

'You get forced to live with randoms ... and that makes you stronger as a person': Homeless Western Australian teenagers' perspectives on their experiences of residing in crisis accommodation

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Homelessness is a growing, but poorly understood, social phenomenon. It is hypothesised that the fulfilment of homeless teenagers' psychosocial needs supports normative development and facilitates mental well-being. This exemplar phenomenological study investigated the crisis accommodation living experiences of eight homeless teenagers aged 16 to 19 years and interpreted these experiences in relation to Maslow's hierarchy of human need. The findings reveal that homeless teenagers achieve a measure of resilience by overcoming their safety fears and subsequently establishing a sense of belonging within the homeless community. Finally, the teenagers' ability, under difficult circumstances, to establish an identity, individuality, and integrity seemingly provided them with sufficient internal fortitude that they were then able to set and achieve their personal goals.

Even though youth homelessness is a global phenomenon, accurate counts of homelessness are exceedingly difficult to collect. Notwithstanding this difficulty, it is conservatively estimated that in Australia somewhere between 22,000 and 40,000 12 to 18 year old youths are homeless on any given night (Australian Bureau of Statistics [ABS], 2011). Furthermore, it is anticipated that half of all Australia's homeless youths will access crisis accommodation on one or more occasion over the course of their period of homelessness (ABS, 2011; Chamberlain & MacKenzie, 2008). One purported reason for the high rate of youth homelessness is that adolescence is the developmental period in which young people first become capable of looking after themselves outside of the confines of the family home. Of growing concern to the Australian Government is the realisation that, in 2008, 14% of all within-school adolescents in the state of Victoria were found to be at-risk for homelessness (Bearsley-Smith, Bond, Littlefield, & Thomas, 2008).

Historically, a formal definition of homelessness has also been difficult to

formulate due to the heterogeneity of the homeless population and the temporal nature of the homelessness experience (Rossi, 1989). However, this situation changed somewhat in 1992 when Chamberlain and MacKenzie conceptualised a two-tiered (primary and secondary) definition of homelessness, which is now widely accepted. They conceptualised primary homelessness to be a habitation state in which individuals lack any form of permanent accommodation and, thus, routinely shelter/sleep in dilapidated buildings or public spaces. In contrast, they conceptualised secondary homelessness to be a habitation state in which individuals sleep/reside in transient or temporary accommodation, including, formal crisis accommodation and informal 'couch-surfing' in the homes of extended family members/friends. However, Chamberlain and MacKenzie's classification does not fully capture the complexity of displacement that can occur within different cultural groupings. For example, Memmott and colleagues (2005), in their examination of homelessness within Australia's Indigenous population, identified three distinct categories of

homelessness, namely, the public place dwellers (i.e., the primary homeless), the hidden homeless (i.e., the secondary homeless), and the spiritually homeless (i.e., those disconnected from their lands). A greater understanding of spiritual homelessness among indigenous populations would appear warranted given that recent research has suggested that “Indigenous cultural practices can shape a person’s efforts to retain a positive sense of self and place while homeless” (Groot, Hodgetts, Nikora, & Leggat-Cook, 2011. p. 375).

Regardless of classification type, homelessness is rarely a once-off event and the duration of homelessness can vary from brief episodic periods to protracted periods (MacKenzie & Chamberlain, 2003). Contrary to popular belief, only a small minority of teenagers actually choose homelessness as a response to a youthful conflict with parents over a single non-compliance related issue, for instance, non-fulfilment of family rules, school commitments, household chores, unacceptable personal habits, or parental disapproval of their social relationships (Krusi, Fast, Small, Wood, & Kerr, 2010; Moriarty, 2009). Instead, most youthful occurrences of homelessness occur as a result of a combinational (cluster) effect of multiple adverse or traumatic experiences, for example, parental substance (drugs/alcohol) abuse, parental mental ill-health, parental/peer favourable attitudes towards antisocial behaviour, parental criminality, within home exposure to domestic violence (e.g., physical, sexual, emotional and verbal), parental relationship breakdowns, family restructuring due to death/divorce/remarriage, intergenerational family/cultural conflict and/or the excitement allure of a rebellious, non-conforming street lifestyle (Bearsley-Smith et al., 2008; Broadhead-Fearn & White, 2006; Cauce, Paradise, Ginzler, & Embry, 2000; Kidd, 2007; Rosenthal, Mallett, & Myers, 2006). Other compounding stressors for youth homelessness include parental under/

unemployment, poor parenting skills, accumulated debt, high housing rents, and unavailability of community housing (Thompson, Bender, Windsor, Cook, & Williams, 2010). Multiple stressors both contribute to the risk of homelessness and considerably reduce the social capital resources homeless parents are able to provide their teenage children (MacKenzie & Chamberlain, 2003; Stein, Zane, & Rotheram -Borus, 2009). This lack of support resources becomes critical when families reach the crisis point of having to access emergency family accommodation. For, at this time, their teenage children are at-risk of being separated from the family as some crisis accommodation units have upper age child residential limits (Australian National Youth Commission, 2008).

Once separated from their family, homeless teenagers are at an additional risk of minimal educational achievement, conflict with teachers, conduct problems, poor school attendance, school disengagement, peer-group rejection and social stigmatisation (Farrugia, 2010; Kidd, 2007); these issues stem from situational factors affecting the homeless teenager’s ability to sustain school attendance (Coolick, Burnside-Eaton, & Peters, 2003). For example, homeless teenagers generally lack the necessary financial resources to buy school clothes/supplies and to procure transport to and from their school. Additionally, they are likely to lack a supportive adult to provide school motivational encouragement (Cauce et al., 2000; MacKenzie & Chamberlain, 2002; Thompson et al., 2010).

