

YOUTH RESEARCH AND PROGRAM DESIGN
Prepared by Lotus House, May 2013

Imagine you are 17 or 18 years old and alone, homeless, desperate to finish high school, with no family support and no where to turn. Our homeless high school youth know all too well. Nearly all of the unaccompanied, homeless youth at Lotus House have survived severe trauma in their short lives, including abuse, neglect and untimely loss of parents and caretakers, among others. And yet, with the holistic support system of Lotus House and education as their life-lines, they are still full of youthful hopes and dreams of a better future, perhaps college, the service or employment and a career.

We know from experience that unaccompanied, homeless female youth, like their older counterparts, struggle to survive by being invisible, making their numbers difficult to count. It is estimated that between 1 million and 1.6 million youth in this nation experience homelessness each year, and every night, thousands of youth across the country go to bed without the safety and stability of a home or family. We do not know the full scope of the need in Miami Dade County, but we know they exist and there is a need for additional housing and resources to address their special needs to truly break the cycle of homelessness. Most adolescent women are referred to Lotus House via the Miami-Dade County Public School System if they are in high school and if they are at least 18, linked to the homeless outreach teams as well.

Two of the primary causes of youth homelessness are family breakdown, including being locked/kicked out, abused, and neglected/abandoned; and “systems failure” through which those aging out of foster care, for example, lack critical support and become homeless. Most homeless youth have experienced trauma, both before and during homelessness, including child physical and sexual abuse and neglect, removal from home by child protective services, and harassment or violence due to homelessness, sexual orientation and/or gender identity, among others. Many are fleeing abusive environments.

Homeless youth are particularly vulnerable and face tragic consequences if they do not receive the services and interventions they need. They are at a higher risk for further physical and sexual assault or abuse, physical illness including HIV/AIDS, anxiety disorders, depression, post-traumatic stress disorder, drug abuse, suicide, and becoming involved in prostitution. An estimated 5,000 unaccompanied homeless youth die each year as a result of assault, illness or suicide. *Adolescent women are among the most vulnerable and medically underserved groups of homeless individuals.* Homeless female youth are at a high risk for early pregnancy, sexually transmitted diseases, and HIV due to poor access to health care, survival sex (trading sex for basic needs such as housing and food), substance abuse and other challenges.

Homeless youth have multiple special needs—such as mental and physical health needs, substance abuse, and lack of self-sufficiency skills and sustainable financial resources—requiring multiple levels of intervention and support. Homelessness, with its instability and associated traumas, often disrupts schooling and makes finishing high school very challenging, even though school is a life line for many.

Fortunately, there are solutions for these special young people who lack basic supports such as stable, safe shelter and food, and the care of a parent or guardian. The *National Framework to End Youth Homelessness* calls for a two-prong approach to effectively serve such youth, namely settings which emphasize 1) trauma informed care in which youth can heal, and 2) support services that foster positive youth development, such as life skills building and educational and/or vocational advancement. A multi-faceted service and support framework emphasizing education, skill building, trauma resolution, and a safe, supportive environment are at the heart of effective outcomes. A high level of sensitivity to the special needs of homeless female youth and the physical and sexual traumas they have experienced is also essential. These special youth need

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time to heal, gender-specific, trauma-informed counseling and support services that make healing possible, and the opportunity to build the foundation for a secure future.

Guided by the *National Framework to End Youth Homelessness*, the Lotus House Youth Program provides safe, stable housing to youth for the duration of their high school and/or vocational training within the framework of a trauma-informed, comprehensive and coordinated support system that promotes positive youth development. To address basic needs, youth are provided with clothing, nourishing meals, access to health care, assistance with benefits and other social services, and have the opportunity to participate in a wide range of enrichment activities. Given their unique trauma histories, female youth benefit from gender specific programming to facilitate their healing and development. Evidence based and informed, trauma focused individual and group counseling allow traumatized youth to heal, learn and grow, and build resiliency and greater self-sufficiency for life's challenges. In addition to individual counseling and life coaching, positive youth development is fostered through a wide range of educational supports (such as school uniforms, supplies, transportation assistance, and school activities, such field trips, proms, and graduation festivities), life skills building, job training and social activities, designed to build a youth's capacity to support herself, build self esteem and avoid future homelessness. With individualized, multi-faceted support and resources, the Lotus House Youth Program provides essential tools to allow homeless unaccompanied young women to heal, thrive, and achieve their promise of a brighter future.

