

[From Trauma to Resiliency: Lessons from Former Runaway and Homeless Youth](#)

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Abstract:

This exploratory study presents findings on resiliency development in five former runaway and homeless youth. Subjected to chronic trauma, this unique population lacked the protective factors other studies have associated with resiliency development. Five young women were compared and contrasted in relation to the following questions: what factors promote resiliency in runaway and homeless youth and how are resilient youth differentiated from their peers who continue to exhibit high risk behaviours? A multiple case study design was used to explore themes that emerged from in-depth interviews with an original sample of 22 former runaway and homeless youth. These themes included determination, meaning and purpose in life, self-care and readiness to accept help.

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Introduction

Runaway and homeless adolescents often suffer from exposure to chronic family traumas and encounter numerous hazards in their lifestyles. There are those, however, who do not just survive but have figured out how to transcend their earlier adversity. Kameka, who thought she would never live to the age of 21, exclaimed, 'What am I doing here? I never thought I would be here. But you know, I would be satisfied just being able to live and help people'. Similarly, Sally, at age 20, acknowledged, 'When you take so many things for granted and then they are taken back from you and then you get them back, it makes you appreciate it more'. Likewise, Trisha, at age 22, commented, 'Not only do I get my life back, my physical life, I'm going to college and furthering my education so I can help others'. Characterized by compassion, optimism, and gratitude, these three young people, the focus of this study, are former runaway and/or homeless youth. They gained their knowledge the hard way emerging from their experiences showing signs of having shifted their lives into more positive directions, in contrast with two of their peers who have continued to submerge themselves in lifestyles filled with risks.

During the past three decades, the problem of runaway and homeless youth has emerged as a serious social challenge. In 1994, the US Department of Housing and Urban Development calculated that 0.3 to 1.6 million young people in the US are homeless each year. One child in eight will run away prior to age 18, and 40% of them do not return to the same living situation they had before running away (Whitbeck & Simons, 1990). Many prematurely flee their homes due to trauma, conflict, and dysfunction within their families (Zide & Cherry, 1992). For example, many youth leave home to escape sexual or physical abuse, family violence, or parental alcoholism. Others leave home because they do not want to obey parental rules concerning such behaviours as school attendance, curfews, and use of alcohol or drugs. Some of the youth run away from foster homes where they may feel a lack of belonging or attachment. Youth in the foster care system in the US suffer from lowered self-esteem (Kools, 1997), identity confusion (Hazel, 1981) and are at particular risk for the perils facing other runaway adolescents (Hazel, 1993). In fact, several studies have found a disproportionate number of former foster children among the homeless in the US (McDonald, 1996). Youth who have run away and/or are homeless face formidable obstacles in their growth and development, as much through their own self-

destructive behaviours as through the dangers that they face on the streets. Once they run away, these youth are at high risk for drug abuse, delinquency, sexually transmitted diseases, teenage pregnancy, dropping out of school, prostitution, victimization and violence (Whitbeck & Hoyt, 1999).

After running away from home, many young people live on the streets or move from friend to friend ('couch surfing') until they use up all their resources. Some young runaways turn to youth shelter programmes that provide short-term shelter, food, counselling, and other services as needed such as assessment and referral as well as family mediation. Most of these programmes are funded to provide shelter on a time-limited basis often with a maximum stay of 30 days depending on contractual arrangements and space availability. In many US communities, county social service agencies will contract with the shelter programmes to house youth in their custody temporarily until a more permanent placement can be found. When youth either choose not to return home or are not allowed by their families or child welfare agencies to return home, their situations become somewhat tenuous. If they are aged 17, they can petition the court for emancipation and, if successful, move into the challenges of living independently. If they are younger, frequently child welfare agencies take custody, and youth are placed in group homes, treatment centres, or other residential placements (finding suitable foster home placements for children over the age of 12 in the US is very challenging). However, many young people in the custody of the state run away from those placements, finding the uncertainty of their future placements and the temporary status of their living situation in shelter particularly hard to cope with. This is especially true of youth who have previously run away from home and have experience surviving on the street.

While research on youth homelessness has documented reasons youth leave home prematurely and the high-risk conditions they face while homeless, little is known about how some youth are able to transcend their dangerous circumstances and move their lives into positive directions as Sally, Trisha and Kameka have done. The concept of resiliency may be useful in understanding how runaway and homeless youth can make such shifts in their lives and the ways in which social service providers can help them. However, research on resiliency has focused primarily on children rather than on adolescents. Furthermore, researchers have examined resiliency in relation to mental health risks and not in relation to the other types of social and emotional risks inherent in the experiences of runaway and homeless youth.

Rutter's (1987) work has been instrumental in shaping frameworks for looking at resiliency, especially in the field of mental health. He, along with others (Dugan & Coles; 1989; Masten et al., 1990; Luthar & Ziglar, 1991; Simeonsson, 1995), focused on factors that protect or inoculate children from the hazards of life. Rutter suggested that resilience is not a fixed attribute but a cluster of processes that enable people to adapt to risks that are unavoidable in life that include increased self-esteem and self-efficacy. Rutter's framework does not apply neatly to runaway and homeless youth because such youth frequently are unable or unwilling to alter their exposure to serious risks or successfully engage with caring adults. Instead, they develop extremely destructive patterns of adaptation that they must later alter if they are to turn their lives around. For example, many young people run away as a way of coping with high risk family situations, but this strategy, ironically, often exposes them to other high-risk circumstances on the street.

Werner & Smith (1982, 1992), in a pioneering longitudinal study of more than 200 children living in poverty and hardship on the island of Kauai in Hawaii, found that nearly one-third developed into competent, caring, and confident adults. Personal qualities and behaviours such as easy-going temperaments, high intelligence, an inner locus of control, high self-esteem, and strong self-efficacy, although not essential, seemed to contribute to the development of resiliency. The researchers emphasized that self-esteem and self-efficacy seemed to be promoted through supportive relationships. Thus, the emotional climate of the family, when characterized by warmth, affection, emotional support, and structure, was found to contribute to the cultivation of resilience. In troubled families where there was little family support, resilient children often formed attachments with other influential adults. It is important to note that the children from at-risk living circumstances began to acquire qualities of resilience early in their lives and, for the most part, did not become submerged into a high risk life style at any point, unlike runaway and homeless youth do. However, the significant roles of caring, supportive adults who can serve as mentors and role models cannot be underscored enough as supported in the Kauai study

and reinforced in our findings.