Indeed, not only is the pursuance of an education difficult for homeless teenagers, so too is their ability when living on the streets to maintain fundamental levels of physical and dental hygiene. In this regard, homeless teenagers typically experience the compounding difficulties of being exposed to the elements, having a poor nutritional intake, poor sanitary options and, when sick,

having problems securing sufficient funds to access appointment based health services (Australian National Youth Commission, 2008; Hwang, 2001; Thompson et al., 2010). These health access limitations place homeless teenagers at a heightened risk for sexually transmitted diseases (STDs) and pregnancy in females (Bessant, 2001). Typically, homeless youth have limited access to health information about STDs and financially are unable to pay for protective contraceptive devices (Rosenthal et al., 2006; Thompson et al., 2010).

A further common consequence of teenage homelessness is an increased risk for mental illness (Kamieniecki, 2001; Merscham, Van Leeuwen, & McGuire, 2009). Indeed, it is currently estimated that 26% of all homeless youth have a psychotic or mood disorder with most presenting with one or more comorbidities (e.g., depression, anxiety, addiction, self-injurious behaviours, suicide-ideation and suicide attempt; Kamieniecki, 2001; Kidd & Carroll, 2007; Martijn & Sharpe, 2006; Merscham et al., 2009). This increase in mental illness is exacerbated by the homeless teenager's daily need to secure food and shelter (Thompson et al., 2010). Therefore, it is not surprising that the rate of criminal offending (e.g., petty stealing, disorderly conduct, fare avoidance) among homeless youth is significantly higher than it is among their non-homeless peers (Chamberlain, Johnson, & Theobald, 2006; Merscham et al., 2009; Slesnick, Prestonpik, Meyers, & Glassman, 2007; Thompson et al., 2010). Moreover, of growing concern for society is the realisation that some homeless teenagers are being groomed by older criminals to engage in drug related crimes (Thompson et al., 2010; Viorsta et al., 2009). Indeed, homeless youths' involvement in drug related crimes might provide one explanation as to why 66% of all homeless youth are estimated to be drug takers (Chamberlain et al., 2006).

Finally, it is recognised that the longer

young people are in a state of homelessness, the harder it becomes for them to exit their homeless state (Johnson & Chamberlain, 2008). Thus, a pressing imperative for all governments is to put in place early intervention programs, especially as they have been shown to be a cheaper and more efficient means of deterring homelessness (Freeman, 1999; Johnson & Chamberlain, 2008). This push for early intervention is particularly pertinent in Australia given that the Australian Institute of Health and Welfare (2009) estimated that, of the 125,600 people accessing crisis accommodation services, 38% are unaccompanied youth. The Australian Government's key policy initiative in trying to address the complex issue of youth homelessness is the establishment of the 2009 service delivery National Affordable Housing Agreement (NAHA; Australian Institute of Health and Welfare, 2010) with a central aim of providing 'safe' crisis accommodation to the homeless. Additional aims include the enhancement of independent living skills, access to medical and mental health services, engagement in drug/alcohol rehabilitation programs, and exposure to future employment opportunities (Broadhead-Fearn & White, 2006; Carlson, Sugano, Millstein, & Auerswald, 2006; Dalton & Pakenham, 2002; Kidd, 2007; Thompson et al., 2010). Although NAHA's aims are clearly articulated, some knowledge implementation gaps exist. One such gap is an understanding of homeless teenagers' experiences of living in temporary crisis accommodation. It is this gap that this study aims to help fill.

Method

Unlike most qualitative studies that aim to generate theory or findings that are transferable to a larger population, the sole objective of exemplar studies such as this is to develop an understanding of a hitherto poorly understood phenomenon within a

defined context. A key attribute of exemplar studies is that they allow data from within and across one or more datasets to be intensely interrogated and rigorously contrasted (Creswell, 1998; Miles & Huberman, 1994; Stake, 1995). Through this process, one case study becomes an exemplar for other studies. Flyvbjerg (2006) maintains that exemplar studies are critically important as “a scientific discipline without a large number of thoroughly executed case studies is a discipline without a systematic production of exemplars, and a discipline without exemplars is an ineffective one” (p. 219). Indeed, the combined strength of exemplar studies is that they generate findings that by weight of their combined numbers produce insights into the investigated phenomenon, which are reflective of the lived experience of the wider population (Punch, 2005; Stake, 1995). The value of exemplar studies is judged by whether they bring something new or different to the understanding of the investigated phenomenon (Hodkinson & Hodkinson, 2001).

This exemplar study sought to explore the issues affecting the lives of homeless teenagers in Perth, the capital city of Western Australia. An interpretive phenomenological approach was adopted due to the exploratory nature of the research (Liamputpong & Ezzy, 2005; Patton, 2002). The epistemology of interpretive phenomenology is concerned with examining revelations that are embedded deeply in the investigated participants' lived experiences (Flood, 2010; Groenewald, 2004). Moreover, through detailing participants' accounts of how they make sense of both their personal and social worlds, any common themes contained within their narratives not only emerge, but also provide the reader with an insider-like perspective on the phenomenon (Smith & Osborn, 2003).

Interpretative phenomenological inquiry requires the “elimination of the

(researchers) natural attitudes and biases of everyday knowledge as the basis for truth and reality” (Moustakas, 1994, p. 85). Thus, the present authors strove (a far as possible) to suspend their own expectations and values about youth homelessness in order to open up their receptivity to the participants' narratives. To achieve this high level of knowledge of self, the researchers followed the long-standing reflective phenomenological practice of keeping journalised notes on their thoughts so that any assumptive thoughts could be self-questioned (Beck, 1994; Drew, 1989).

