



## Understanding the Lived Experiences of Youth with Complex Histories of Trauma and Homelessness: Solutions for Policymakers

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### Abstract

**Background:** In Canada, approximately 40,000 youth annually experience homelessness. Critical Time Interventions play an important role in preventing homelessness, but there is limited research on the barriers youth who have previously been unsuccessful in these interventions face. The present study addresses this gap by exploring unifying features of youth who are high systems users and mitigating factors impacting their pathways into, and out of, homelessness during shelter diversion. **Methods:** In this participatory mixed methods study, data from intake forms from a temporary youth shelter were analysed using descriptive statistics. A sample of 20 high systems users completed semi-structured interviews which were analysed using a thematic inductive approach. **Findings:** While only 16% of total youth served were high systems users, their bed stays accounted for 48% of total stays in the 2021 fiscal year. 87% of these youth were involved in gangs, 95% spent time in a young offenders' centre, and 87% used drugs including opioids. Five overarching themes were identified: 1) family disconnection and breakdown, 2) friends as a 'new family', 3) harmful systems and stereotypes, 4) street violence and gang involvement, and 5) hopes and dreams: a home and a job. **Interpretation:** The Youth Homelessness Interaction Matrix (YHIM) was developed to demonstrate how perceived support and housing stability impact youths' barriers out of homelessness. Government and community organizations should work in tandem to prioritize interventions which simultaneously fortify youth's support systems while increasing access to stable housing during transitional times.

### Introduction

In Canada, approximately 40,000 people under the age of 24 annually experience homelessness [1]. Youth experiencing homelessness are highly vulnerable to crime, violence, and sexual assault [2,3]. Once homeless, youth are at high risk for multiple episodes of homelessness or chronic homelessness into adulthood [4].

Youth's pathways into homelessness often include very recent family trauma or breakdown [5]. In the first Canadian national survey of young people experiencing homelessness, 77.5% of youth cited an inability to get along with their parents as a key reason they left home [1]. Thus, interventions must be youth-centered, low-barrier, strengths-based, and prioritize family and natural supports to prevent long-term homelessness and its deleterious effects [5]. Strengthening natural supports reinforces youth's relationships with family and potentially other meaningful adults in their lives [6]. These stronger supports help return youth home and/or exit homelessness as quickly as possible and emergency shelters can play a key role in early intervention [7].

One emerging approach to combatting youth homelessness is shelter diversion [7]. Shelter diversion centers on fortifying natural supports via family re-connection, which means investing time and resources to help mediate conflicts and strengthen relationships [8]; this approach aims to support people before, or within one week, of entering emergency shelters to rapidly rehouse them into safe and appropriate housing.

Gaetz and Dej [9] propose a Canadian framework on homelessness prevention which compiles individual, relational, institutional, and structural factors that are involved in the pathways into homelessness. One of the framework's five domains is systems prevention, which identifies failed systems as a key cause of homelessness [9]. In a literature review evaluating the accuracy of Gaetz and Dej's framework, Critical Time Interventions, which are case-based supports that occur when people are experiencing transitions (e.g., shelter diversion), were found to be a critical component of the systems prevention domain [10]. Oudshoorn et al. [10] identify that much of the research on systems prevention center on cost effectiveness rather than preventing homelessness. As such, there is a need for research which authentically uplifts the voices of homeless youth during Critical Time Interventions to unpack the root causes of youth homelessness; in particular, the barriers youth who have previously been unsuccessful in these interventions face. Thus, the present study was designed and evaluated in full partnership with a local organization in Calgary, Canada to i) describe unifying features of youth who are high systems users, ii) explore mitigating factors impacting their pathways into homelessness, and iii) examine barriers out of homelessness during shelter diversion.