A developmental perspective is also essential in understanding resilience. Rutter (1987) suggested that people are especially at risk during crisis situations that can be developmental as well as situational turning points. Crockett & Crouter (1995) noted that, while adolescents face many critical decision points, they also have greater capacity to influence their own developmental pathways than do younger children. Drawing from the literature on resiliency, stress, and coping, Crockett & Crouter cited several personal characteristics that affect individuals' responses to challenges, including 'temperament, biological predisposition to specific types of stressors, intelligence, coping style, and social skills' (1995, p. 5). Data from longitudinal studies have indicated that resilience can fluctuate over the life cycle and that life trajectories are flexible and multi-determined (Falicov, 1988). Werner & Smith (1992) found that early high-risk life experiences among the children of Kauai did not determine outcomes in later life and concluded that resiliency can be developed at any point in the life cycle.

Other recent studies (Jessor et al., 1998; Magnus et al., 1999; Masten et al., 1999) that have focused on resiliency among adolescents faced with adversity seem to be in agreement that internal protective factors such as perceived competence, positive self-image, empathy, inner locus of control coupled with better intellectual functioning are predictors of resilient outcomes. There is also agreement that parenting resources and positive peer role models are significant protective factors. One study showed that providing youth with role models from the community was especially helpful to youth in foster care (Yancey, 1998).

Despite an evolving understanding of resiliency among children and adolescents, there is a dearth of research to provide insight into what differentiates resilient runaway and homeless adolescents from their peers who continue to exhibit high-risk behaviours. The resilient adolescents in this study did not come from supportive home environments nor did they seem to have all the qualities and behaviours in their adolescence that previous researchers have found to be significant in development of resiliency. Thus, the purpose of this study is to explore how some formerly runaway and homeless youth emerge from their traumatic lives to successfully overcome adversity and adopt resilient life paths. Further, the study addresses the question of how some formerly runaway and homeless youth do markedly better than others, despite the fact that they had experienced as much, if not more, trauma.

Methodology

A multiple case study design (Yin, 1984) was used to explore factors that contribute to or hinder resilience in runaway and/or homeless youth. Because of the lack of previous research on resilience in this population, this exploratory phenomenological approach was selected to provide insight into how youth themselves perceive their experience. Five cases were selected from a larger group of research participants from a previous study. The original sample comprised 22 young people who were interviewed to explore how they were able to create success in their lives after having run away or otherwise been homeless as an adolescent (Kurtz et al., 2000; Lindsey et al., 2000). Criteria for participation in the original study were that participants be between the ages of 18–25; that they had stayed in a youth shelter, group home, or other alternative living arrangement as an adolescent; and that they had been out of those environments for at least two years. Staff at shelters, group homes and detention facilities in two North Carolina cities and three Georgia towns identified participants for the original study. Of the 22 participants, 11 were males and 11 were females; 8 were African American, 1 Cuban American, and 13 were Caucasian. Participants ranged in age from 18–25.

Yin (1984) asserted that 'a multiple case study relies on the logic of replication analogous to that used in multiple experiments. Analysis in such studies must follow cross-experiment logic rather than within-experiment design and logic' (p. 48). He claimed 'a rationale for utilizing a multiple case design is that one can select cases that produce contrary results but for predictable reasons' (p. 49) and stated that 'the development of a rich, theoretical framework is an important step in such replication procedures. Any framework developed through the application of replication logic should state the conditions under which a particular phenomenon is likely to be found (a literal replication) as well as the conditions when it is not likely to be found (a theoretical

replication)' (p. 49). In the analysis of the initial 22 cases, it became obvious to researchers that some young people were doing markedly better than others, despite the fact that they had experienced as much, if not more, trauma. Similarly, some participants seemed to be doing much more poorly than others were, although they had not necessarily experienced more traumas than those who appeared to be more resilient had. Thus, the multiple case study design was selected to enable us to compare and contrast factors associated with those who demonstrated dramatically different levels of resilience and to try to develop an explanation for such different outcomes.

The research team used a process for assessing youth as more or less resilient that was based on the idea of life trajectory (Crockett & Crouter, 1995). A life trajectory continuum was developed that ranged from highly positive to highly negative and which included the concept of potential. A highly positive trajectory was one that included current employment or being enrolled in an education programme; no current involvement with substances; a clear link between personal goals and behaviours that are likely to lead toward goal accomplishment; a sense of self-efficacy; and a healthy support system. Conversely, a negative trajectory would be defined as unemployment or lack of involvement in an education programme; involvement with substances; a dissonance between stated personal goals and behaviours; little sense of self-efficacy; and lack of a healthy support system. Potential was defined as the likelihood, based on material that emerged from their interviews, that participants' life trajectories would continue in the current direction. Participants who were on positive trajectories and demonstrated potential for remaining on these courses, despite the various traumas they had experienced, were considered to be more resilient than those whose life trajectories were in a negative direction.

Using the point in time of the interview to assign participants along this continuum, two members of the research team independently rated all 22 participants. Both members identified three young women on the high end of the continuum. They appeared to be on positive life trajectories and evidenced great potential for maintaining these courses (Trisha, Kameka and Sally). Two young women (Terry and Yvonne) were rated as being on the very opposite end of the continuum. They appeared to be on more downward or negative life trajectories and showed little evidence that they were turning their lives around. (The other participants were rated somewhere in between the ends of the continuum.) The participant profiles below provide details of their lives and why they were considered to be more or less resilient. All names used in this paper are pseudonyms.

A note of caution is in order. This study and this system for classifying participants as more or less resilient is based on data from one point in time. As with all cross-sectional research, the lack of longitudinal data is a limitation. There is no way of knowing whether the participants who were classified as more resilient in fact continued along their positive life trajectories. However, follow-up interviews with the two less resilient participants provide support for our judgement that they continued on more negative life trajectories.