Participants

The study's five female and three male homeless teenagers were at the time of their interview residing in crisis accommodation. The cultural diversity in the sample (i.e., two teenagers of African ethnicity, one Aboriginal, one Asian and the remaining four Caucasian) reflects the growing multicultural population of Perth. The teenagers ranged in age from 16 to 18 years. The duration of their homelessness varied in length from 2 weeks to 18 months. Five of the teenagers had experienced multiple crisis accommodation placements while three were experiencing their first crisis placement at the time of the study. As recruitment occurred over a two-month period, not all of the participants resided in the same crisis accommodation unit, nor were all of the teenagers accommodated simultaneously.

Materials

Semi-structured interviews have been determined to be a respectful way of gathering information from vulnerable populations because this form of interviewing facilitates the development of a non-threatening rapport between interviewer and interviewee and provides sufficient flexibility in the content direction that rich data can be gathered for analysis (Liamputpong & Ezzy, 2005; Patton, 2002). The questions were open-ended and when necessary were followed by additional

probing questions. Examples questions included: Please share with me what it is like for you living in crisis accommodation? Thinking about your experience(s) of living in crisis accommodation what things do you consider are good? What things haven't been so great? What things do you think you need to grow up well while living here in crisis accommodation? What are the main challenges you have faced in growing up in crisis accommodation?

Procedure

Ethics approval was granted from the administering institution to conduct the interviews with the homeless teenagers through the auspices of the organisation *Youth Futures WA*, which provides homeless young people aged between 16 to 25 years with assistance to gain housing support and accommodation services. The central inclusion criteria for participation in the project were that participants were teenagers who had experienced homelessness and were residing in crisis accommodation at the time of the interview. The eight respondents who met these criteria were contacted at their accommodation unit and a mutually-agreeable time and safe location for the interview was arranged. Each teenager was given an information letter detailing the study's objectives and a consent form to sign.

Prior to the start of the interview, the first author explained the intentions of the study and then informed the teenager of their participatory rights. This process provided each teenager with an opportunity to ask questions and to also withdraw from the study if they chose to do so. The interview was delivered informally in an open-ended and non-directive style so as to provide the teenaged participants with the maximum opportunity to discuss their homelessness experiences (Liamputpong & Ezzy, 2005). All of the interviews were audio recorded with the teenagers' permission and their interview sessions each lasted for approximately 60 minutes.

Data Analysis

All interviews were transcribed verbatim. These transcriptions formed the dataset which was subsequently analysed using the interpretative phenomenological analysis (IPA) process (Groenewald, 2004; Willig, 2008). Maintaining research rigour was an integral and integrated component of this process. In this regard, theoretical rigour was enhanced by both keeping a reflective journal and a consistent audit trail (Liamputpong & Ezzy, 2005). In addition, after the first author transcribed the interviews, the second author independently checked 50% of the transcriptions to verify their accuracy. Following this transcription check, the three authors separately familiarised themselves with the content of the transcripts by repeatedly reading them.

IPA operates from the premise that a chain of connections exists between people's thoughts, speech and emotional states and it is the task of the phenomenological researcher to 'make sense' of these connections (Smith & Osborn, 2003). Although not essential for the IPA 'sense-making' process, the dual concepts of bracketing (inspecting) and epoché (synthesising) were employed in this study (Bednall, 2006; Crist & Tanner, 2003; Johnson, 2000). Bracketing first occurred during the inspecting processes of 'iterative reading' and 'flagging items' (Bednall, 2006). During which time the first dataset was inspected and unfocused memo notes (i.e., reflections, associations, comments and questions) were written in the margins of the text so that data of potential interest could be identified, recorded and audited (Baxter & Jack, 2008; Braun & Clarke, 2006). This process was repeated with all interview datasets. Next, the second bracketing stage of 'establishing topics of significance' was employed (Bednall, 2006). During this stage, the memo notes were continually refined, discussed and ordered until an accurate representation of the participants' recounted

meaning contained within the narratives emerged (Braun & Clarke, 2006). Once the memo writing process was complete the authors embarked on the third bracketing stage of 'delineating units of meaning' (i.e., codes) to the ordered memo notes (Bednall, 2006; Willig, 2008).

Unlike the discrete process of bracketing, epoché is an ongoing process of synthesising data. In this regard, the researchers strove during their data synthesising process to set aside any personal bias or unexplained assumptions, to make connections between the clusters of codes (identified during the bracketing process) and, to reintegrate the codes into the study's sub/themes on the basis of their interpreted shared meaning and/or hierachal relationships (Bednall, 2006; Groenewald, 2004). Finally, the authors used member checking to confirm the authenticity of the sub/themes (Tobin & Begley, 2004).

Findings and Interpretations

The aim of this study was to explore the psychosocial needs of adolescents living in crisis accommodation. During the analytic process of bracketing a number of discrete needs described by the study's homeless youth were identified. Subsequently, during the epoché synthesising stages of the analytic process, these needs were clustered both on the basis of their common meanings and their hierachal relationships. During the synthesis process it became apparent that the needs that the youth articulated were not only hierachal, but also linear in their progression. For instance, the teenagers' initial concerns related primarily to their basic need for food, shelter and safety. When these primal needs were perceived to have been met, then the teenagers began speaking of their attempts to try to establish meaningful connections with other members of the street community and agency workers with whom they came into frequent contact. Finally, the adolescents indicated that they

only stopped being preoccupied with their 'here and now' subsistence needs and started to contemplate their future needs when they felt safe and supported.