### Methods

#### Study Design

The present participatory case study was a quant +

QUAL additional-coverage sequential mixed methods design [11] that included a questionnaire and interview. A mixed-methods approach was appropriate given its usefulness at exploring complex sociocultural dynamics and personal perceptions [12], both of which the present study aimed to address. Data from Ave 15 intake questionnaires between 2020 to 2021 was collected. This quantitative data was supplemented with qualitative data from a separate group of participants who completed one in-person, 60-minute, semi-structured interview. This study was approved by the University of Calgary Conjoint Health Ethics Review Board REB21-1011.

### Setting

All data was collected at Ave 15, a temporary shelter in Calgary, Canada provided by Trellis Society for Community Impact (Trellis) for youth who are experiencing homelessness. According to Trellis’s intake data, self-referrals account for 35% of referrals, followed by Calgary Police Services (25%), Children’s Services (25%), and family (15%). At first contact with Ave 15, Trellis staff seek short-term and long-term housing options. Youth go through a standardized screening process including discussing where they slept the night before, what is preventing them from staying in their current housing situation, and what resources they would need to be able to safely return home.

This study was proposed by Trellis based on the experiences and needs of the youth they serve. In addition to a Youth and Family Advisory Committee, Trellis has been in full partnership with the research team throughout the development, implementation, and analysis of this study.

### Participants

Participants were required to be between the ages of 14 and 17, identified by Ave 15 staff as high systems users, and

have had previous unsuccessful shelter diversion attempts. There were no exclusion criteria.

For the semi-structured interviews, participants were recruited from Ave 15 using purposive sampling through posters in the hallways of the building and disseminating materials to in-house caseworkers. Once youth contacted the study team, they were given additional study information and asked to sign a consent form.

### Data Collection and Analysis

**Quantitative:** Intake questionnaires were approximately 20 minutes in length and collected demographic and health data as well as information on youths’ experiences and vulnerabilities prior to entering Ave 15.

The intake data from youth who were identified as high systems users were compiled and descriptive statistics using IBM SPSS Statistics 26.0 (alpha set at  $p = 0.05$ ) were performed. Due to the small sample size, quantitative results are descriptive, as this analysis is not adequately powered to make generalizable claims.

**Qualitative:** The semi-structured interviews followed an interview guide, which was collaboratively developed by members of the study team based on previous literature to explore the three study aims (Appendix A). All interviews were conducted by M.M. and a trained student researcher.

Seventeen semi-structured interviews were recorded and transcribed verbatim, and three interviews were not recorded per participants’ request and instead detailed notes were taken. All written material was then coded manually following the thematic inductive approach, which is an iterative analytical technique that relies on interpretations across an entire data set (Table 1; [13]). The credibility of the qualitative analysis was assessed using frequent peer authenticity checks using a consensus approach between two coders.

Phase	Coding method	Performed by
1.Researchers familiarizing themselves with the data		M.M., A.V., N.J.
2.Generating initial codes	Inductive approach	M.M.
Iterative process	Consensus-based codebook	M.M.
Review	Consensus-based codebook	M.M.
Data saturation	Final codebook	M.M.
3.Searching for themes	Consensus approach based on emergent themes	M.M., K.M.
4.Reviewing themes	Consensus approach based on literature	M.M., A.S., N.J., K.M.
5.Defining themes	Consensus approach based on emergent themes and literature	M.M., A.S., N.J., K.M.
6.Producing a report		M.M., A.S., N.J., K.M.

**Table 1:** Thematic approach.

## Results

### Quantitative Findings: Youth with Highest System Usage

Analysis of Ave 15 data revealed 23 high system users, cycling between multiple systems, including Children’s Services, the Homeless Serving System, Justice, and Addictions & Mental Health. Unsuccessful placements at Trellis’ group homes accounted for 35% of these high systems

users and 26% had unsuccessful stays at non-status group homes. Despite these high systems users only accounting for 16% of total youth served, their bed stays accounted for 48% of total stays in the 2021 fiscal year. Consequently, these participants were identified by Trellis staff as ‘unsuccessful’ in shelter diversion attempts. Beyond housing instability, these participants have complex needs and face many other vulnerabilities: 87% are involved in gangs and/or exploitation; 95% have spent more than one month at Calgary Young

Offender Centre; 87% are currently using methamphetamine and/or fentanyl, and one participant died of an overdose.