What the Research Tells Us about Homeless Youth and Education

It is estimated that between 1 million and 1.6 million youth experience homelessness each year.^{1,2} It is widely acknowledged that “we know too little about the scale and nature of youth homelessness.”³ But we do know that every night, thousands of youth go to bed without the safety and stability of a home or family.⁴ Here is some of the available information offering critical insight into who these vulnerable young people are and their unique needs:

Most homeless youth have experienced trauma, both before and during homelessness,⁵ including child physical and sexual abuse and neglect, removal from home by child protective services, and harassment or violence due to homelessness, sexual orientation and/or gender identity, among others.⁶ It is estimated that 17% - 35% of homeless youth have experienced sexual abuse and 40% - 60% have experienced physical abuse.⁷

¹ Fundamental Issues to Prevent and End Youth Homelessness (2006). National Alliance to End Homelessness Youth Homelessness Series, Brief No. 1. p.1 (citing Robertson, M. & Toro, P. (1998). Homeless Youth, Research, Intervention and Policy, Practical Lessons: The 1998 National Symposium on Homelessness Research. Washington, D.C.: US Department of Housing and Urban Development; US Department of Health and Human Services.).

² We refer to “youth” as those homeless young people up through age 24 who are unaccompanied by a parent or other guardian or caretaker.

³ Framework to End Youth Homelessness (2013). United States Interagency Council on Homelessness, p. 5.

⁴ Id. at 2.

⁵ Psychological First Aid for Youth Experiencing Homelessness, National Child Traumatic Stress Network and Hollywood Homeless Youth Partnership, p. 2 (2009)

⁶ Psychological First Aid, p.2.

⁷ Culture and Trauma Brief: Trauma Among Homeless Youth (2007). The National Child Traumatic Stress Network, p.3 (citing Robertson, M. J. & Toro, P.A. (1998) Homeless Youth. Research, intervention and Policy. In. L.B. Fosburg & D. B. Dennis (Eds.), *Practical lessons: The 1998 national symposium on*

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Two of the primary causes of youth homelessness are (1) family breakdown, including being locked/kicked out, abused, and neglected/abandoned; and (2) “systems failure” through which those aging out of foster care or exiting juvenile detention lack critical support and become homeless.⁸ Twenty-five percent of former foster youth report being homeless for at least one night within four years after leaving the foster care system.⁹

Homeless youth are particularly vulnerable and face tragic consequences if they do not receive the services and interventions they need. They are at a higher risk for further physical and sexual assault or abuse, physical illness including HIV/AIDS, anxiety disorders, depression, post-traumatic stress disorder, drug abuse, suicide, and becoming involved in prostitution.¹⁰ An estimated 5,000 unaccompanied homeless youth die each year as a result of assault, illness or suicide.¹¹

Adolescent women are among the most vulnerable and medically underserved groups of homeless individuals.¹² Homeless female youth are at a high risk for early pregnancy, sexually transmitted diseases, and HIV due to poor access to health care, survival sex (trading sex for basic needs such as housing and food), substance abuse and other challenges.¹³

Youth homelessness also disrupts critical educational development. The experience of homelessness, with its instability and associated traumas, often disrupts schooling¹⁴ and makes finishing high school very challenging. One study of 18-21 year-old homeless youth found that two-thirds had not obtained a high school diploma or a GED.¹⁵

Yet staying in school can be a life-line for homeless youth. “Young people who are able to stay in the same community or in the same schools as before they became homeless have a better chance of avoiding the dangerous consequences for youth who do not have familiar (sic) support.”¹⁶

The consequences of not obtaining a high school education are demonstrably more grave for women. We know that:

homeless research. (pp. 3-1 – 3-32). Washington DC: U.S. Department of Housing and Urban Development; Jenks, C. (1994). *The homeless.* Cambridge, MA: Harvard University Press)

⁸ Fundamental Issues to Prevent and End Youth Homelessness at 1-2.

⁹ *Id.* at 1 (citing Cook, R. “A National Evaluation of Title-IV-E Foster Care Independent Living Programs for Youth, Phase 2.” Rockville, MD: Westat 1991).

¹⁰ Fundamental Issues to Prevent and End Youth Homelessness at p.1 (internal citations omitted).

