploring what relatively homeless female youths' experience with resources are - their view, also to pose the question of what the female youth see as realistic means of meeting their needs.

WHAT IS REQUIRED?
I would ask you to meet with myself to have an informal discussion, taking approximately 60 minutes, over pizza or sandwiches, and pop. The interview will take place where you feel most comfortable.

WHY PARTICIPATE?
Your input will increase knowledge around what you - the female youth - consider as creative, accessible, and empowering resources, and what type of resources you think will meet your needs.