### Qualitative Sample Demographics

All 20 participants were between the ages of 15-18 and were predominantly African (30%) or Caucasian (30%) and identified with he/him pronouns (50%; Table 2).

	<i>n</i>	%
<b>Ethnicity</b>		
African	6	30
Caucasian	6	30
Indigenous	5	25
Middle Eastern	1	5
South American	1	5
No response	1	5
<b>Preferred Pronouns</b>		
He/him	10	50
She/her	5	25
They/all	3	15
No response	2	10

**Table 2:** Sample demographics of interview participants.

### Qualitative Findings: A Story of Complex Trauma Causing and Caused by Homelessness

Twenty youth who were high systems users and unsuccessfully diverted from shelters were interviewed about their experiences which led to the emergence of five themes: 1) family disconnection and breakdown, 2) friends as a ‘new family’, 3) harmful systems and stereotypes, 4) street violence and gang involvement, and 5) hopes and dreams: a home and a job.

#### Family Disconnection and Breakdown

The primary reason why participants could not be diverted from shelter was family disconnection or dysfunction and shelter became the only available option. Participant 13 recalls the role compromised physical safety played in their decision to leave home:

*They even drove me here [shelter], my parents. And I was like hey I don't really feel safe being in a truck with them in escalated situations....*

Not all participants felt that living with their family was entirely untenable, and several talked about making the choice to leave home as a necessary step in achieving independence. However, with increased independence came isolation. Participant 1 speaks to the implications of leaving home in pursuit of independence on their mental wellness:

*I motivate myself, I support myself. A lot of independent stuff, I don't really talk to people. I don't know. I am not alone, but sad.*

Family disconnection and breakdown made many shelter diversion interventions impossible or unappealing. Moreover, chronic instability in the home, financial or relational, made participants resistant to interventions aimed at reuniting them with their families, as Participant 3 recalls:

*They tried to get me back with my parents but that couldn't happen. And then they still tried. And tried. And tried. And tried. Even though I obviously didn't want to go back to my parents.*

Most participants expressed that, because of their family disconnection and breakdown, and subsequent move into homelessness, their opportunity to live a “normal life” had already passed which made shelter diversion more challenging; Participant 10 speaks to this:

*I: Did they explore any other options with you besides staying here[shelter]?*

*P: Uh yeah to go live with other family members. But I don't have any... Like I used to be, I used to be normal ass kid. First time I ran away I think I was 12. But then...*

#### Friends as a ‘New Family’

All participants talked about the supportive relationships they had built with staff and peers who were also staying in shelter. Participants held substantial mistrust for systems and new relationships given their life experience, but many considered Ave 15 to be a welcome change as Participant 2 recalls:

*Well, when I first got here, I was absolutely mortified. I thought I was going to be eaten alive haha. But it's more of just a big family unit...Like I consider all the kids here family...Like if you're sad they'll talk to you. Or if someone is trying to hurt themselves, we'll kick in their doors. Um keeping youth who are trying to stay clean away from drugs.*

In the previous quote Participant 2 also speaks to how participants believed that the new relationships they were forming at Ave 15 were akin to family, and that these relationships could be used to help participants achieve their goals (e.g., mental health recovery, addiction recovery, etc.). Moreover, the relationships participants formed with other peers in the shelter were important for their day-to-day survival and social connections.