¹¹ *Id.* p.1 (citing National Law Center on Homelessness and Poverty (2004). “Legal Tools to End Homelessness” p. 3)

¹² Ensign, J., FNP, Dr.PH, Panke, A., RN, MN, 2002, “Barriers and Bridges to Care: Voices of Homeless Female Adolescent Youth in Seattle, Washington, USA.” *Journal of Advanced Nursing* 37(2), 166-172 at p.166.

¹³ *Id.* at 167 (internal citations omitted).

¹⁴ Supplemental Document to the Federal Strategic Plan to Prevent and End Homelessness, Background Paper – Youth Homelessness. (2010). U.S. Interagency Council on Homelessness, p. 2 (citing U.S. Department of Health and Human Services. (2007). “Promising Strategies.”)

¹⁵ *Id.* at 3 (citing Barber, C., Fonagy, P, Fultz, J., Simulinas, M., & Yates, M. (2005). “Homeless near a thousand homes: Outcomes of homeless youth in a crisis shelter.” *American Journal of Orthopsychiatry*, 75, 347-355).

¹⁶ *Id.* (citing National Alliance to End Homelessness (2006). *Fundamental Issues*).

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A woman without a high school diploma earns an average of \$15,520 per year—over \$6,000 less annually than women with a high school diploma.¹⁷

Nearly one of every two female high school dropouts ages 25-64 is unemployed.¹⁸

A female high school graduate is 68% less likely to receive any type of welfare assistance.¹⁹

Dropping out of high school is an intergenerational issue. Those who drop out of high school not only have lower lifetime income and worse overall health, but their children are also more likely to drop out of high school as well.²⁰

A significant number of young women “cite pregnancy or parenting as a reason for dropping out.”²¹

Homeless Youth in Miami-Dade County

The Florida Chapter of the National Organization of Women (NOW) has designated Florida as a “modern slavery hub” with its many tourist and vacation spots, military bases, large immigrant population, and seasonal agriculture – all attractants for human trafficking. Miami International Airport is ranked as one of the top entry points in the United States for foreign human trafficking victims²². Homeless youth, particularly young women and girls, continue to be the target. A recent report headed by The Woman’s Fund Miami found close to 400 girls under 18 in Florida, including 96 in Miami-Dade were victims of sex trade human trafficking during a one day point in time study in November 2011.²³ Lotus House has served such victims for many years, in some cases arranging for relocation to other states where they have support systems.

Additional data gathered by the Miami Coalition for the Homeless indicates that in 2010, there were 875 homeless youth in the aged out population (18-23 years of age) of foster care youth and 3,115 youth currently in foster care. Miami Bridge (a temporary shelter for children under 18) screens approximately 1700 children annually of whom 600 are housed for an average stay of 23 days.²⁴ There are less than 50 beds for these unaccompanied homeless youth in Miami and none of those are longer term. Many youth hide from authority and try to stay away from such services due to bad experiences and lack of trust and understanding.²⁵

¹⁷ “When Girls Don’t Graduate, We All Fail” (2007). National Women’s Law Center, p. 8.

¹⁸ *Id.* at 7.

¹⁹ *Id.* at 11.

²⁰ *Id.* at 10.

²¹ *Id.* at 13.

²² Florida National Organization for Women. <http://www.flnow.org/trafficking.html>. Delray Beach, FL: 2009.

²³The Schapiro Group for The Women’s Fund of Miami-Dade. Adolescent Girls in the Florida Sex Trade. Miami, 2011. p. 12.

http://www.thechildrenstrust.org/images/stories/inside_trust/research/resources/Nurturing_Families/WFM_D_CSEC_Report_013112.pdf

²⁴Miami Coalition for the Homeless, 2012

²⁵The Revolving Door Project. (<http://www.revolvingdoorproject.org/>)

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The Florida Department of Education reports 4,406 homeless students K-12 in Miami-Dade County in 2010-2011 with 161 of these unaccompanied youth.²⁶ It is likely that the number is underreported, as many advocates claim. Moreover, the numbers of homeless students are increasing dramatically. The 2011-2012 data indicate 5,711 homeless students in Miami-Dade, an increase of over 19% in Miami-Dade.²⁷ Under the McKinney-Vento Act, homeless youth include those who are living in shelters, doubled-up, in motels or campgrounds or other places not meant for human habitation such as the streets.

