

Opinion

From Where to Where – Running Away from Care

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This opinion piece draws on the literature regarding absconding from care and its links with child sexual exploitation and trauma. The author draws on her experience in the child protection, out-of-home care and therapeutic services to raise some questions and suggest some themes about how the system responds when young people run away from what is purportedly safe to what is palpably unsafe. The article concludes with a brief description of trauma-informed practice and suggests that this concept is a useful contribution in our response to helping young people no longer needing to run.

■ **Keywords:** absconding, child protection, out-of-home care, exploitation, trauma, trauma-informed practice

Introduction

What is absconding or running away? We call it something different depending on who we are, who we are talking about and the situation. When an adolescent leaves a residential care unit for one or more nights without workers' permission, or workers' knowledge of his or her whereabouts, the protection and care system call it absconding. The general public would probably call it running away, going missing or delinquent behaviour. The young man or woman might call it an escape, meeting friends, needing a break, doing whatever they can to survive, or they may not have any name for it.

When a 15-year-old goes missing from school and home for a couple of days there are very different community and system responses, depending on who the young person is and where they are. If this is a young man on a school camp who goes missing, the police, State Emergency Service (SES), family and the whole local community are galvanised into action, and will do whatever it takes to find him, usually at considerable financial cost. If this is a young woman in a residential unit who goes missing, there will be a police warrant, the child protection After Hours system will have an alert and, if the workers have an idea of where she might be, they may attempt a visit. There will probably not be contact with the family unless that is where the workers think she has gone. There will be no public notice, although social media are beginning to play a role in spreading the word. The system's response will vary depending on the jurisdiction, such as whether it requires a critical incident

report and whether the Minister of the relevant Department is informed. Both scenarios have the potential for risk of life and certainly risk of harm, and yet we seem to accept, or at least acquiesce, to the widely variant community and professional responses.

This reflects more than just a subjective construction of the experience. It embodies a series of core assumptions and values. Are young people in care because of what has happened to them or because of their behaviour? Is the person running away, or towards someone or something? Are they on the run as part of a life on the streets – as if that is a genuine career option – or are they trapped in a miasma where every element is perceived as toxic? What is the meaning of safety for this person? Where do they feel safe? Are they safe? If they are using drugs, who is to blame? If they are involved in sexual exploitation such as prostitution, who is to blame? Can we make any difference if they feel the need to run away? Is one young person's life worth more in our community than another's?

Literature

A literature review was undertaken by this author on behalf of the Commissioner for Children and Young People

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(Victoria) regarding high-risk adolescents, with a focus on sexual exploitation. The issue of absconding was highlighted as a major theme (Jackson, 2014). In fact, a pattern of absconding was one of the most consistent mediating factors associated with a young person being exploited through prostitution (Barnado's, 2011; Beckett, 2011; Brawn & Roe-Sepowitz, 2008; Courtney & Zinn, 2009; Cusick, 2002; Kaestle, 2012; Martyn, 1998; Rafferty, 2013; Smeaton, 2013; Wilson & Widom, 2010).

Smeaton (2013, p. 18) posited that there was not one single link between running away and sexual exploitation, but rather a number of factors that could influence both, including '... bereavement or other loss, social issues relating to the family and a history of abuse, which leads to a young person experiencing both running away and sexual exploitation'. Nonetheless, a pattern of absconding is a likely precondition or indicator of risk of becoming involved in sexual exploitation.

Running away can lead the young person to need money for survival (Smeaton, 2013; Twill, Green, & Traylor, 2010). The experience of being on the street is also likely to increase the risks of being sexually exploited through increased exposure to those who exploit (Cusick, 2002; Smeaton, 2013). 'Running away can be a response to feeling unwanted, feeling the need to be cared for and seeking attention. Child sexual exploitation is the form that the attention takes' (Smeaton, 2013, p. 24). Some young people may run away to avoid sexual exploitation within the home or placement (Smeaton, 2013). Identifying patterns of absconding, such as if it is increasing, can enable early detection of increased risk of exploitation (Twill et al., 2010).

Beckett (2011), Biehal and Wade (2000), Ching-Hsuan (2012); Clark et al. (2008), Smeaton (2013) and Tyler, Johnson and Brownbridge (2008) describe some of the push and pull factors leading to running away from care. Some of the factors for 'pushing' a young person away from placement include: being unsettled in placement, restrictions placed on the young person, no-one seeming to care, feeling alienated, abuse by caregivers, lack of safety, being bullied at school or in the neighbourhood, participating in group escapes, non-attendance at school and boredom, links with previous neighbourhood, and avoiding the rules and expectations of others. Some pull factors include: desire for greater control and autonomy, being with family or friends, attending activities and parties, drug use, committing offences, peer recognition for beating the system, excitement and sense of freedom, or to show that they are adults and able to care for themselves. Particular triggers that may lead someone to run away on a given day include: peer pressure, incident of abuse or unfairness, avoiding consequences, a positive or negative phone conversation with a parent or sibling, or a feeling of loneliness and depression.

Few Australian studies on absconding were found. The evaluation of the Berry Street Take Two therapeutic programme found that, at time of referral, 31% of 1034 children/young people had continuous and/or lengthy patterns

of absconding, of whom 134 (13%) were under 12 years of age (Frederico, Jackson, & Black, 2010). Biehal and Wade (2000) undertook a study of 272 young people involving 2227 incidents of running away from residential care and foster care in England. Courtney and Zinn (2009) undertook a study of 14,282 young people in care who had run away at least once in Illinois (USA). Both studies reported that although children who ran away were usually older than 12 years, a number were younger. Courtney and Zinn (2009) found that the younger the child when he or she first ran away, the more likely he or she was to run away again.