Data Collection

At the outset the research team used a focus group methodology to begin the construction of a questionnaire. Focus groups were conducted with 30 peer educators and 22 shelter staff to obtain their ideas regarding how troubled youth are able to become successful despite the many crises in their lives. Ideas from these groups served as the basis for a semi-structured interview guide. Data was collected through in-depth semi-structured interviews that covered the following topics: demographic information; difficult times youth had experienced; how they had made it through those times; turning points in their lives; current situation; definition of success; and future hopes and plans. Four members of the research team conducted interviews that generally lasted from 50 to 90 minutes each. Two of the participants, Yvonne and Terry, were interviewed twice; the second interviews took place about a year after the first. Unfortunately, project resources did not allow for second interviews with all participants from the original sample, and we do not have similar follow-up data for Kameka, Sally or Trisha.

The interviewers, all of whom were Caucasian, ranged in age from mid-twenties to mid-fifties. Three of the interviewers were female, and two were male. Three of the interviewers were social work educators, one was a social work doctoral student, and the fifth interviewer worked for a membership organization that provides

consultation, training, and other services to runaway and homeless youth agencies throughout the southeastern United States.

The interviews were audio recorded and later transcribed. They were conducted in places convenient to research participants, including their homes, youth shelters, or group homes. All interviews were tape recorded and transcribed verbatim. Participants were paid \$30.00 each. The current study involved secondary analysis of data gathered in the original study with formerly homeless or runaway youth.

Data Analysis

For the original study, data was analyzed using the constant comparative method which involves analyzing data as it is collected and using the preliminary findings to shape future interviews (Glaser & Strauss, 1967). Open coding methods (Strauss & Corbin, 1990) were initially used to discover factors, ideas and experiences that youth perceived to have been important in their lives. A 'check-coding' (Miles & Huberman, 1994) process was used to clarify definitions and enhance inter-coder agreement. Once the transcripts had been coded and analyzed, the NUDIST qualitative data analysis programme (Qualitative Solutions & Research, 1997) was used to sort specific transcribed segments to the conceptual categories that had emerged from the coding process.

The research team conducted a literature review prior to beginning the analysis and thus had pre-existing ideas about what some of the factors associated with resilience and lack of resilience might be. However, the use of those pre-existing ideas was deliberately avoided as a beginning framework for analysis. Once ideas and experiences of resiliency began to emerge from the process of open coding the original data, the researchers again employed the check-code data analysis method to enhance inter-coder reliability in the search for categories of resiliency. The team was careful to minimize the amount of interpretation they did during the analysis and focused on identifying participant statements that related directly to development of resilience. Instances in which we used our judgement about classifying experiences and phenomena as contributing to resilience, apart from those mentioned directly by participants, were carefully noted.

A focus group of 36 staff from some 30 different youth shelters was used to triangulate the findings. Each staff member received a written copy of the findings and participated in a 40-minute summary presentation of the key findings, after which they were divided into three smaller groups. In each group a researcher asked a series of questions that sought to confirm or disconfirm the findings from the study, based on the experiences of the youth shelter staff. The pooled responses from the three groups confirmed, supported, and shed further light on findings from the interviews.

Participant Profiles

This section provides a brief overview of the participants' unique life circumstances. All five had long histories of coping in self-destructive ways with the stresses they encountered in their families as well as in alternative settings such as the street, foster homes, or residential facilities that seemed to have a cumulative effect of wearing down their defensive postures. Common coping mechanisms included running away, fighting, using drugs, strong suicidal ideation, hanging out with a bad crowd, dropping out of school, avoiding potential helpers, and withdrawing from others. In their interviews they shared what they had learned that had influenced their life paths and their current ways of functioning. The three young women who were able to adopt new attitudes and behaviours to deal with adversity are described as possessing emerging resilient patterns of behaviours. By contrast, the two women who reported behaviours that placed them at high risk said things that suggested they were moving to a healthier life style, but their actions were often contrary to their spoken words. They have been identified as having submerging patterns of behaviours.

The Resilient, Emerging Youth

Kameka

For Kameka, a 21-year-old African American woman, who had exclaimed as a 10th grader to her school counsellor, 'Look, I'm not going home, I'll kill myself first', the moment of truth occurred when she confronted her options. Instead of going home, she allowed herself to release her bottled up feelings in a psychiatric

hospital setting. That placement was the beginning of many different agency placements and eventually she lived in a group home with an independent living programme designed to help older adolescents learn skills they need to make a successful transition to living on their own. As a child, Kameka had been sexually and physically abused and severely neglected by her drug-addicted mother. As the oldest child, she was often left in charge of her younger sibling. Upon reaching adolescence, she made several suicide attempts, was often truant from school, and engaged in self-mutilation to deal with her emotional pain. At the point when she refused to return to a life she perceived as deadly, she decided to accept the intensive help that she needed. Five years later, Kameka was attending college and was passionately committed to working to improve her community while frequently verbalizing feelings of gratitude. Especially noteworthy was her readiness to accept healing relationships in her life, particularly from helping professionals. She had emerged from her childhood not trusting males, but a meaningful therapeutic relationship with a male counsellor changed her perceptions: 'I never thought I could open up to a man and be friendly with him but that just goes to show you. And now it's okay'.

Sally

Sally, aged 21 and African American, had survived the loss of a baby at 16, betrayal and abandonment by her parents as a young adolescent, and bouts of substance abuse. However, it was when she went into a coma, was on a lung machine, and was forced to deal with the experience of extreme physical dependency that her life began to transform as she learned about self-determination and self-actualization. Her father, who had told her that her mother was dead, had raised her. When she was 12, she learned that her mother, an addict, was alive. Devastated, she cut herself off from her father and subsequently became a chronic runaway. At 16 she had a stillborn child, which compounded the suffering she experienced due to disappointments and betrayals by her drug-addicted mother. It took a brush with death and total paralysis as a result of a bout of encephalitis for Sally to reconcile with her father and begin to rebuild her life, discovering her formidable will to live in the process. Filled with ambition to become an attorney, Sally's challenging experiences strengthened her faith both in a higher power and in herself. She, too, was filled with gratitude for her opportunity to learn and, in the process, find forgiveness for her parents.