Ave 15 staff were also important figures in participants’ lives and contributed to providing a space where meaningful peer relationships could be established. Participant 7 shares their admiration for the staff at Ave 15:

*Lots of the kids are very nice. There's kids that aren't but most of the kids are very nice and all staff are very, very nice and amazing people.*

#### Harmful Systems and Stereotypes

All participants cycled between multiple systems including Children’s Services, police, and treatment programs. Participant 10 describes their experience:

*I was homeless...on the streets, since like January... I would literally sleep in bus stops, couch surf, and then I did live at my friends, my bro let me live with him. And I turned myself in and uh went back to [Protection of Children Using Drugs, PCHAD] and now I'm here.*

While homeless, participants continued to have negative experiences with systems which bred increased distrust. Most participants believed that the systems they had encountered prior to, and during, homelessness were inaccessible, unequipped, and harmful. Participant 17 recalls her safety as a pregnant person being disregarded based on untrue assumptions:

*Oh, the cops got called, I got put on the ground on my belly while I was pregnant. Because they thought [anonymized] had a gun. She had no gun. And then they said we tried to ditch it in the sewer...maybe don't call the cops for stupid s\*\*t.*

This experience of being stereotyped as dangerous or degenerate while homeless was common among participants and regularly contributed to further stigmatizing interactions, as Participant 5 recalls:

*You know some random people just come up. Like this one guy across the street ... just stares at us. Calls [anonymized] a bitch. Yeah. Just for no reason.*

Most participants recognized that the struggles they faced were complex and challenging for systems to address, but basic support surrounding their sexual and gender identity was inaccessible, despite it being highly beneficial; Participant 2 reflects on this saying:

*I struggle a lot with mental health. Honestly, they do their best and it's like the one thing that some of the staff aren't as equipped to help with. I've found in my life that having people to talk to about my experiences as a queer person has been very helpful.*

### **Street Violence and Gang Involvement**

Once participants became homeless, they were significantly more susceptible to witnessing, being victims of, and partaking in violence. Participants told a story of witnessing extreme violence during homelessness and making a necessary decision to become violent themselves and/or join gangs. Participant 5 recounts the violence they witnessed while homeless:

*When I tell you [another city] is a violent place, it is a violent place. 10 times worse than Calgary. And I watched, uh a couple weeks ago I watched a stabbing... Like just a bunch of guys stabbing this guy. In [anonymized] you'd see that every day.*

While homeless, some participants viewed violence as a necessary tool for survival on the streets and that the choice to abstain was not virtuous, but dangerous. For instance, Participant 10 discusses the choice to turn to violence in pursuit of basic necessities:

*I came here with no clothes. Yeah. I basically had to do some stupid s\*\*t to get my clothes.*

Although participants chose to remain discreet about their involvement in organized crime, approximately half alluded to involvement in gang activity. In some cases, gang involvement was the only support system or social connection participants had; even if participants didn't identify as members of gangs, interaction with gang life and gang violence was still an unavoidable aspect of homelessness. Participant 6 describes their involvement with gangs by saying:

*Yeah. I know a lot of people who are in them and I'm around them.*

### **Hopes and Dreams: A Home and a Job**

Despite stories of family breakdown, loneliness, failing systems, harmful stereotypes, and violence, when asked about their hopes and dreams many participants were actively seeking ways to disrupt their life patterns and reorient towards a more positive future. A central theme was a desire for stability, safety, and calm, which participants felt they were currently lacking and had been needing their entire lives; Participant 8 exemplifies this:

*I want to raise a family of my own that's radically different than my current family. I want a supportive environment. A chill household. I don't want to be like my parents.*

As Participant 10 states, participants' life experiences, including homelessness, often informed their vision of the future and career interests:

*My long term career goal is to become a paramedic. I want to help people. I seem to be good in really stressful situations just because of my upbringing... I am really good at dealing with stuff. I have past medical issues so I know stuff with health so that's pretty cool.*

Most participants also spoke about wanting to find safe and permanent independent housing. Acquiring housing was often seen as a necessary foundation for creating a physical and emotional environment for participants to pursue their other goals. Participant 5 highlights that acquiring permanent housing would finally allow them to experience their authentic self:

*I want to have a house you know, that I can live in. My own couch. My own fridge. I want to be able to put my shoes on my doormat. Be able to lock my door. Just be me.*

