

Complex Trauma:

Facts For Shelter Staff Working with Homeless Children and Families



Jenna and her two children, 7-year-old Robin and 15-year-old Felicia, arrived at a shelter after fleeing from a home they shared with Jenna's partner, Chris. Chris was physically and emotionally abusive, threatening the children and causing injuries that required Jenna to be hospitalized. Felicia is in the 9th grade and has a significant number of unexcused absences this year. Felicia reports that the boy she has been dating since 8th grade forced her to have sex when he was high. Felicia told her mom that she wanted to return to the foster mom she had when she was 6, the first time she had been removed from her mother's home. At that time, Felicia had been interviewed following a series of

calls for domestic violence and had disclosed sexual abuse by her mother's then-boyfriend. Her younger sister Robin doesn't want to go to school because she is worried about her mom, will only sleep in her mom's bed at the shelter, and is awakened by frequent nightmares about her mom's boyfriend finding them. Robin is afraid to go outdoors and startles easily, particularly around the men who come and go at the shelter. Robin states that she cannot get what Chris did out of her mind, and she says things like "He's hurting my mom. He's gonna come back." Jenna reports feeling overwhelmed, wanting a "new start" for her family, but being just "too tired to do anything."

Many homeless families, particularly women and their children, have been exposed to multiple, ongoing, interpersonal traumatic events including community and domestic violence and physical, emotional, and sexual abuse. In addition to high rates of exposure to trauma, children in homeless families face other stressors, such as losing their home and belongings, changing schools frequently, not having enough to eat, and coping with frequent illnesses. For families like Jenna's, homelessness caused by repeated violence may further upset family structure, support, and routines, making it difficult for caregivers to parent effectively. In the case above, Felicia not only witnessed her mother being victimized over several years, but was also sexually abused. In addition, she spent time in foster care. Like many children exposed to complex trauma, Felicia is at risk for additional trauma exposure, (such as subsequent sexual assaults,

community violence, homelessness, and violent relationships) and other difficulties, including psychiatric and addictive disorders; chronic medical illness; and legal, vocational, and family problems. These difficulties may extend into adulthood.

WHAT DO SHELTER WORKERS NEED TO KNOW?

Homeless shelter workers often need to provide acute, crisis-focused assistance for families in a short amount of time. Once children and families who've experienced complex trauma are physically safe, they need the support of a caring staff member whom they can trust. Traumatic experiences may make it difficult for families to form such relationships in a brief period of time. And, given that shelter workers may have rotating shifts, these staff may be unaware of when families arrive or leave. Additionally, shelter workers may "get caught up in" or "take on" families' stress, anger, hurt, and frustration. When this happens, staff may become overwhelmed, less patient and more irritable with families, or feel that the family situation is hopeless. Finally, the rate of staff turnover is often high in homeless shelters. To provide a trauma-informed response to families, shelters must overcome these challenges.

Shelter staff can help the children and families they serve and manage their own stress by being aware of the following:

How Complex Trauma Affects Homeless Caregivers

- Caregivers may be easily overwhelmed, irritated, or withdrawn.
- They may suddenly "fly off the handle" or "shut down" (often called numbing).
- Some may seem disorganized in their thoughts or speech and have difficulty remembering details. They may have trouble completing parenting tasks, such as enrolling their children in school, attending appointments, or following through on requests.
- They may have difficulty separating their emotions and experiences from those of their children. As a result, they may not accurately "read" their children and have difficulty providing what their children need: a sense of safety, consistency, structure, security, and calm care.

WHAT IS COMPLEX TRAUMA?

The term complex trauma describes both children's exposure to multiple traumatic events, often of an invasive, interpersonal nature, and the wide-ranging, long-term impact of this exposure. These events are severe and pervasive, such as abuse or profound neglect. They usually begin early in life and can disrupt many aspects of the child's development and the very formation of a self. Since they often occur in the context of the child's relationship with a caregiver, they interfere with the child's ability to form a secure attachment bond.

- They may lack knowledge of the developmental stages or safety issues for children and make poor choices, such as allowing a 7-year-old to walk several blocks to the grocery store.



How Complex Trauma Affects Homeless Children

- Children often become frightened and worried about what will happen to them or their caregiver. They may worry that someone will harm them or their parent. They may have repeated, unexpected, and frightening thoughts or images of the traumatic events (called intrusive thoughts).
- Anxiety can interfere with their ability to sleep, eat, concentrate, or engage in age-appropriate activities, such as completing homework or talking with friends.
- Younger children may have poor impulse control, demonstrated by difficulty sitting still (“antsy”), refusing to share toys, hitting peers, or running out of the shelter; older children may engage in stealing, swearing, substance use, or risky sexual behaviors.
- Younger children may not understand or be confused by what has happened. They may “regress” and behave in ways that are typical for a younger child, such as a 5-year-old wetting the bed or sucking his thumb.
- Because people they trust have hurt them or failed to protect them, children and adolescents may have difficulty forming relationships or trusting the support of caring adults. They may be open and trusting one day and avoidant or distant the next.

How Complex Trauma Affects Participation in Service Programs



Repeated traumatic events can impair the ability of homeless parents and children to take advantage of available services. Thus families may require extra help developing strategies for keeping their children safe and connected with school; navigating healthcare, transportation, and housing systems; and getting connected to appropriate mental health services.

RECOMMENDATIONS

- Work with families to enhance safety, security, and stability.
- Take time to build trust.
- Listen openly and without judgment—remember that families’ life circumstances have been overwhelming; they may show extremes in behavior.
- Assign an advocate to work with each family so the family knows where to go for help. Advocates can model providing structure and consistency within a safe relationship.
- Provide strategies to help parents maintain children’s daily activities, such as regular school attendance, safe and appropriate after-school activities, and evening routines that encourage homework completion and reasonable bedtimes.
- Conduct a family intake session using standardized assessments or screeners to identify and appropriately plan for each member’s psychological and physical needs. Ask children ages 7 and older directly, rather than relying on parental report.
- Arrange for safe, developmentally appropriate, and fun family activities at the shelter. Homeless children and adolescents have been separated from familiar peers, neighbors, and family. They may need time to remember what peers their age typically do and remember that it’s okay to have fun.
- Promote partnerships between shelters and community agencies. Shelter advocates can help coordinate or integrate systems serving homeless families (e.g., housing, child welfare, income maintenance, education, and health/mental health). They can help parents enroll their children in school, facilitate transportation and access to adult and children’s recreation or after-school programs, and refer to community agencies where families can get post-shelter care.
- End shelter policies that have unintended negative consequences for children. For example, adult-focused harm-reduction approaches that tolerate use of drugs among residents may inadvertently increase children’s exposure to associated stressors (e.g., drug dealing onsite, exposure to community violence).

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A Special Thanks to: Crystal Cullerton-Sen, Ph.D., Spiritual Care Program; Saprina Matheny, MSW, LICSW, University of Minnesota; Abigail Gewirtz Ph.D., L.P., University of Minnesota; Tamara Taylor, M.F.T., Tubman Center, Minneapolis.