Trisha

When she was a teenager, Trisha, a 22-year-old Caucasian college student, had used drugs and alcohol to escape painful memories and extreme loneliness. She eventually became severely addicted to drugs and alcohol. It was not until her parents literally tricked her into a locked substance abuse treatment facility and she faced the withdrawal process that she hit her 'bottom.' She described her feelings at that time: 'Okay, you're gonna die, you're gonna die, you're gonna die. Oh my God, you have a life'. She described herself as a depressed and isolated child who was sexually abused between the ages of seven and nine by a family member. As an adolescent she escaped into drugs and alcohol addiction and made multiple suicide attempts, all the while being shuffled between her divorced parents' homes. After her family worked together to get her into a long-term treatment programme, she was finally receptive to change. Trisha was attending college at the time of the interview. She had transformed her negative experiences with her conservative familial religious traditions into a strong, spiritual foundation derived from Native American teachings. She learned about these spiritual traditions when in treatment and drew great strength and comfort from them. Along with Sally and Kameka, she shared a fervent desire to work with troubled youth, as well as a sense of optimism for the future and gratitude for all that she had learned from her experiences.

The Less Resilient, Submerging Youth

Terry

Similar to Trisha, Terry, a 19-year-old Caucasian female, struggled with severe drug and alcohol addiction. However, her readiness for change seemed substantially different. The first time Terry was interviewed she expressed a desire to help other young people, but mainly seemed focused on material pleasures and self-gratification as illustrated in this self-description: 'I am a materialist person. I like things. I have pretty much figured out that the only way I am going to get those nice things is if I don't spend all my money on drugs and alcohol'. By the time Terry had dropped out of school in the 10th grade she was already deeply involved with

alcohol, drugs and gangs. She had been living on the streets off and on since she was 13-years old and was well known to adolescent runaway shelters throughout her area. Her relationships with males drew her into criminal activities, and she seemed to have problems with boundaries in her relationships. She distrusted people and felt on guard against being taken advantage of, not trusting her own ability to protect herself. She described her feelings: 'If I saw someone out there freezing to death, I am not about to give them my jacket. Because I don't believe they would do the same for me'. Her goals in life were incongruent with her actions as she verbalized ideals of working with youth but continued anti-social behaviours that led to an adult incarceration. Terry's second interview, conducted in a diversion centre, showed some shift in her values and priorities as she expressed interest in rebuilding a relationship with her family although she had shared little about her family history in the interviews. Even with this shift, she demonstrated minimum insight into her self-destructive behaviours or an understanding of how to avoid pitfalls in the future.

Yvonne

Yvonne, a Caucasian 19-year old, became pregnant at 17, which she described as 'my biggest turning point'. She had intended to become pregnant and focused many of her hopes on finding a sense of belonging, particularly in relation to the baby's father. While the specifics of her childhood were vague, she did report that her mother was schizophrenic who did not always take her medication and that there was a lot of conflict in the family perhaps generated by her mother's symptomology. The stress at home had motivated her running away in the first place when she was 13. She subsequently entered into the foster care system, dropped out of school, and experienced at least two involuntary psychiatric hospitalizations. Her hospitalization experiences, unlike those of Kameka and Trisha, merely served to reinforce her distrust of people.

In the second interview, well after the birth of her baby, little change appeared evident in her life circumstance or level of optimism as she expressed a sense of despair. At that time, she had returned to live with her family after an absence of five years and was dependent on public assistance after the baby's father had deserted them. Ironically, she returned to the home she had run from at a time when her peers were experiencing independence from their families, due to the financial pressures that she faced with the birth of her baby. She described her situation: 'I wanted this child. I got what I wanted, but then, I didn't get what I wanted because I didn't get the father'. While she had familial support and assistance with her baby, Yvonne seemed overwhelmed with the demands of her life. Her only outlet was a sexual liaison with a man almost 30 years her senior, a neighbour living in her trailer park who she described as having problems with alcohol. She had little insight into herself, expressed a great deal of anger and resentment towards others, and appeared to feel very impotent to change her life.

Findings

Four themes related to the development of resiliency emerged from the inter-views: determination, meaning and purpose in life, caring for self, and receiving help from others which seemed, in part, to reflect the values of the greater Western culture in which these youth live. However, these themes seemed to strike a balance between externalized behaviours and inner value development as they encompassed learning new behaviours, development of qualities within the self as well as shifts in relationships and perceptions of others. Variations in these themes provided clues to the differing behaviour patterns between the two groups of women. As new experiences impacted participants' belief systems, internal changes appeared to manifest themselves in outward behaviours, thus creating a cyclic pattern of change that seemed to be self-reinforcing.

Determination

Determination as exhibited by the resilient participants included the following behaviours and qualities that resulted in a developing sense of self-confidence and self-sufficiency: tenacity and persistence in attaining goals, inner strength, and pride in making it through adversity. Harnessing the socially sanctioned quest for independence of US youth with an 'I'll show you' attitude appeared to generate the will to overcome adversity as the three more resilient participants refused to give up. Sally referred to her tenacity in the fight to regain her physical mobility after a severe illness when she stated, 'No matter how much people say you can't do something, you can do it if you want it bad enough. I can do just about anything if I put my mind to it'. Success

in accomplishments led to a sense of self-esteem and self-efficacy as she added, 'If I keep trying, I'm successful. I've liked me more than I ever have. I have more self-discipline than I ever have had'. Kameka also exhibited tenacity that is so reflective of Western values through her strong will and fighting spirit, as exhibited in her statement, 'I just didn't give up. I'm going to show all of them. I said, No, I'm gonna do it today'.

As the results of their persistence enabled them to move beyond mere survival into growth and accomplishment, the three more resilient women expressed pride in making it through adversity and, conversely, a strong rejection of seeing themselves as victims of circumstances. Sally stated, 'Every-thing that I've been through has affected me, has made me stronger'. These women seemed to translate their ability to overcome obstacles in a positive context as Kameka demonstrated when she commented, 'If it wasn't for that community breaking me down the way it did, I don't think I would be as strong as I am now'. In this way, they reflected an ability to find meaning and purpose in their experiences, paving the way for a sense of personal responsibility in taking charge of their lives.

In contrast to Sally and Kameka, Yvonne tended to feel a sense of victimization by the events and people in her life and an accompanying sense of powerlessness to find a way out. In response to being asked about getting her GED (General Education Degree, a US academic credential frequently earned by people who do not complete their formal high school education), she said, 'There's always something in my way, my mom or having a way to get up there and back. There's always something'. While she demonstrated some degree of persistence when she succeeded in obtaining a driver's license after many failed attempts, her overwhelming sense of pessimism coupled with low self-esteem overshadowed her belief in her own ability to impact change: 'There's not very much to be pleased with myself with. I'm hoping that everything will go for the better in the future instead of having to go through this shit every day, every day, nonstop. It gets very depressing to me'. Terry, the other submerging, less resilient woman indicated a desire to 'go to college and major in juvenile psychology or something like that'. Yet she appeared to sabotage her future goals by engaging in anti-social behaviour that continued to set up external limit-setting structures. While she verbalized future goals, she channelled her 'I'll show you attitude' into reactive defiance as illustrated by her response when she decided, 'OK, I will just get drunk, by God, I will show them'.