Youth come to Lotus House from the streets through word of mouth and by referral from an array of sources, including the homeless outreach team of the City of Miami, staff of the Miami-Dade Public Schools system's Homeless Assistance Program as mandated by the McKinney-Vento Education Assistance Act, family and drug court judges, foster care agencies, and other temporary shelters. Other sources of referrals include treatment programs, domestic violence shelters, social workers from Jackson Hospital, police and local providers of services to runaway and homeless youth – any of whom may be seeking residential program space for homeless youth.

During the 2012 calendar year, Lotus House provided housing and programming to 72 youth ages 17-24, including 58 of their children. Demographics and outcome data are provided in the table below.

Demographics and Outcomes for Homeless Youth At Lotus House 2012		
2012/Outcome Parameter	Ages 17-19	Ages 17-24
Total #	26	72
Avg. Age	18.1	20.8
No. of Children	10	58
Avg. Length of Stay	93	123
Race – African American	88%	85%
Race - Hispanic	12%	15%
Race - White	0%	0%
Race - Other	0%	0%
Prior Personal History as a Victim of DV/Child Abuse	73%	79%
Prior History of Substance Abuse	31%	29%
Chronic Homelessness	19%	32%
Living Below the Poverty Line	100%	100%
Unmet Medical Needs	100%	100%
Urgent/Immediate Mental Health Needs	85%	88%
Mental Health Medication	10	28
Unmet Vision Needs	50%	60%
Received Glasses	9	31
Unmet Dental Needs	46%	54%
Received Dental Care	12	30
Employed at Exit	43%	40%

²⁶Florida Department of Children and Families. Council on Homelessness. 2012 Report. Tallahassee: 2012. p. E-4. <http://www.dcf.state.fl.us/programs/homelessness/docs/2012CouncilReport.pdf>

²⁷D. Kevin McNeir, More Youth Facing the Crisis of Homelessness. nd. <http://miamitimesonline.com/more-youth-facing-the-crisis-of-homelessness>.

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Received Entitlement Benefits	79%	90%
Transition to homes outside the shelter system upon exit	86%	81%

Youth (17-24) and their children comprise approximately 40 percent of the women and children served by Lotus House on an annual basis. A two-month weekday data collection in 2013 showed that each day, Lotus House turns away an average of 5 homeless women and 3 of their children, including pregnant women and homeless youth. Annually, we estimate that we turn away over 3,000 homeless women and children due to lack of space and resources.

Unaccompanied homeless youth in high school (some of whom have children) represent a smaller but significant subgroup of such youth with the highest special needs. Currently, Lotus House is housing 10 young women who attend public high school each day, of which 8 are scheduled to graduate in less than 60 days and 2 are not yet in their senior year. The components of the Youth and Teen Program described below, along with our Maternity and Child and Family Services Programs for those with children, have been critical to their successful completion of high school.

Homeless Youth Program Design

Fortunately, there are solutions for these special young people who lack basic supports such as stable, safe shelter and food, and the care of a parent or guardian. Due to the unique needs of homeless youth, these solutions must be “distinct from an approach to ending homelessness for adults.”²⁸

The *National Framework to End Youth Homelessness* calls for a two-prong approach to effectively serving homeless youth: (1) trauma-informed care, which emphasizes settings and relationships in which youth can heal; and (2) positive youth development, which emphasizes settings and relationships in which youth can thrive.²⁹ Through positive youth development, youth are given the opportunity to “develop transferable skills and competencies through positive interactions” with others.³⁰

Researchers also recognize that the special needs of homeless youth—such as mental and physical health needs, substance abuse, and lack of self-sufficiency skills and sustainable financial resources—require multiple levels of intervention³¹ to address “housing, education, mental health, physical health, substance abuse, and other family and community supports.”³² Specifically, interventions should provide safe, stable housing, “essential to enabling functioning across a range of activities,”³³ and educational support which can provide a long term solution to homelessness, “increas[ing] a youth’s capacity to support . . . herself and avoid future homelessness.”³⁴

²⁸ Framework at 2.

²⁹ Id. at 18.

³⁰ Id.

³¹ Fundamental Issues to Prevent and End Youth Homelessness at 2 (internal citations omitted).

³² Id. at 17.

³³ Framework at 18-19.

³⁴ Id. at 19.