Given the identified hierachal nature of the homeless adolescents needs a post-analysis decision was made to explore the teenagers' need assertions in relation to one of psychology long-standing theories on human needs, namely, Maslow's (1954) hierarchy of human need. Maslow theorised that need is the primary precedence that motivates human behaviour (Berk, 2007). Whereas, Maslow's most basic level of physiological need (i.e., for shelter, food, water, sleep) were adequately met within all of the teenagers' crisis accommodation units. However, this was not the case for Maslow's second (physiological safety), third (belonging), fourth (esteem), and fifth (self-actualisation) levels of need. The subthemes that emerged from the data analysis in relation to each of these four partially met needs are expanded upon below.

The Homeless Teenage Need for Safety

Whereas young people living on the streets are known to experience threats to their personal safety, little is known about the teenage experience of threat while residing in crisis accommodation (Rivard, Bloom, McCorkle, & Abramovitz, 2005). The body of threat-related literature suggests that exposure to in/direct violence can elevate the exposed individual's sense of fear of both personal injury and of the unknown. Moreover, if left unaddressed, such fear can lead to presentations of posttraumatic stress symptoms in the exposed individual (Cooley-Quille, Boyd, Frantz, & Walsh, 2002). For instance, fearful individuals tend to initially engage in a freeze, 'stop, look, and listen' hypervigilant response (Davis, Suris, Lambert, Heimberg, & Petty, 1997). This usually is followed by a flight urge which can manifest itself as psychological withdrawal or social isolation. In turn, this is often replaced by a fight response which can

take the form of venting (i.e., verbal rage), physical aggression (i.e., defensive retaliation), or feelings of uncontrolled anger (Bracha, 2004; Davis et al., 1997; Carswell, Maughan, Davenport, & Goddard, 2004). The next fear induced safety adaptation is the fright response which tends to elicit 'panic-like' symptoms (Bracha, 2004).

The study's teenagers spoke of two types of fear they had experienced during their stay in crisis accommodation, namely, a fear for their physical safety and a fear for their psychological well-being. These two experiences of threat are detailed below.

Fears for physical safety. In terms of the freeze hypervigilant threat response, some teenagers reported that at times they felt so threatened and intimidated by the other crisis accommodation residents that they were constantly on guard for any potential source of danger. Although, flight to a safer environment was not an option for the study's homeless teenagers, some revealed that their place of relative safety was their bed/room within the accommodation unit. Though, even here the threat of danger never left them. For example, two teenagers recalled:

I found it really scary and I was just afraid at night. I remember crying myself to sleep a few times, coz it was just so scary and I wasn't use to it. (Male Teenager #3)

If you don't feel belonging you'll feel more shy, and you're like locking yourself in your room. Closing yourself in. (Female Teenager #4)

Seven of the study's teenagers perceived the other residents in their crisis accommodation unit to be the most likely (or actual) source of threat to their physical wellbeing. When asked to explain why, they stated that some of the unit's other residents were mentally unstable. One teenager explained:

Some people here, well some are

stable and some are unstable. Coz some of them are a bit psycho.

(Female Teenager #5)

In some cases, the teenagers' fears of attack had been realised. One teenager recounted her experience of attack by a fellow resident. Another teenager confided that his fear of attack over time morphed into feelings of anger:

It was really hard when I first got here. I was lonely. No one would talk to me. No one really talked to me... It (the isolation and the fear) would make me angry. (Male, Teenager #8)

Fears for psychological wellbeing.

The teenagers vented their anger about the threat the other residents posed to their safety. They complained that the presence and power of some of the more menacing residents exerted within the unit meant that unless they were willing to confront (fight) them, then they had no other real option (if they wanted to maintain their own safety) than to agree to become involved in their criminal acts (e.g., drug taking; stealing). They rationalised their actions in the following terms:

I knew it was the wrong thing [shoplifting] but I had to, they told me I had to... When you come to this place (crisis accommodation) you become someone else. Because of the other people who are in here. (Male Teenager, #1)

When I first moved in there was one guy, and he was a weed smoker. And I wasn't at that time, I was against drugs. He kinda got me started into it. And then I really didn't like it and I felt like I really wanna to say no but (then) I really didn't wanna say no. I said ok. (Female Teenager #5)

Some teenagers reflected that the decline they experienced in their personal

values as a result of their involvement in crime left them feeling emotionally numb to their crisis accommodation experience. To the extent that one teenager revealed she had in her despair resorted to self-harm:

I scare myself with my urges to cut, to die, to do anything to feel better. (Female Teenager #4)

The teenagers indicated that their initial experience of fear only began to dissipate when they started to feel accepted within the crisis accommodation unit.

The Homeless Teenage Need to Belong

Maslow (1954) ranked the sense of belonging as the third highest fundamental human need, placing it above only the basic human physiological and safety needs. Historically, the need to belong has been associated with the processes of obtaining recognition acceptance and involvement with others (Anant, 1969; Hagerty & Patusky, 1995). The act of becoming connected to, affiliated with, and accepted by others is considered critical to the maintenance of healthy emotions and cognitive processes (Cicchini, 2009; Mellor, Stokes, Firth, Hayashi, & Cummins, 2008; Steger & Kashdan, 2009). Indeed, a sizeable body of literature exists which demonstrates that the sense of community belonging is critical developmentally to the adolescent experience of life (McNeeley, Nonnemaker, & Blum, 2002; Pittman & Richmond, 2007; Pretty, Bishop, Fisher, & Sonn, 2006). However, the protective resource that a sense of community belonging brings is notably lacking among newly homeless teenagers. Moreover, this lack of community belonging is posited to be one of the key antecedents for teenage experimentation with drug usage, intentional injury, and delinquency as well as a prime contributor to their experience of loneliness, anxiety, depression, and suicide ideation (Anderman, 2002; Choenarom, Williams, & Hagerty, 2005; Evans, 2007; Hamm & Faircloth, 2005; Newman, Lohman, & Newman, 2007; Sun & Hui, 2007; Ueno,

2005; Vandemark, 2007).