Meaning and Purpose to Life

This theme addresses the ability to see the bigger picture that, among the more resilient women, involved a sense of spiritual connection; hope and a sense of gratitude; and an awareness of self in relationship to others. This awareness translated behaviourally into a commitment to serve their community rather than focusing on what they can get or, what the community owes them. Additionally, the more resilient women exhibited a realistic acceptance of what life had handed them with insight and humor. As Sally expressed, 'You know, we all go through our ups and down and changes and things, but it's not the end of the world'.

Spiritual connection. For the more resilient participants the theme of meaning and purpose was expressed through their spirituality as they experienced a linkage to a higher purpose and/or community. This connection provided them with a source of strength and comfort as exemplified by Trisha's comment, 'The concept of spirituality instead of religion. That's what really made me open my eyes and got me interested in life again and just helped me see how I was connected so I wasn't as isolated as I thought'. Kameka talked about a feeling of unconditional acceptance by a higher power when she said, 'You can tell whatever you want to your higher power, you know. And they ain't gonna judge you, come down and slap you or whatever'. Conversely, Terry addressed her spirituality as a 'giving over' of personal responsibility to her higher power rather than a process of drawing on that power to make positive changes in her own life as she said, 'I really think by the grace of God I am not dead. He is going to keep me here no matter how many times I try to kill myself'. Yvonne did not refer to a spiritual relationship in either interview and was also the most infused with a sense of hopelessness.

Hope and gratitude. Hope coupled with gratitude seemed linked to having faced death and other traumas and have 'come out the other side'. All five women had faced death either through circumstances outside of their control, suicide at-tempts, substance abuse, or other self-destructive behaviours. Yet their reactions to such

experiences seem to differentiate the more and less resilient participants. All three of the more resilient youth expressed appreciation that they were still alive. Trisha, for example, commented that if she had not received long-term treatment for her substance addiction, 'I'd probably be dead'. Kameka had survived multiple suicide attempts and felt she would not survive again if she returned home. Sally confronted death through a life threatening illness. The gratitude they felt for the opportunities to learn and grow from their brushes with death enabled them to view their future goals with a sense of optimism as reflected in a desire to continue their recovery, further their education, and help others who had suffered similar fates.

Yvonne and Terry reported similar encounters with death, but neither had made a long term, voluntary decision to disengage from actions that placed them in jeopardy. While Terry may have been in the process of benefiting from structure and counselling during the second interview at the halfway house, Yvonne had no constructive avenues to protect her from the many risks she was encountering. For her, hope came from waiting for rescue or a magical change of circumstance rather than from her own sense of self-empowerment: 'I've been putting my hopes in things that might not even happen. And especially this psychic, I've been putting a lot of hope in that, hoping something's gonna change, something good, not for the worst'.

Helping others and giving back. Another manifestation of the emerging women's sense of meaning and purpose in life was their strong value of caring about community and their desire to help others. Trisha described this phenomenon: 'I can also help others. It gives me a purpose and it's like when you're helping yourself, you're helping the other person and then you're giving the other person also the opportunity to help others. So it's like you're seeing this goodness multiply. That's just so cool'. Kameka described the personal benefits she received from helping others, whether it was a friend in trouble or a developmentally delayed client she was working with. Her strong commitment to others was evident in her goals that included opening an art school in the same community where she grew up to give other young people a constructive force in their lives. Sally's physical problems highlighted her priorities when she stated, 'Well, it's going well because I'm able to drive, I'm able to walk. Little simple stuff like that. And it's going well because I'm able to help other people as well as myself'.

While Yvonne, particularly, seemed to lack this perspective of helping others as a route to enhanced meaning and purpose in life, her self-focus shifted significantly with the birth of her baby. However, it appeared that her responsibilities towards her baby took all that she had to give. While the birth of her baby enabled Yvonne to perhaps experience attachment in a new way, her baby was also the source of new stresses and increased her dependency on her own parents. She demonstrated her evolving sense of responsibility when she claimed, 'It changes, when you become a parent. Everything about you, your feelings change some—it's just different. And my daughter does come first'.

Terry expressed wanting to work with youth some day to help them avoid the types of mistakes she had made but, in actuality, she had taken no concrete steps to make that desire a reality. However, she did appear to demonstrate some development in the direction of concern and care for others and especially an ability to delay gratification by the time of her second interview. At that time, her previous concerns with immediate pleasures seemed less important than the more sober consideration of the implications of her behaviour on her family. Her statement, 'I think the biggest lesson I've learned is that I can't continue to do this to my family' may have been an indication that her priorities and values were changing. These subtle shifts in focus on both Terry and Yvonne's part may signal developmental maturation that may lead them ultimately toward towards a more positive trajectory and resilient functioning.

Caring for Self

A third major theme that seemed to support the development of resiliency among formerly runaway and homeless youth related to learning specific behaviours and adopting attitudes that greatly enhanced their ability to care for themselves in positive ways. For example, Trisha spoke of how she was learning 'how to take care of myself physically, emotionally, mentally, and spiritually.' Behaviours that demonstrated self-care included recognizing needs and developing strategies for addressing needs in positive ways, expressing autonomy and independence in constructive ways, and developing problem-solving skills.