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Mental and emotional supports are also imperative, so youth can develop “key competencies, attitudes, and behaviors that equip a young person experiencing homelessness to avoid unhealthy risks and to succeed . . . in school, work, relationships and the community.”³⁵ To that end, evidence-based and evidence-informed modalities aimed at assisting youth in achieving positive outcomes, and reliable screening and assessment for trauma, social-emotional functioning, health and other behavioral needs are critical to effectively serving homeless youth.³⁶

Lotus House Youth Program

Lotus House provides a safe, trauma-informed environment with multi-faceted support, tools and resources that allow homeless young women to heal, thrive, and become who they are truly meant to be. Guided by the *National Framework to End Youth Homelessness*, the Lotus House Youth Program is designed to provide:

- 1) trauma informed care, emphasizing settings in which youth can heal, with safe, stable housing with wrap around support services for female youth for the duration of their high school and/or vocational training, thereby preserving social relationships with teachers, guidance counselors and friends at school, together with evidence based and informed, trauma focused therapies provided by Lotus House counselors; and
- 2) services that foster positive youth development, emphasizing settings in which female youth can thrive and develop transferable skills and competencies through positive interactions with others. Lotus House offers a multi-faceted, comprehensive and coordinated support system for homeless youth that addresses their basic needs from food and clothing to health care and mental health treatment, ensures appropriate educational support, builds life and work skills, and encourages their social and emotional development.

Trauma Informed Care

All of the homeless youth at Lotus House have survived traumatic childhoods, including abuse, neglect and untimely loss of parents and caretakers, among others. In addition to providing safe, stable housing with wrap around support services for these special youth for the duration of their high school and/or vocational training, the enriched programming at Lotus House includes evidence-based and informed mental health services focused on trauma resolution, individual and group therapy. Services also include psychosocial education to address the impact of past experiences of violence and trauma during the window of opportunity presented while youth are with us and help them build resilience for life’s future challenges. Upon entry, each young woman is matched with one of our full time counselors, who have masters degrees in mental health counseling or social work or a doctorate in psychology, with whom she will meet every week for individual therapy. She will also participate in an array of evidence-based assessments and interventions specifically selected to address the unique needs of those we serve. These include the evidence based counseling modalities of Seeking Safety, a trauma focused modality to promote healing, and Say It Straight, designed to help youth develop coping strategies and behavior and communication skills to handle adverse situations. (Learn More About Evidence Based Therapies below.) For those with a history of substance abuse, there are weekly recovery meetings at the shelter for specialized support. For our young women in high

³⁵ Id.

³⁶ Id. at 16, 17.

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school who are pregnant or have children, additional supports and resources are essential to becoming nurturing parents to the children of youth while they are finishing school. Contact us for information about our Maternity Program and Child and Family Centered Services Program designed to address the special needs of youth that are homeless and pregnant and their children.

Fostering Positive Youth Development

In addition to trauma informed care, Lotus House works to foster positive youth development via a campus-like setting in which youth can thrive and develop transferable skills and competencies through positive interactions with others. Lotus House offers a multi-faceted, comprehensive and coordinated support system for homeless youth that addresses their basic needs from food and clothing to health care and mental health treatment, ensures appropriate educational support, builds life and work skills, and encourages their social and emotional development.

At move-in, each young woman participates in identifying her needs and develops an individual action plan with the steps, services and supports requisite to accomplishing her health, therapeutic, educational, vocational, and life goals. Thereafter, she meets weekly with her counselor and resource coordinator who assist her in accessing the requisite supports and achieving her goals. At regular progress reviews, there are opportunities to adjust her plan and identify additional supports that may be helpful. Youth at Lotus House also receive individualized support for education, employment training, life skill-building and other activities that foster their growth and development.

For those in high school, Lotus House counselors coordinate with the Miami-Dade County School Board Homeless Student Program to ensure they are enrolled in school, have transportation, uniforms, supplies and other assistance needed to complete their education. Tutors come weekly to the shelter to meet one-on-one with those who may benefit from more intensive instruction in a specific area. Lotus House is committed to providing as close to “normal” high school experience as possible, ranging from assistance with school uniforms and field trips to prom dresses and caps and gowns.

For those not in high school, Lotus House provides access to GED courses and tutors to assist in obtaining their GED certificates. An array of job training programs provides homeless youth with critical skills needed to obtain and maintain employment now and in the future. These include the Lotus House Thrift: Basic Job Readiness, Job Search Workshop, Retail Job Training Program, and currently in development, an E-Commerce Job Training Program and Barista Training Program. Additional certifications and trainings are also arranged for those who want to develop careers in areas such as security, the medical field, or day care. Our employment coach also meets one on one with each young woman to assist her in developing a resume and a job search strategy and to help her learn how to juggle her new responsibilities in the work world.