Sense of community belonging. The study's homeless teenagers revealed that during the course of their first crisis accommodation experience it was only after their initial fears had dissipated that they began to interact with the other residents. It was through this interaction that they discovered that a sense of community existed among the unit's residents. One participant equated this sense of community to that of a family:

Like basically in that house (previous crisis accommodation) it was like a family. Well that's what we called it when I was living there. Well basically we are a family anyway. (Female Teenager #2)

The teenagers' commented that their sense of belonging was contingent on the length of their stay and who else was accommodated in the unit. For instance, if the unit was full of first-time homeless teenagers who were in transit to a more stable placement, there was little interaction. However, if the unit was occupied by seasoned 'street kids,' the sense of community was more palpable. The difficulty the teenagers experienced in terms of maintaining a sense of belonging was that crisis accommodation is short-stay accommodation. One teenager described his cyclic crisis accommodation experience as follows:

It's kinda just like a place you can stay only three months and then you're out somewhere else. They are already trying to get rid of me. (Male Teenager #8)

Bonded through conformity. Despite their transient existence the teenagers revealed that they had bonded with the street homeless community by conforming to their social norms. In this regard, the teenagers spoke of having to be seen to adopt the attitudes and behaviours of the street if they

were to be accepted by the wider homeless community. One teenager explained:

(At first) I felt like I didn't belong anywhere. (Then I realised) I needed to do everything that everyone else was doing so I could fit in. I didn't know who I was at one time. Other people were doing this and that and I was just totally different. As soon as I started doing what they were doing like getting drunk and like doing weed and stuff I seemed to fit in. (Female Teenager #7)

Intimacy. The homeless teenagers also spoke of their need for intimate and physical connections (i.e., warmth, trust and love) with others. In the absence of a conventional support figure (e.g., parent, teacher, or extended family member) some teenagers expressed their desire to establish an open and honest (non-sexual) relationship with a member of the crisis accommodation staff. As one teenager put it:

I just wanted to feel like they actually care about me. (Female Teenager #6)

As this need was rarely met, the teenagers turned to their fellow residents for affection and physical intimacy. Two teenagers rationalised their actions thus:

Not having relationships. It's crap. They (relationships) are normal. (Female Teenager #5)

People are all we got. We need someone to love. It's what makes this life bearable. (Male Teenager #1)

The teenagers recounted that their need for love and affection was rarely recognised by the unit's management. Moreover, there were often strict rules prohibiting intimate relationships between residents. One teenager stated that her unit's rules on sexual intimacy between residents was the very reason she had left her former crisis accommodation unit and had for a time returned to the street. She

concluded:

It teaches you that relationships aren't ok. Coz what are you going to do, move out onto the street so you can have one. That's what I did. (Female Teenager #3)

Homeless Teenage Need for Autonomy and Self-esteem

Maslow's (1954) fourth level of human need is that of esteem. Allen and colleagues (1994) linked the achievement of self-esteem during adolescence with ego-development and the acquisition of a sense of personal autonomy. In turn, the acquisition of autonomy (self-governance) is the fundamental precept of successful individualisation, self-initiated expression, independent cognitive, emotional and behavioural functioning and, self-reliance (Soenens et al., 2007). When autonomy is gained prematurely, homeless teenagers tend to experience greater difficulty than their non-homeless peers in establishing a self-identity and sense of self-belief (Soenens et al., 2007; Vandemark, 2007).

Indeed, for some of the study's homeless teenagers the fact that they were in need of crisis accommodation was a dint to their self-esteem, for in their estimation it was an admission that they were incapable of dealing with their changed living circumstances. For instance, one teenager attributed her feelings of low self-worth to the shame, embarrassment and sense of failure she had experienced in not being self-sufficient and requiring accommodation assistance. She described her way of dealing with her need for accommodation assistance as follows:

I came back. It's like hell more embarrassing. When I got here I was like God here I am again. I'm 18 now. God damn it! I pretended like I've never been here before. And I was like I'm new I don't know you (workers), I've never been here before. (Teenager #7)

The study's teenagers conceded that their conception of 'self' had undergone such significant change while homeless that they had over time severed their former connections with both their family and their school mates.

Regimented routines. One problem that the teenagers commonly experienced when accessing crisis accommodation was that they had to relinquish some of their new found autonomy if they were to abide by the crisis accommodation unit's routines, rules and curfews. All of the study's homeless complained that the unit's routines were unnecessarily restrictive and offered little-to-no opportunity for independence, self-governance, and decision making. One complained:

I feel confined and regimented now that every part of my life has to run on a schedule. (Male Teenager #1)

Even those teenagers who conceded that the crisis accommodation's routines were there to facilitate the smooth running of the unit still complained that they, the residents, were not afforded any flexibility in terms of their compliance obligations. They maintained that if they were given more lee-way then they would be more willing to comply. Two teenagers explained:

I don't actually mind doing chores, like I really don't mind them. But on Sunday I get really angry and pissed off, coz it's like Sunday...I just want to sleep and chill. (Female Teenager #4)

I want to do my own thing, for once I want to choose what time to get up, what time to go to bed, what time to eat dinner and when to do chores. (Female Teenager #7)

Strict curfews. Another assault on their autonomy that the teenagers found particularly irksome was the crisis accommodation's strictly applied curfews.