Recognizing and meeting own needs. The three women who were most resilient seemed to have learned how to recognize their own needs, find constructive ways to get those needs met, and assertively protect themselves when those needs were being blocked. It was hard for Kameka, who had been neglected, sexually abused, and responsible for care of her younger brother, to even recognize her own needs. Through treatment she came to understand that, 'I put people before me for a long time, basically all my life, and it comes a point when you just have to say 'No, I got to look out for me now''. Decision-making became a source of pride as she described, 'Now I'm in the process of looking for an apartment and everybody's telling me where they want me to live and I'm telling them I know where I want to live. I can make that decision now'. Trisha's recognition came in the form of her need to let people help her as she stated, 'I had to hit a certain point. I had to get to a certain low. You know that I was looking and I could reach out and ask for help and then found out that there were people reaching back'. Acknowledging her needs also meant being able to clarify her sexual orientation issues and, in turn, develop a deeper sense of self-acceptance. She stated, 'It's almost like everywhere I go I learn a whole new thing about myself, like coming out as gay. And that was, 'Oh wow! I'm gay', I was not aware of this and so that was definitely a very empowering thing to become aware of and then to be able to share that with people'. In contrast, Terry, struggling with her journey toward the autonomy and independence of adulthood, learned that desiring this developmental passage before she was ready did not make it happen. During her first interview she had stated, 'I guess that I am trying to prove to them now that I am an adult. I am an adult now and I have to start acting like an adult'.

The resilient women went beyond the realization of the importance of taking care of self to developing a wide range of proactive strategies to do so. For instance, Kameka reported reaching out for help, returning to school, keeping a journal, and learning to speak up for herself. Trisha developed strategies that included: accepting help that was offered, returning to school, learning to take time for herself, 'not getting caught up in the robot mode', setting realistic standards for herself, learning to identify when she needed to go back on medication, and concentrating on one thing at a time. She summed up the process of learning to take care of oneself as, 'It's definitely not something that happened overnight. It's been a gradual process. I've been in recovery six years and it's a continual process. It's gonna be a lifetime thing'.

An important part of taking care of oneself involves self-protection. The three more resilient women perceived setting boundaries or distancing themselves from unhealthy relationships to be a critical element of self-protection. For Sally, distancing herself from her mother who had rejected and exploited her not only required a geographic split but also a psychological one. She said, 'She's not my mother. I call her 'Ma' because that's all she is. She brought me here and that's all'. For Kameka, self-protection also involved distancing herself from her drug-addicted mother. She realized, 'I can't get sucked into a role because she will make me promises ... she lies'. For Trisha, who, like Kameka, had been sexually abused, coming out of her shell and forming friendships was a 'big struggle involving learning not to be a doormat and learning the difference between what is abuse and what is not abuse'.

Terry's self-protective posture seemed less focused on steering clear from destructive relationships and more on defending herself from rejection and hurt as she said, 'I don't allow myself to open up to get close to people. Cause that way I am prepared for someone to lie to me or do something wrong to me. So I say, 'See you'. Cause I don't open up to them'. Yvonne seemed to have difficulty separating herself from her difficult family relationships. In describing her relationship with her mother with whom she had returned to live with her baby, she said, 'I don't know if I'm close to my mom because I feel sorry for her. We don't get along very much. I love my Mama to death but she does get on my nerves, and there are times that I hate her and I fantasize about knocking the hell out of her. I wish she'd stayed on the damn medication, but she wouldn't do it. My mom's got schizophrenia'.

Development of effective problem-solving skills. Effective problem-solving also seems to contribute to the development of resiliency. While all five participants had a history of poor problem solving, the three more resilient women had learned effective ways of taking personal responsibility and dealing with difficult situations, while the two submerging women continued to be ineffective problem-solvers. The more resilient

women reported learning to weigh the pros and cons of a situation before acting: learning to ‘look at everything in two ways, the advantages and disadvantages’ and ‘listing things out, what would be a good result and a bad result’. Other strategies included setting priorities and making decisions to fulfill them and thinking ‘things through before I do something’.

In contrast, Yvonne tended to deal with difficult situations through avoidance or ‘getting angry, giving an attitude, fighting, and showing my butt’. Her decision-making appeared to have elements of ‘magical thinking’ such as deciding that having a child would make her life better, then realizing, ‘I didn’t get what I wanted because I wanted the father too’. She saw no way out of her current living situation and seemingly had little ability to formulate even a rudimentary plan for the future.

Accepting Help from Others

Accepting help from others was an important theme in the emerging resiliency of Sally, Trisha and Kameka. For these young women, allowing themselves to receive support and guidance from helpers involved the following sub-themes: readiness for help, quality of professional helpers, and developing a sense of trust in these relationships. While all five young women had received help from others at different points from family members, professionals and friends, the more resilient youth were able to find comfort as well as guidance within these relationships that allowed them to build a new sense of trust. Key in this process for Kameka and Trisha was their decision to turn away from family members and allow professional helpers to intervene. They used the safety and structure of treatment programmes to build the self-knowledge, skills, and new attitudes they needed for success. Sally, on the other hand, continued to benefit from the relationship with her father as she reconciled with him and at the same time set up boundaries in the painful and destructive relationship with her mother. Conversely, the two submerging women seemed to increase their dependency on their families and reject professional help. Yvonne returned home with her baby, turning to her family for economic survival, while Terry looked toward her family to ‘bail her out’ once again as she expressed, ‘My parents have washed their hands of me a couple of times. I just keep coming back. Well, I’m the only child. I know they are not going to turn their back on me, no matter what I do’.

Readiness for help. Significant in the emerging youths’ receptivity to help was a sense of readiness for allowing helpers into their world. Kameka, Trisha and Sally all reached a crisis point, an experience of bottoming out where they recognized that their old ways of behaving were self-destructive. Kameka not only reached the point of receptivity but actively sought help. Trisha’s life was virtually on the line when she entered a treatment programme for addictions. Although her parents had committed her to treatment, she faced the fact that she might die if she did not allow herself to receive the help that was being offered. After years of running away, Sally’s illness finally forced her to rely on professional helpers and particularly her father. At the point of receptivity came the beginnings of learning to trust in safe people which evolved slowly, over time.

The youth who were submerging were less able to take advantage of help from the programmes in which they participated as they both had unsatisfactory experiences in such programmes. Terry described multiple experiences of betrayal of trust as she said, ‘There are some shelters, people that have offered me a place to stay. I’d open up, I’d watch their kids, or do whatever they’d need for me to do. I offered them everything I had and they took everything I had then threw me away. And after being kicked out of so many places so many times you just get (used to it)’. As a result of this happening over time, she appeared to become less and less open to help as she said, ‘But this doesn’t bother me anymore for someone to say ‘Well, Terry, your time’s up’. There is just nothing that affects me anymore’. Yvonne had liked the last foster home she was in, but was asked to leave after she kicked another child in the home while babysitting. However, the experience was also one of betrayal for her as she described, ‘I never told her but this bitch that wanted my placement told her that I kicked her in the chest and that’s how I lost my placement. And she believed her!’ She subsequently became pregnant and returned to her parents’ home.