**The Role of Ave 15:** The role of Ave 15 emerged as a subtheme within the themes of Hopes and Dreams. As reported by the participants, overall Ave 15 was an opportunity for them to recuperate and prepare for tackling their goals. Once at the shelter, participants reported positive experiences with case managers, services, and supports. When asked about their experiences with case managers at the shelter, participants identified feeling listened to, supported, cared for, and less alone. Moreover, participants appreciated the fact that Ave 15

staff were responding to participants' current needs without trying to radically change them, as Participant 10 states:

*You guys meet everyone where they are at and support them where they are at.*

Participants indicated that Ave 15 served as a central hub for accessing helpful resources including: healthcare, (e.g., mental health supports, consistent medication, addictions counselling, etc.); referrals to community agencies (e.g., housing programs, diversion services, etc.); employment assistance (e.g., writing cover letters and resumes, etc.); schooling support (e.g., lending laptops, space at shelter to do homework, etc.); and general administrative tasks (e.g., birth certificates, social insurance numbers, etc.). Overall, Ave 15 was seen as a beneficial stage in their journey towards achieving their goals, and a welcome refuge from the challenges they faced before and during homelessness. Participant 13 articulates the general consensus on Ave 15, stating that it has been.

*More helpful than a lot of places I've asked.*

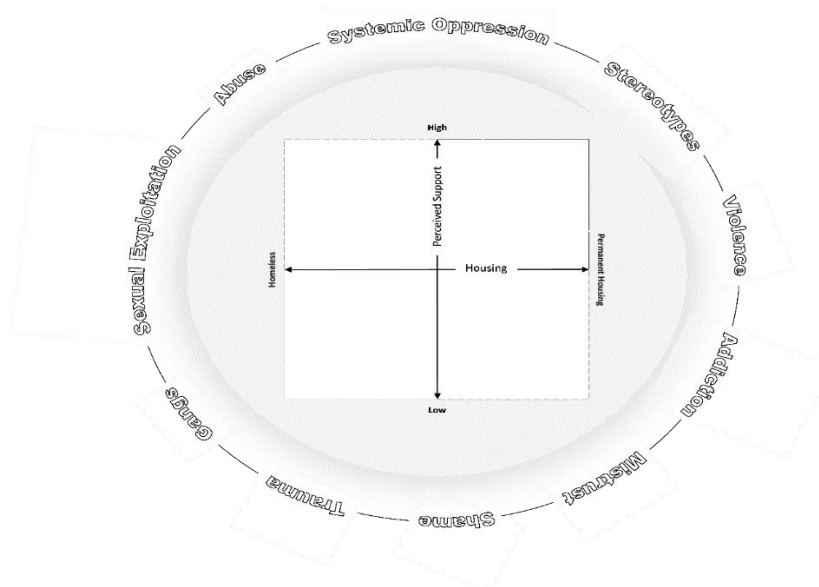
## Discussion

The present study explored unifying features of youth who are high systems users and mitigating factors into youths' pathways into, and out of, homelessness during shelter diversion. Several researchers have argued that youth in homelessness have extraordinarily high rates of childhood trauma [14-16] with some evidence of an average of eight traumatic events [17] compared with a reported average of five for adults in homelessness [18]. When taken together with the present study's confirmatory findings, it can be argued that youth who have been unsuccessful in housing have experiences of childhood trauma that are likely unresolved. There is also a

plethora of research that shows high rates of mental health issues and substance use for homeless youth and that drug and alcohol use often starts as a coping mechanism for family and/or sexual violence [19]. In the present study, there was a high prevalence of drug use in high systems users which is particularly problematic given the neuro-developmental understanding that the adolescent brain is highly vulnerable to the acute effects of drugs up until the age of 24 [20-23]. Poorer infrastructure, increased economic vulnerability, and limited access to transportation makes transitional times for homeless people in rural Canadian communities uniquely challenging [24]. The present study exclusively explored urban youth homelessness, and this limitation should be addressed in future research on shelter diversion.