The main complaints that they had with these curfews were that they were not age-differentiated and they were so early at night that they seriously impinged on their ability to socialise with people outside of the unit. Typically they complained:

Now that I'm 18 the curfews like are still the same when I was 17. I can go to pubs now, I wanna stay there ... and go clubbing and not have to worry about being home at a certain time. (Female Teenager #6)

Curfews are stupid. The night time curfews are way too early. Stops me doing my own thing. I'm going all the way out to Morley tonight and I had to check in for the 5:00pm curfew. By the time I get back to Morley I'll have to come back to make (the night) curfew. (Female Teenager #2)

Rigid rules. All of the participants perceived the quantity and breadth of their unit's rules to be excessive. In particular, they complained of the banality of the rules, especially those that prohibited day time access to the crisis accommodation facility. The teenagers remonstrated:

Anyone else living someplace else wouldn't have to live like this, they could do what they want... Having to be out of the house Monday to Friday... It sucks... I don't have work and I have nothing else to do. I have to wait hours to get back in. (Male Teenager #8)

Rules, there are so many! Rules for everything, including lights staying on while watching movies... You should be able to go to bed when you actually feel like going to bed. Coz you shouldn't be forced to go to bed at that time. But like a reasonable

time like before 2:00am. (Female Teenager #4)

Some teenagers thought that while some rules had merit in so far as they safeguarded the residents, they maintained that there were others that existed just to exert control. Even those teenagers who conceded that some of the rules had been put in place to counteract inappropriate behaviour, they still resented the fact that the rule was then applied to all of the residents and not just the errant person:

There are like so many things (like rules for the storing and handling of kitchen knives) I can understand why, but I hate it. Like coz if one person does it (self harm) then everyone else had to put up with it (the rule). And like it sucks. (Female Teenager #5)

Although there was a general grudging acceptance of the rules the teenagers insisted there needed to be some interpretation flexibility. For without some application leniency then the rules caused unnecessary resentment and incited rebellion. One teenager explained:

It's like people are more rebellious in a hostel. It's because of the rules. There are so many rules... (There needs to be)... more leniency, um in life, the curfews and the bed time rules. (Female Teenager #7)

The teenagers stated that any rule compliance leniency that they had experienced within a crisis accommodation unit to date had always been the result of a lone staff member bending the rules rather than any substantive change in the unit's operational policy. For instance:

There is leniency from some workers. Some kinda let things slip if they are not really, really important. Its good, coz like cool, sweet, it's something else we don't have to worry about. (Male

Teenager #1)

The teenagers felt that in the absence of choice it was hard to maintain a sense of autonomy in their life as every facet seemed to be governed by the decrees of others.

The Homeless Teenage Need for Self-actualisation

Healthy mental growth of an individual's inner core comes about through a process of personal growth towards self-actualisation (i.e., having an inner self-belief that allows individuals to reach their potential, develop an understanding of life and a sense of morality, as well as the ability to set personal goals, resist social pressures, and problem solve) (Beaumont, 2009; Koltko-Rivera, 2006). Self-actualisation is Maslow's (1954) fifth level of hierarchical human need. Attainment of this level is achieved when individuals feel able to accept and express their inner core sense of self and not manifest significant signs of mental ill-health (i.e., neurosis/psychosis; Maslow, 1967). According to Maslow (1967), mental ill-health occurs when an individual's inner core is frustrated, denied, or suppressed. Thus, the antecedents for healthy adolescent psychological adjustment are posited to include the establishment of an identity, individuality, intimacy, and integrity (Beaumont, 2009). The establishment of these psychological attributes are problematic for teenagers living in crisis accommodation as can be seen below.

Identity. Nearly all of the participant teenagers spoke about the emotional turmoil they had experienced when accessing crisis accommodation for the first time. In particular, the difficulty they faced in trying to reconcile their pre-homeless moral concepts with the often diametrically opposed mores of the homeless community. One teenager who had altered his pre-homeless concept of self and now identified himself with his new lifestyle explained:

Like my whole attitude has changed. I've kinda changed my

thinking and outlook on life. I do care, but most things (from pre-homeless time) I don't care about anymore. (Male Teenager, #3)

Individuality. The difficulty that the teenagers living in crisis accommodation encountered in trying to establish a sense of individuality was that the crisis accommodation staff tended not to 'see' them as individual people, but rather as a cohort of troubled youth. This observation was captured in the following quote:

You're all individuals yet they treat you like you're one stereotype. (Female Teenager #5)

The teenagers suggested:

Instead of having blanket rules for everyone, it should be about individual needs and having different things for different people. (Female Teenager #4)

They [workers] should actually talk to the certain person individually and see what they had, their childhood and treat them individually. (Female Teenager #7)

Integrity. Another underlying reason why some of the study's homeless teenagers left the relative safety of the crisis accommodation unit for life on the streets was the unit staff showed no trust or recognition of their integrity. The teenagers cited as an example the standard practice within crisis accommodation policy of closely monitoring their residents to such an extent that it left the residents with no sense of privacy. Once teenager remarked:

Having privacy is kinda hard seeing they come in every hour, it's really hard. (Female Teenager #6)

A second teenager who was disconcerted by the night-time monitoring commented:

I thought I was being invaded. Coz I woke up one night and what's his name (worker) was

coming into my room...and he was like we have to check on you and I was like, what the hell? Him being a guy – checking at night time! (Male Teenager #8)

A third teenager similarly equated his experience of a lack of privacy with staff distrust:

People kept keeping an eye on me. I like to do my own thing and not have people look over me the whole time. It makes me feel invaded and untrusted. (Male Teenager #1)

A fourth teenager felt his privacy had invaded when he was required to disclose not only the circumstances by which he had become homeless, but also personal information regarding his family history, mental health issues and drug/alcohol usage during his entry assessment interview. He explained:

I don't like talking about that stuff, it's really personal and is difficult to talk about especially with someone new. (Teenager #7)

Despite all of the negative experiences associated with accessing crisis accommodation, all of the teenagers concluded that they had also accrued some benefits. For instance, some teenagers had managed over the course of multiple accommodation placements to master new skills or to achieve a school qualification. The general consensus was that while crisis accommodation living was not always an enjoyable experience it did provide a potential pathway out of homelessness. One teenager concluded:

I achieved my year 10 certificate while living there. It was a positive that I actually achieved the thing that I had been trying to by myself for a year and a half. (Female Teenager #2)

Other teenagers acknowledged that their time in crisis accommodation had left

them "feeling more organised" and "less angry," they were "pretty good at meeting new people" and "more in control" of the future direction of their life. Even those teenagers who identified themselves with the homeless street lifestyle concluded that their stay in crisis accommodation had made them "stronger as a person" because it had forced them "to live with randoms."

Discussion

Dalton and Pakenham (2002) contend that "with homelessness comes great adversity" (p. 79) and disempowerment (Farrugia, 2010). It is how young people living on the streets in adverse circumstances deal with the trauma of being disempowered which is a measure of their resilient ability to bounce back from adversity (Taylor, 2012). Maslow's (1954) hierarchy of human need suggests that individuals operating at the lower levels of functioning have a lesser ability to deal with adversity as they are engaged in survival orientated functioning (Taylor, Houghton, & Chapman, 2004). Some support for this assumption comes from Auerswald and Eyre (2002) who, in their study of 20 homeless youth, describe a lifecycle model of homelessness where youths are predominantly concerned with meeting their basic needs and fears.

A hierarchical response to need was evident in the present study's ethnically diverse cohort of homeless teenagers who, after having their basic physiological needs for food and shelter being met upon accessing crisis accommodation, the teenagers voiced their fears for both their physical safety and their psychological well-being. The fear literature suggests that experiences of acute distress or perceived threat will initiate a 'freeze, flight, fight, or fright' adaptive response (Bracha, 2004; Davis et al., 1997). In this regard, the study's teenagers upon newly becoming homeless recalled how hypervigilant they had been in terms of their being constantly on-guard and alert for

potential danger. The biomedical research would suggest that in this state of hypervigilance the teenagers' bodily systems have been flooded with norepinephrine, the neurochemical that initiates the human 'stop, look, and listen' reaction (Davis et al., 1997). The teenagers' next remembered response to their homelessness was one of flight. In this regard, they recounted tales of having retreated to a place of relative safety, their bed/room in the shelter. The teenagers maintained that while in this safe place, they stayed in a withdrawal mode of thinking until their flight urges dissipated. The teenagers revealed that once their flight urge had dissipated then their feeling of fear were typically replaced by feelings of anger, which in some teenagers led to an initiation of confrontational 'fight' behaviours.

Only when their physical survival needs were (partially) met (e.g., through accessing temporary accommodation) and their flight and fight urges had dissipated, did they start to mingle with and gain the acceptance of the other residents. Through these endeavours, they became acculturated to the homeless street subculture. Such acculturation, according to Auerswald and Eyre (2002), typically occurs through the auspices of a mentor. In this study, the mentors were other more experienced homeless individuals living in sheltered accommodation or on the street who helped provide newly homeless youth with socialisation opportunities. The study's teenagers revealed that their street acceptance had largely been achieved through a process of conforming to the homeless subculture's social mores. They stated that it was only by demonstrating their willingness to adopt the ways of the street that they were able to establish bonded friendships and intimate relationships with members of the homeless community. This friendship establishment process provided them with a sense of belonging.

Belonging (i.e., the feeling of being

understood, respected, valued and accepted by peers), is defined in the literature as being a personal involvement in a system or environment which facilitates a strong sense of integration (Faircloth & Hamm 2011; Vandemark, 2007) and prevents and mediates two common afflictions among the homeless, namely, depression and anxiety (Choenarom et al., 2005; Faircloth & Hamm, 2011; Pretty et al., 2006). The ability to establish a sense of belonging and place has been determined to be fundamental to the development of a sense of well-being (Cattell, Dines, Gesler, & Curtis, 2008).

While currently little literature exists that expands on the homeless teenage experience of belonging within crisis accommodation situations, the literature does describe the importance of belonging during adolescence. Indeed, it has been suggested that young people who experience a lack of belonging within their family, peer-group and community often turn to the street youth subculture to find an alternative source of camaraderie and belonging (Johnson & Chamberlain, 2008; Taylor, Houghton, & Bednall, 2010). Pivotal to the adolescent experience of belonging is their acceptance and willingness to conforming to their desired peer-group's interests, values and behavioural norms (Newman et al., 2007). This adoption of their desired peer-group's mores may well explain why this study's homeless teenagers subjugated their former morals and engaged in antisocial and criminal acts so as to gain the acceptance of their fellow homeless peers. Moreover, there actions are consistent with the actions of 35 other homeless youth who were similarly investigated by Martijn and Sharpe (2006). They examined participants' pathways into youth homelessness and found that, in all but one case, crime involvement did not precede the youths' homelessness, but once homeless their crime involvement became the distinguishing factor of the group.