Quality of help. The quality of help offered was essential to the more resilient women’s receptivity to help. The helpers whose assistance had the most impact were those who demonstrated their caring consistently over time,

and in a variety of ways. They were patient, like Sally's teacher who 'was very patient with us, she'd sit down and she don't care if she have to explain it two or three or four times, she would keep explaining it until we get it'. The helpers were perceived as respectfully confrontational by pointing out what they saw happening and earning the young women's respect in the process. Kameka described one counsellor's confrontation in this way: 'She was like, 'I know what you're doing. You know you aren't hurting anybody but yourself'. So from that day on I kind of gave her a little better respect because, you know, I had been doing it to everybody, all the other counsellors, and they didn't catch on'. For Trisha, professional helpers served as role models. She said, 'Family wasn't that good for me. The friends I had acquired weren't that good for me. So, you know, the role models I had at the treatment center were like the best things in my life'. Quality of help received also includes the nature of the treatment programmes for those involved in such programmes. Both Trisha and Kameka were involved in long-term care where they had the time to develop new relationships. As Trisha explained, 'One of the definite things was treatment was so long and it didn't just address the drugs and alcohol, it went into several different areas of my life and addressed spiritual, emotional and mental needs'.

Not surprisingly, the less resilient youth described negative experiences with professional helpers and treatment programmes. They both reported violations of confidentiality and had learned not to trust those who offered help. As Terry explained, 'I have talked to people in authority, the school counsellors or somebody who I thought would listen to me and not go tell anybody. And every time I turned around I was telling those people how I was feeling and my stepmother was always finding out exactly everything I said word for word. So I just don't talk to people about my problems anymore'. Yvonne's experiences were mixed. She described one treatment programme where 'They took the time to listen to you, they took the time to give you advice and tell you, 'Well, here's what you could do.' They would talk to you about your attitude and would try to explain to them why you had it in the first place. And if you were down, there was always someone to talk to'. She contrasted that one experience with another where the helpers seemed more involved in their own self-interests than hers. She described, 'I hate to remember that place because the one thing that bothered me so much was that the psychiatrist was into that occult crap, and he asked me if I knew where he could get involved in one'. Another issue may have been that for the submerging youth, their exposure to treatment was too short. As Terry said, 'Some places, shelters I have been in South Carolina, people have offered me a place to stay. Two weeks later I had just gotten on my feet, got a job. 'Okay, it is time for you to go. It is time for you to leave here'. With \$20 in my pocket and nowhere to live'. Yvonne concurred when she said, 'These other hospitals didn't care, didn't care at all. All they cared about was throwing your butt in a room and locking you up somewhere, or restraining you'. Terry seemed to sum up her current feelings towards professional helpers when she said, 'I was a real open-hearted person. I had a big heart ... now I don't trust anybody who is in authority'.

Developing trusting relationships with others. Through their positive relationships with helpers, the emerging women began to change their relationships in other parts of their lives. For example, Kameka learned, 'All people weren't bad, you know, especially adults'. This learning was transferred to others enabling them to form relationships with a healthier peer group. Trisha described the relationships that were formed through her work in group therapy: 'Cause the group, I mean like it was ten girls actually in a cabin living, showering, sleeping together. We had group meetings together—we did everything together. The peer interactions helped with the isolation and that helped with learning that talking was good and learning about trust'. In later discussing how that learning was applied, she said, 'I like that I have very good friends and very special people in my life now that I'm very honoured to have in my life and I like me more than I ever have'.

Yvonne and Terry's experiences with others contrasted starkly with those of the resilient youth. Their limited personal connections seemed to reinforce past negative experiences and/or destructive patterns. After being released from jail just before the first interview, Terry quickly returned to hanging out with old friends and was soon re-arrested after committing a crime with her boyfriend. Her support system had changed little after the second interview as she described, 'I have my two best friends that I go out with every night and that's about it. We have each other. These are two people I have known all my life. They are the only two people besides my boyfriend that I am close to'. Upon returning to her parents' home, Yvonne became sexually and emotionally attached to an alcoholic, middle aged man in her trailer park who had recently been released from prison. In

describing this relationship in her life, she said, ‘the healthiest person is my guy. He drinks to hell sometimes, but I think that’s the only thing wrong with him is he drinks a lot. He got sent to prison for about 7 months for something he didn’t even do’.

Discussion

In this multiple case study, emerging attitudes and behaviours were explored that contributed to the development of resiliency among three former runaway and homeless young women. The differences were also examined between these young women and two of their peers who were identified as exhibiting high risk or submerging behaviours. The four themes that emerged, determination, meaning and purpose, caring for self and help from others, support and add to earlier resiliency models to varying degrees.

The five research participants lacked key protective factors that Rutter (1987) and others have described as central to the development of resilient behaviours. Rather than being able to alter their exposure to risk or having it altered for them by responsible adults, all five women experienced seriously traumatic experiences, including sexual abuse, out-of-home foster placement, psychiatric hospitalization, and serious substance abuse. In the face of such extreme experiences, they were not able to develop the protective factors that Rutter described to insulate or ‘steel’ them from traumatic experiences. What seemed to differentiate the more resilient from the less resilient women was the ability to adopt new behaviours that allowed them to develop a sense of self-esteem and self-efficacy that led to an openness to growth-producing opportunities. Werner & Smith (1992) asserted that self-esteem and self-efficacy seemed to be promoted through supportive relationships that provided nurturance and guidance as well as structure which the youth in the present study did not have access to until after they had run away from home. Thus, running away may be a potentially constructive coping strategy if youth are fleeing from highly conflictual and destructive family situations, if leaving home leads them into opportunities for more positive relationships with caring and competent adults.

The present study also supports the contention by Werner & Smith (1992) and Walsh (1998) that resilient behaviours can emerge at any time and can thus be influenced by developmental processes. The three more resilient young people in our study were able to use their painful experiences as a learning platform for profoundly transforming their lives as they aged out of adolescence into young adulthood. For all three young women, the process of ‘bottoming out’, so often noted in the literature on addictions, seemed to precede attitudinal and behavioural shifts signalling a change from a negative to a positive trajectory. It is clear, however, that development from adolescence into adulthood, in and of itself, is not sufficient to create resiliency. The two less resilient youth in our study continued to engage in high-risk behaviours at ages when the more resilient women had begun to show signs of resiliency.