Counselors, health coordinators, employment specialists, resident managers and a cadre of volunteers all assist youth in developing a wide range of basic life skills from preventive health care and housing resources to computers and financial literacy. In a residential setting with a shared community environment such as Lotus House, responsibilities for upkeep and chores assigned to individuals and teams are also an opportunity to build both life and social skills for youth. From the kitchen to the laundry room, as with any family, everyone pitches in at Lotus

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House, and Lotus House staff and other residents become an extended “family” for these special youth, who find mentors and build friendships that last long after their transition. Those youth who find refuge in Lotus House while completing high school have the added benefit of being able to preserve relationships with teachers, friends and guidance counselors that will transcend their graduation and contribute to their long term success.

With individualized, multi-faceted support and resources provided in a safe, non-institutional environment, Lotus House offers the support, tools and resources to allow these young women to heal, thrive, and achieve their promise of a brighter future.

The Need for Gender Specific Programming for Women and Youth

We know that:

- *Violence puts women, youth and children at risk of homelessness, and homelessness puts women and children at risk for violence.*³⁷
- Violence is a critical factor in causing homelessness.³⁸ Studies show that violence is normative in the lives of homeless women and children with at least half experiencing homelessness after fleeing from a violent relationship.³⁹ *The majority (92%) of homeless mothers have experienced severe physical and/or sexual assault at some point in their lives; 66% experienced severe physical abuse and 43% were molested as children.*⁴⁰
- “Sexual and physical violence is intergenerational: In a national survey of more than 2,000 American families, 50% of men who frequently assaulted their wives also abused their children.”⁴¹ *Sixty-nine percent (69%) of sexual assault victims are girls under the age of six and 73% are under the age of 12 years old. (Snyder, 2000)*
- Homelessness itself is traumatic, puts women and children at risk of further victimization, and makes families sick.⁴² Women and children experience dislocation from home and community, loss of important roles, social isolation and feelings of helplessness. *Poor nutrition and lack of nutrition* also put them at risk for vitamin deficiencies, anemia, diabetes, high blood pressure and other illnesses.⁴³ Without a home and proper support system, such as nourishing meals, health care, access to medications, day care and transportation assistance, the barriers to maintaining employment become insurmountable, and can lead to an endless cycle of homelessness.
- All too often, “[h]omeless services are not designed to respond to the women and children who show symptoms of distress: Homeless women who present symptoms of post traumatic stress (psychic numbing, rage reactions, re-experiencing painful past episodes, depression, anxiety, endless watchfulness, sleeplessness) may use substances to help them medicate the

³⁷ A Long Journey Home, A Guide for Creating Trauma Informed Services for Mothers and Children Experiencing Homelessness (Draft), p. 7

³⁸ Id. p. 5, 7-8

³⁹ Id. p. 7, citing Browne and Bassuk, 1997; Goodman, 1991; Bassuk et al., 1996

⁴⁰ Id. p. 7, citing Bassuk et al., 1996, Browne and Bassuk, 1997, Bassuk, Melnick, and Browne, 1998

⁴¹ Id. p. 7, citing (Straus and Gelles, 1990)

⁴² Id. p. 5

⁴³ Id. pp. 7-8

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*painful trauma-related sequelae. They may have difficulty accessing essential housing, economic, health care, educational, childcare and peer support services.*⁴⁴

The statistics listed above reflect the experiences of those we serve all too well. Over 90% of the women and youth at Lotus House report histories of childhood abuse, domestic violence or other trauma. The impact of domestic violence, untreated mental health issues, and other traumas, including homelessness, can be devastating, pervasive, lifelong and intergenerational if left untreated.

Addressing the Need for Gender Specific Programming

Research indicates that different strategies need to be employed in providing services and treatment because the male and female experience of homelessness is very different.⁴⁵ This is especially true in terms of engagement of the most disaffiliated women.⁴⁶ Traumatic events in the lives of women and children feed into a sense of economic and emotional powerlessness and economic dependence. A matrix of poverty, victimization, early physical and sexual abuse, substance abuse and mental illness experienced by homeless women is mirrored in the literature by evidence of depression, low-self esteem, mal-adaptation, health problems and social disaffiliation.⁴⁷

Since the 1980's, studies have indicated that gender-specific programming is critical to effective outcomes for women. Rather than designing programs on a 'one size fits all basis' with research based on studies of the male homeless population, a more gender specific focus is now being recognized as appropriate to address the special needs of women.