Biehal and Wade's (2000) study supported the findings of other studies, that young people in out-of-home care were over-represented in those who were runaways on the street. They found that some residential units had a higher proportion of young people who absconded than others. Forty-three percent of those who went missing were from 4 out of 32 homes, and two-thirds of the running-away incidents were from 7 homes. This could infer something about the difficulties already experienced by young people placed in particular homes and/or the nature of those homes. Alternatively, it could indicate some positive contribution in the other homes. Either way, it would indicate a need and an opportunity to consider whether there are similar patterns in our own jurisdictions and what can be learnt through more analysis. Biehal and Wade (2000) found that factors associated with high numbers of young people running away from residential care included senior management not offering clear leadership, low staff morale and staff lacking hope about their ability to keep young people safe or to control their behaviour.

In more disorganized [residential] homes with high rates of absence, a sense of fatalism about how to challenge young people's behaviour was more pervasive. In such contexts, whether enticed or coerced, young people's careers of going missing appeared to proceed unchecked. (Biehal & Wade, 2000, p. 223)

Courtney and Zinn (2009) noted that young people in care were more vulnerable to running away, due to their experience of abuse and neglect and their disconnection from the concept of home. Placement instability is another major contributing factor to absconding (Biehal & Wade, 2000), and is an additional indicator of loss and disconnection.

Trauma-informed Models of Practice

The associations between absconding and exposure to trauma and loss, along with the findings on the impact of organisational culture, indicate the value of a trauma-informed organisational culture as a platform for positive practice with young people who abscond from care.

A recent definition of 'trauma-informed' is as follows:

A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and

symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization. (Substance Abuse and Mental Health Services Administration (SAMHSA), 2014, p.9)

Trauma-specific refers to therapeutic approaches tailored to help a person manage and reduce trauma-related symptoms and to integrate the experience of trauma so that it no longer intrudes on the present (Adults Surviving Child Abuse (ASCA), 2012; Atkinson, 2013; Bateman, Henderson, & Kezelman, 2013; Fallot & Harris, 2006). *Trauma-informed* models include access to trauma-specific interventions when required, but are much broader than these on a day-to-day basis.

For young people who experience being lost, feeling lost or wishing to be lost, such as reflected through running away, a trauma-informed service and system response is vital. This would work continuously towards a number of hallmarks of trauma-informed practice, including: a culture of no violence; respecting difference; recognising impacts of trauma and responding accordingly; understanding meanings behind behaviours and the needs not being met; encouraging everyone, including young people, staff and management, to put words to feelings (the joys and happiness as well as sadness and worries); sharing power and reducing power differences; cultural respect and privileging relationships (ASCA, 2012, Bateman et al., 2013; Bloom, 2005; Fallot & Harris, 2006, SAMHSA, 2014).

Although there has not been explicit research to date about trauma-informed models and absconding, the Therapeutic Residential Care evaluation in Victoria noted that reducing absconding was one of the achievements of the trauma-informed approach (VERSO Consulting Pty Ltd, 2011).

In addition, there is value in trauma-specific therapeutic approaches, as inferred through the research of Fasulo, Cross, Mosley and Leavey (2002), who found that the number of psychotherapy sessions, regardless of length of placement, was associated with reduced risk of running away.

Karam and Robert (2013) identified three needs that running away met for 10 high-risk young people in residential care. These were: reconnecting with their natural environment, in an attempt to return to normality and familiarity; regaining control of their lives; and expressing their feelings, such as grief and stress. Karam and Robert concluded that running away was best understood as part of a young person's attempt to cope, and that such understanding may lead to more therapeutic and effective responses. They referred to Fasulo and colleagues' (2002) findings of the association between reduced running away and the intensity of the therapeutic relationship, and noted some of the benefits of therapy, including:

... the development of a sense of security in their environment, a sense of ownership to the therapeutic approach, a

better understanding of the situation, expression of emotion instead of acting on them, etc. Furthermore, all of these may lead to stopping runaway behaviour. (Karam & Robert, 2013, p. 78)

Clark and colleagues (2008) carried out a small comparative study of young people with a history of running away and reported that their behavioural analysis intervention led to a decrease in running-away behaviour. This intervention includes:

- making informal functional assessments of a young person's interests, preferences and reasons for running away;
- providing access to someone who listened and talked non-judgementally with the young person each day;
- providing safe access to family and others;
- enhancing positive features of the placement through activities and time with people;
- undertaking active communication with schools and other supports;
- acting on the young person's wishes in terms of placement;
- assisting leaving-care planning in a timely way.

Conclusion

Children and young people who run away are often trying to do the best they can to survive in a world they have learnt not to trust. Those with a history of maltreatment, where the adults supposed to keep them safe have been the source of danger, have often learnt to run when they cannot hide. This can continue even when the adults now responsible for their care are doing their best to provide a safe and nurturing home. Whether the young people have learnt this strategy from others or have found their own version of the 'flight or fight' response, we need to proactively show them there are people who care enough not to just let them walk out the door. We need to notice the early signs of a potential pattern of absconding, to interrupt that pattern as quickly as possible. A trauma-informed response does not mean being trauma-saturated or making people talk about the trauma. Rather, it emphasises that young people's and staff's behaviours are understood in the context of their experiences and the meanings they place on these experiences. Providing young people with new experiences that show them new ways of creating positive meanings about themselves, those who care for them and the world in general is key.

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