Two themes that emerged from the present study of runaway and homeless youth have not appeared in earlier research on resiliency with this population. A sense of meaning and purpose in life emerged as a significant element in providing comfort and direction for the resilient women. This theme included spiritual connection, hope and gratitude, and concern for others accompanied by a commitment to give back to the community. The youth spoke of former unsatisfactory experiences within traditional religious practices and said that redefining their spiritual relationships in a new context empowered them to establish a more personalized and healing relationship with others. The other new theme that emerged was the idea of self-care—learning to recognize one’s needs and how to meet them constructively. This theme included the sub-themes of recognizing and meeting own needs, asserting one’s autonomy and independence constructively, and the development of effective problem-solving skills. Learning these new attitudes and behaviours enabled the more resilient young women to set boundaries in relationships and have successful experiences in independent functioning. These behaviours gave them a sense of accomplishment and mastery, as well as, helped them acquire a more solid sense of self.

Implications for Practice

Findings of the present study, when compared and contrasted with those of earlier studies on resiliency, provide certain implications for practice. However, the following suggestions should be tempered with a recognition of

the limitations of qualitative research with small samples. This limitation especially impacts generalization of findings, leaving the reader with the responsibility for evaluating the applicability of such findings within the context of their own experience and knowledge of the study population (Lincoln & Guba, 1985). An additional caveat is in order: because this study involved five females, it is unclear whether the findings would be applicable in work with runaway and homeless males. Even while acknowledging these limitations, we believe that certain implications for more effective practice with runaway and homeless youth can be derived from this study.

The more resilient women all cited the important role of helping professionals. These relationships appeared to have made a deep impact on these young women, providing reinforcement for the notion that the therapeutic relationship is more important than programme design or setting (Kurtz et al., 2000). A key difference between the more and less resilient participants was the experience of feeling safe enough to accept professional help that allowed for the rebuilding of trust, so shattered in their lives. Receptivity to helpers seemed to be crucial for the three emerging women. However, support alone did not seem to be sufficient to stimulate the change necessary to help the youth make the shift in a more proactive direction. In at least two cases (Trisha and Kameka), professional helpers facilitated deep healing work, utilizing the therapeutic relationship to create corrective attachment experiences. This phenomenon also provides support for the idea of intervention approaches that include the opportunity for such therapeutic relationships to form and come to fruition. Neither of the less resilient youth reported having such a supportive environment or constructive relationships with adults. They appear to have been either unable or unready to utilize the help that was available to them, or the nature of the help was not compatible with their needs.

More long-term treatment approaches are especially important when working with youth who have been sexually or physically abused and those who themselves have substance abuse problems. Thus, short-term treatment approaches that are currently offered by shelter programmes, while they may help resolve the immediate crisis, may not be particularly useful in helping many seriously troubled runaways and homeless youth move from negative to positive trajectories. Unfortunately, recent changes in the US system of health care, especially mental health care, threaten the availability of long-term treatment for these troubled youth. The length of time for in-patient substance abuse rehabilitation programmes has shrunk over the years as managed care practices have been put in place to reduce health care costs. Programmes that once lasted 60–90 days frequently now last no longer than two weeks. Even in out-patient mental health counselling, the emphasis is on reducing the length of time a client is involved with the system, a philosophy that is at direct odds with the lessons the more resilient study participants have to teach us. A great portion of the implementation of the foster care system in the US is placed in the hands of underpaid and overwhelmed case managers who are charged with the Herculean task of juggling large caseloads with hard-to-place adolescents with too few resources available for adequate placement. No wonder that focusing on nurturing and maintaining a consistent relationship with the adolescents on their caseloads may be neglected especially in view of the very high burnout and hence turnover rate among those helping professionals. Conversely, however, these service providers are often the most consistent relationship for the youth in their charge and have the opportunity to provide these youth with important role modeling especially if they are from similar racial and ethnic backgrounds (Yancey, 1998).

The importance of young people having access to experiences that allow them to develop a sense of self-esteem and self-efficacy is borne out by this study as well and supports the previous research conducted by Rutter (1987) and Werner & Smith (1992). To a certain extent, the process of becoming more resilient is self-reinforcing. As they began to exert their determination to turn their lives around, the more resilient women experienced successes that reinforced their efforts. One way all three more resilient young women developed a sense of self-esteem and self-efficacy was to engage in activities that helped other people. Intervention approaches can build this type of activity into their work with youth who are in need of corrective self-esteem experiences.

The two less resilient women pose challenges for youth workers. Whether they will eventually achieve some

level of resiliency is unclear. However, it behooves youth care workers and social service personnel in general to believe in the promise of change and potential in this population. This is an important issue to address in ongoing training and supervision with direct care staff as the challenges and frustrations of working with homeless and runaway youth can be daunting. It is important to note, however, that the more resilient women reached their level of functioning after a long journey through many troubled encounters where they fell prey to reactive behaviours. Many of the professional helpers who interacted with them along the way might be surprised at the current state of their development. Had it not been for helping professionals who were able to see beyond their negative behaviours, their progress may have been subverted. Maintaining an understanding of developmental processes at work and the context and meaning of self-destructive behaviours will enable workers to adopt a strengths-based perspective when working with youth even when the youth's potential seems obscure. Even Kameka, who by any standard, has prevailed over serious adversity, noted that she is still a 'work in progress' when she commented, 'Everything that I've gone through, I'm still in process, and I know it's a process'. It is important not to forget the idea of adolescence, and, indeed, life, as a developmental process, even when some youth, like Yvonne and Terry, seem to be static or moving in a negative direction.

This study has generated many new directions for future exploration. Developing a schema for tracking phases and/or developmental patterns as a way to understand the development of resiliency as a process is indicated. This approach will deepen our understanding of how negative trajectories are transformed into positive directions. Another potential for exploration is the process of 'bottoming out' as a prerequisite to making significant shifts in trajectories. The role of spirituality and its place in strengths-based programme planning and staff training is also a subject for further inquiry as well as a continuing look at the healing power of relationship. The lessons that our youth have gleaned from their lives will continue to provide fertile territory for learning and inspiration for further inquiry.

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