Family breakdown occurred during all youth's pathways into homelessness in the present study. Gaetz et al. [1] found that, despite high rates of family trauma, 77% of youth would like to improve their relationships with family. A large and growing body of research across multiple disciplines and countries demonstrates that building or re-building healthy familial relationships can be a strong predictor of improved health and social outcomes and highly effective in reducing unsafe drug use and preventing future homelessness [9,25-27]. Rebuilding familial relationships during Critical Time Interventions for youth in temporary shelters is likely important; the present study adds to this by highlighting that the relationships youth build while homeless (e.g., with peers, Ave 15 staff, etc.) serve a critical role in their survival and help combat the isolation participants experienced during transitional times. Thus, future research should explore how to successfully integrate familial relationships with those acquired during homelessness into Critical Time Interventions for youth.

The experiences and perspectives expressed by participants in the qualitative and quantitative data were combined into higher-order concepts to develop the Youth Homelessness Interaction Matrix (YHIM) (Figure 1).



**Figure 1:** The Youth Homelessness Interaction Matrix (YHIM). Housing stability is located on the x axis and a youth's perceived level of support is located on the y axis. Surrounding the matrix are the external and internal pressures homeless youth often experience, some of which can become barriers out of homelessness if youth are in unsupportive environments and unstable housing situations.

This model integrates how perceived support and housing stability intersect and how this relationship impacts the tendency for internal and external pressures common among high systems users to become barriers out of homelessness. Youth's lived experience should guide placement on the matrix, meaning that housing stability and level of support should be determined according to the youth's perception, and they will likely move in and out of quadrants throughout their life. Surrounding the matrix are pressures youth commonly face and these pressures may vary across the life course. What prevents these pressures from becoming barriers is where on the matrix youth fall. Youth are not entirely shielded from pressures when living in permanent housing with a robust support system, but in these environments, they are best able to cope with their trauma. The present study suggests that youth in less insulated environments, such as a neglectful family home or homelessness, find pressures they face more debilitating.

### Future Directions in Terms of Policy and Research

When discussing the Canadian framework on homelessness prevention, Oudshoorn et al. [10] state that "it is often a lack of political will and resources that hinders systems prevention" (p. 1758). Thus, future knowledge mobilization targeted at a societal level, changes to policy, government ministry mandates, and funding should be prioritized. This should be led by community stakeholders and lived experience experts to identify new intervention points, help families navigate and bring issues forward, and 'bring government along' [28]; these partnerships can be complex, and more research is required to better understand how they can be structured in a way that is beneficial for all stakeholders.

It is essential that interventions are aimed at fortifying youth's support systems while also increasing their access to stable housing during transitional times. In the present study, participants attempted to rebuild their support network with friends and aspired to acquire permanent housing. Thus, the barriers to exiting homelessness are likely not motivation or awareness, but rather a history of unresolved traumatic life experiences and inadequate systems. Cumming et al. [29] argue that housing services aimed at transitioning homeless youth into independent housing benefit greatly from taking a strengths-based approach.

Critical Time Intervention strategies must begin with family reunification and trauma-informed, in-home case managed supports. These strategies should be developed for the whole family, not just the youth [30], which may be partly achievable through in-home crisis mitigation [31]. Children's Services mandates should also be expanded to include accountability for homelessness prevention and, if necessary, financial support for trauma-informed mediation and counselling [22]. The continued argument for a range of diverse and affordable housing options is also critical to preventing youth homelessness. Even for chronically homeless individuals, housing first models can be effective at helping people achieve housing stability [32]. Examples could include respite/temporary housing during a family crisis, which must be coupled with rapid in-house supports to mitigate the issues and ensure a safe transition home. The YHIM may be a useful tool when identifying action plans during transitional times

for homeless youth. However, a limitation of the present study is that the YHIM was not reviewed by knowledge users, and thus evaluating the efficacy and usefulness of this tool is a needed next step.

Further rigorous and longitudinal evaluative research must be embedded in system prevention interventions. Through these evaluative studies, governments should be held accountable for mandates and interventions to ensure that the most vulnerable homeless youth are not the least effectively served.

### Competing interests

The authors declare that they have no competing interests.

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