Programs that adopt a non-institutional approach to homeless services have been found to be the most successful in reaching, engaging and changing the lives of homeless women. They focus on the importance of a warm, non-institutional environment to engage the homeless into services.⁴⁸ They rely on self-help and self-empowerment.⁴⁹ They often use a strengths approach with an emphasis on engaging and mobilizing women's strengths while empowering them.⁵⁰ They aim to ameliorate the pervasive social isolation of homelessness, to promote the learning of social skills, and to build self-efficacy and self-esteem. A supportive environment, caring staff, and flexible structure is crucial to engaging women who have a more complex history with victimization, fear and distrust of others and mental health problems into social

⁴⁴ Id. p.7

⁴⁵ Baldwin, Dana M., "The Subsistence Adaptation of Homeless Mentally Ill Women", Human Organization Summary 1998, Vol 57(2), p. 190-99.

⁴⁶ Watkins, Katherine E., Shaer, A. and Sullivan, G. "The Role of Gender in Engaging Dually Diagnosed in Treatment", Community Mental Health Journal, Apr. 1999, Vol 35(2), p. 115-126.

⁴⁷ Beeber, Linda S., "Testing an Explanatory Model of the Development of Depressive Symptoms in Young Women During a Life Transition," Journal of American College Health, Vol 45(5), p.227-34; Boes, M. (1997). "Social work with homeless women in emergency rooms: A strengths-feminist perspective". Affilia Journal of Women and Social Work, 12 (4), 408- 437; Jackson-Wilson, A. G. (1993). "Disaffiliation revisited: A comparison of homeless and non homeless women's perception of family of origin and social supports". Sex Roles: A Journal of Research. 28 (7-8), 361-378; Baldwin, 1998.

⁴⁸ Brown, K. S. & Cohen, B. (1990). "A feminist approach to working with homeless women". Affilia Journal of Women and Social Work, 5, 6-20.

⁴⁹ Breton, M. (1984). "A drop-in program for transient women: Promoting competence through the environment". Social Work, 29, 542-546.

⁵⁰ Boes, 1997.

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service programs.⁵¹ This type of environment encourages community and involvement and fosters respect in showing that the staff and volunteers value the client's opinions, feelings, and desires.

Comprehensive services and treatment must be based on understanding the context and needs of women's daily lives. Such services:

- Identify and build on women's strengths;
- Avoid confrontational approaches;
- Teach coping strategies, based on women's experiences, with a willingness to explore women's individual appraisals of stressful situations;
- Arrange for the daily needs of women, such as childcare;
- Have a strong female presence on staff;
- Promote bonding among women.⁵²

The Report on Women and Homelessness, March 1, 2011, Crossroads, Rhode Island, found:

- The female homeless population is growing, and we need to pay more attention to their unique needs.
- Trauma-informed care is essential to meeting the needs of the large percentage of women who have suffered trauma from family separation, violence and abuse.
- Increased focus on intensive female-centered case management, counseling, and support services is necessary to help homeless women develop work skills.
- Additionally, today's economy mandates that we provide ample opportunities including affordable housing, job-training, and comprehensive services for women seeking a better future.

Research shows it is possible to break the cycle of childhood abuse, domestic violence, and homelessness with life changing support, tools, education, and resources that heal broken bodies, minds and spirits,⁵³ and Lotus House is committed to helping homeless women achieve those outcomes for a better way of life. Our approach emphasizes trauma-informed, evidence based and informed therapies, psychosocial education, and comprehensive support services in a nurturing environment that addresses the special needs of women with understanding, wisdom and compassion.

Evidence Informed Design of Trauma Informed, Gender Specific, Lotus House Programs

⁵¹ D'Ercole, A., & Struening, E. (1990). "Victimization among homeless women: Implications for services delivery". *Journal of Community Psychology*, 8, 141-152.

⁵² Gender Specific Issues in Working With Women: A Holistic Approach. Colleen Clark, Ph.D Florida Mental Health Institute Tampa, Florida <http://mhlp.fmhi.usf.edu/facultyStaff/pfocus.cfm?focusid=183>.