The ability to bond and identity with

others is fundamental to the human need to belong. Interestingly in the present study it was only once the study's homeless teenagers felt accepted that they began to want to gain some control over their lives. However, this newly developed personal autonomy, in many instances, brought them into conflict with their crisis accommodation unit's rigid routines, curfews and rules. This finding aligns with those of other youth studies who have similarly found that hostel/ supported accommodation rules, routines and curfews are restrictive in nature, infantilising, generate distrust and limit the development of autonomy in vulnerable adolescents (Danby, Farrell, Powell, & Leiminer, 2006). In this regard, Kryda and Compton (2009) have suggested that the mistrust that frequently occurs between homeless outreach/shelter program operators and their clients occurs mainly because of the incongruence between the services providers' understanding of what it means to be homeless and their clients' needs. Furthermore, the ensuing inflexibility that exists in the interpretation of the crisis accommodation unit's routines, rules and curfews occurs usually an institutional level as some individual staff workers do try to accommodate the youth's desire for autonomy (Dalton & Pakenham, 2002; Danby et al., 2006; White & Wood, 2011). The existence of institutional rigidity in the application of rules is surprising given the wealth of studies that have shown that positively negotiated adolescent outcomes not only increase young people's sense of self-efficacy, but also help protect them against self-esteem distortions and negative cognitions (de Winter & Noom, 2003; Hamm & Faircloth, 2005; Hudson, Nyamathi, & Sweat, 2008; Newman et al., 2007; Noom, de Winter, & Kork, 2008; Rew, 2008).

The study's fourth finding revealed that the study's homeless teenagers only felt able to gain autonomous control over their lives once they had developed the attributes of

identity, individuality and integrity. Such self-actualisation attributes are crucial to not only dealing with the daily adversity associated with homelessness, but also to attaining sufficient personal resilience to overcome the trauma of homelessness (Cattell et al., 2008). Thus, the degree to which homeless youth are able to rationalise their circumstances and make a decision of whether to return to, or to extricate themselves from, street life on exiting temporary accommodation, depends in part on their higher level cognitive abilities to judge which domain (the street or mainstream society) will provide them with the social capital support resources they need to reach their aspirational goals.

This exemplar study details eight homeless teenagers' accounts of their experiences of residing in crisis accommodation. Society views crisis accommodation as being part of what Gesler (1998) terms the therapeutic landscape wherein individuals (in this case homeless youth) have their health (mental, physical) needs met, thus, facilitating their reintegration back into mainstream society (Moon, Kearns, & Joesph, 2006). However, this study's teenagers have highlighted some problematic areas within the system (e.g., unstable and violent residents; lack of recognition of their needs for personal safety, privacy, affection and intimacy) and conflict between them and the crisis accommodation's staff (e.g., inflexibility in the application of the crisis accommodation unit's routines, rules and curfews). Thus, renewed efforts to foster trust and understanding between homeless youth and crisis accommodation staff are central to reducing youth homelessness and fostering health resilience given that crisis accommodation workers are society's frontline interface with homeless youth (see Kryda & Compton, 2009).

Limitations of the Study

A limitation of the present study is its sample size, which does not allow the

findings to be generalised. However, a small sample is recognised as being a functional difficulty when accessing hard-to-reach cohorts (Magnani, Sabin, Saidel, & Heckathorn, 2005). A second limitation of the study is that data derived from the eight teenagers volunteering for the study may be reflective of the views of a subgroup of resilient homeless youth who were able to articulate their experiences and thus may not be representative of those who did not volunteer to participate in the study. Therefore, it is possible that these non-volunteering homeless teenagers may provide a substantively different perspective on their homeless experiences.

Conclusion and Implications for Future Research

The findings of this exemplar study, while not directive for policy making, do provide suggestions for future research. Hence, it is the contention of the present authors that homeless youth can only develop higher level future-orientated resilience coping strategies within crisis care when their lower level safety and trust needs are being met. In this regard, further research is needed to explore the experiences of the secondary (couch sleeping) homeless youth cohort to see how their experiences compare with their age-matched peers accessing crisis accommodation. Also, research is needed to determine whether multiple experiences of crisis accommodation reduce or enhance homeless teenagers' ability to develop autonomous control of their lives. In addition, an assessment is needed of the level of understanding among crisis care workers, management, and government/non-government agencies of the hierarchical psychosocial needs of homeless male and female teenagers' living in different geographic and economic settings. It is only through assessing the current status of understanding of the psychosocial needs of homeless teenagers among management and staff that meaningful advances will be made

in the management of crisis accommodation. Finally, the present study although ethnically diverse in composition, has not been able to articulate Australia's Indigenous and migrant populations experience of homelessness, therefore, more research is needed to tease out cultural differences.

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informed treatment and the use of creative modalities with the traumatised Indigenous population.

Associate Professor Julie Ann Pooley leads the Lifespan Resilience Research Group located in Edith Cowan University's School of Psychology and Social Science. Her research interests centre on the development of the resilience concept, its measurement and posttraumatic growth.

Dr Myra Taylor is a Research Fellow in Edith Cowan University Lifespan Resilience Research Group. Her current research into graffiti proliferation and the effect its proliferation has on graffitists, their families and society builds on her considerable expertise in the area of childhood and adolescent emotional and behavioural disorders.

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