⁵³ Center on the Developing Child at Harvard University, The InBrief Series. <http://www.developingchild.harvard.edu>; The Science of Early Childhood Development (2007), National Scientific Council on the Developing Child; Center on the Developing Child at Harvard University (2007), A Science Based Framework for Early Childhood Policy, Using Evidence to Improve Outcomes in Learning, Behavior, and Health for Vulnerable Children, pp. 2; Nicholas D. Kristoff, "Cuddle Your Kid", *The New York Times*, October 20, 2012", citing Paul Tough in How Children Succeed. <http://www.nytimes.com/2012/10/21/opinion/sunday/kristof-cuddle-your-kid.html>.

YOUTH RESEARCH AND PROGRAM DESIGN

Prepared by Lotus House, May 2013

Learning from the homeless women and female youth we serve, Lotus House has adopted enriched, gender-specific, programming incorporating evidence-based and informed mental health services focused on trauma resolution, individual and group therapy, and psychosocial education to address the impact of past experiences of violence and trauma during the window of opportunity presented while women and youth are with us. The mental health goals of the For Women Only Program are to:

- a. increase trauma resolution and the development of resiliency, and
- b. reduce chronic and revolving-door homelessness of the women and youth we serve.

Committed to achieving these goals and outcomes to fostering the resilience of homeless women and youth, Lotus House is utilizing a prevention and intervention framework which works to resolve trauma and mental health issues in mothers, avoid traumatic experiences in the lives of homeless women, and promote healthy healing via trauma resolution, intensive individual and group therapy and facilitation of the development of resilience in women and youth. This level of mental health treatment, prevention and promotion is typically not available to low income/homeless women on a timely basis or at all. Lotus House affords women a unique window of opportunity to heal, resolve trauma, create nurturing, healthy attachments so critical to their healing, resilience and building the foundation for long term stability.

Lotus House has selected evidenced-based and informed focused therapy modalities, assessment tools and supportive services that have been shown to be effective interventions with and appropriate for homeless women and youth. We have used national homeless organizations and the U.S. HHS SAMHSA Homeless Resource Center as sources for researching appropriate evidence-based programs and measurement tools for trauma-based program development. (see “HRC Expert Panel on Evidence-Based Practices in Homeless Services, February 11, 2008”, at www.homeless.samhsa.gov). Utilizing evidence-based programs is the most effective way of using their time with us.

To promote trauma resolution, life skills building, and empowerment of homeless women and youth, the gender specific programming includes:

Early Screenings of women’s mental health and well-being, arranging more comprehensive mental health assessments where issues are identified, and assistance with medications.

Seeking Safety, an evidence-based present-focused treatment for persons with a history of trauma and substance abuse. Seeking Safety focuses on coping skills and psychoeducation and incorporates four key principles: 1) safety as the overarching goal (helping women attain safety in their relationships, thinking, behavior and emotions); 2) integrated treatment (working on both PTSD and substance abuse); 3) a focus on ideals to counteract the loss of ideals in both PTSD and substance abuse; and 4) four content areas: cognitive, behavioral, interpersonal, and case management; This counseling framework helps women build protective factors to moderate the impact of past and future trauma experiences and increase coping skills.

Say It Straight, an evidence based communication training program, designed to help youth and women develop empowering communication skills and behaviors and increase self-awareness, self-efficacy and personal and social responsibility – while reducing risky behaviors such as substance abuse, bullying violence, precocious sexual behavior and behaviors that can result in HIV infection. SIS emphasizes values such as resiliency,

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courage, compassion and integrity, and builds protective factors. It is designed to include high-risk youth and the homeless and youth ages 18-25.

Pre- and Post-testing to improve our services and outcomes. Pre- and post testing assessments include: Clinician-Administered PTSD Scale (CAPS); Global Assessment of Functioning (GAF); and Functional Assessment Rating Scale (FARS)

The gender specific programming at Lotus House is carefully designed to assist women and youth heal and reclaim their lives, build the foundation for a safe, secure and better way of life, and truly break the cycle of homelessness. Our approach emphasizes trauma-informed, evidence-based and informed therapies, education, and comprehensive support services in a nurturing environment that addresses the special needs of these courageous women.

For more information, contact:

Constance Collins, Director

Lotus House

1514 NW 2nd Avenue, # 1

Miami, Florida 33136

305-613-1573

director@lotushouseshelter.org

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