Street youth suicide: An analysis of narrative.

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STREET YOUTH SUICIDE: AN ANALYSIS OF NARRATIVE

by

Sean A. Kidd

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Abstract

Interviews were conducted with thirty-seven street youths [ages 15-24] at a street outreach agency, and in the downtown area of Toronto. Participants described their experiences with, and understandings of, suicide as it exists for themselves and the street youth subculture. A grounded theory analysis of the narratives revealed themes of isolation, rejection/betrayal, lack of control, and more centrally; low self worth. These themes are examined in light of the emotional pain and suicidal behaviour described by the participants, and the results are compared with previous research on this population. The implications of the present findings for the development of prevention and intervention programmes targeting Street Youth are addressed.
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Chapter 1

Introduction

Purpose of Study

This study is designed to address the problem of suicide among street youth. Thirty-seven semi-structured interviews were conducted with street youths focusing on their experiences with emotional pain and distress, and their understandings of suicide. Suicidal behaviour in the street youth population has reached crisis proportions, and it is hoped that a qualitative analysis of the suicide narratives of this group can lead to more effective prevention and intervention programmes.

Street Youth as a Subculture

The term “Street Youth” is broad, and encompasses a number of subgroups. Under this heading fall those who left home without their guardian’s consent (runaways), those who were ejected from their homes (throwaways), those who have had negative experiences with social services (system kids), and those who lack basic shelter (street kids) (Plympton, 1997). These distinctions are ill-defined, with some adolescents existing in more than one of the above categories at once, or moving between them (Plympton, 1997). In the absence of an adequate way of breaking down this population into subgroups, the term “Street Youth” will be used throughout this paper to apply to any or all of the above. Although it has been argued by some that there is too much diversity within the street youth community for it to be assigned the label “subculture” (Tait, 1993), the majority of researchers would appear to agree that the situational and psychological similarities between street youths warrant an examination of this
population as a distinctive social group (Holdaway, M.S., & Ray, 1992; Plympton, 1997; Smart & Walsh, 1993; Stiffman, 1989; Webber, 1991).

**Adolescent Suicide**

Suicide among adolescents is a topic which is receiving considerable attention in psychological research, and is being regarded as a social crisis in North America where suicide rates in the adolescent population increased 300% between 1950 and 1990 (Berman & Jobes, 1995). Suicide is ranked as the second leading cause of death, after accidents, among adolescents aged 15-19 (Berman & Jobes, 1995). It is estimated that adolescents attempt suicide at a rate that is 50-100 times higher than completed suicide rates. Adolescent girls attempt suicide at a rate 3-4 times as high as adolescent boys; their use however, of less lethal methods results in a higher rate of survival (Pagliaro, 1995). The number of males completing suicide is estimated to be four times higher than the number of female completed suicides (Berman & Jobes, 1995). The problem of adolescent suicide is especially salient in Canada, where the adolescent suicide rate is third highest among major countries, after New Zealand and Finland (Pagliaro, 1995). It is important to recognize that differences in reporting rates and criteria for reporting suicides may make statistical comparisons across countries difficult. It has, however, been shown that in comparison with their American counterparts Canadian youth may see suicide as a more normal way of coping with their problems (Leenaars & Lester, 1995).

The disturbing amount of suicidal behaviour among our adolescent population has resulted in massive efforts being undertaken to determine its’ cause. A large number of
studies have examined the risk factors related to adolescent suicide (for reviews see Henry, Stephenson, Hanson, & Hargett, 1994, and Pagliaro, 1995). Suggested risk factors include biochemical abnormalities, sexual orientation, lack of social support, hopelessness, difficulty in adapting to change, depression, conduct disorder, loneliness, low self-esteem, social isolation, substance abuse, stress, previous attempts, family system dysfunctions, abuse and neglect. There is also a large body of research devoted to understanding why the suicide rates are increasing so precipitously. Explanations range from increased depression and substance abuse among adolescents (Berman & Jobes, 1995) to a reduction of family ties and religiosity (Leenaars & Lester, 1995). Another distressing facet of this problem that has received considerable attention is the possibility of suicide "clusters" occurring among adolescents. Suicide clusters occur when adolescents are placed at a higher risk of suicide due to either direct or indirect exposure to other adolescent suicide (Hazell, 1993).

Street Youth Suicide

Throughout this morass of competing and interacting risk factor analyses, one message is clear: suicide represents a noticeable and increasing danger to adolescents as a group. It is not very surprising to find that the subgroup labeled street youth, who possess a myriad of problems beyond those of the average adolescent, are an extremely high-risk group. What is surprising is that only four studies in the last ten years have focused specifically on street youth suicidality (Greene & Ringwalt, 1996; Molnar, Shade, Kral, Booth, & Waters, 1998; Rotheram-Borus, 1993; Stiffman, 1989). Other studies have incorporated a single question regarding attempted suicide in an interview
focussing on another topic (Feitel, Margetson, Chamas & Lipman, 1992; McCarthy & Hagan, 1992; Schissel, 1997; Shaffer & Caton, 1984; Smart & Walsh, 1993). Suicide attempt rates ranged from 19% – 29% for males, and from 34% - 80% for females (see appendix B for a review of attempt rate findings). There appear to be no studies of completed suicide rates for this population.

The past experiences, present stressors, coping mechanisms and symptomology exhibited by street youth are clear indicators of a population facing a high risk for suicide. These factors are reviewed below.

Past experience: There is a wide range of reasons why adolescents leave home to live on the street. These include: poor parent-child relationships, manifested in extreme family conflict, alienation from parents, physical abuse, neglect, and incest. The abuse and problems at home contribute to interpersonal tensions, poor teacher-student relationships or other school problems, delinquency, and a need for excitement and independence which augment the overall desire to leave (Adams, Gullotta, & Clancy, 1985; Buckner & Bassuk, 1997; Feitel et al., 1992; Ringwalt, Greene & Robertson, 1998; Schissel, 1997; Terrell, 1997). Many of these factors have been linked to suicide (Beautrais, Joyce & Mulder, 1996; Pagliaro, 1995).

Present stressors: The threats that adolescents who run away or are thrown out must deal with are considerable. Street youths face a life of constantly searching for food, shelter, and some form of income. The possibility of starving, freezing to death, of
being assaulted or murdered are the realities in which these adolescents exist (Hagan & McCarthy, 1997; Webber, 1991). The social system set in place to help these adolescents through foster care and various agencies is often seen as another actual or potential source of stress, similar to the one which initially drove them into the streets (Holdaway et al., 1992; Webber, 1991). Serving to illustrate this point is one study in which a positive relationship was found between the amount of time spent in a socially supported youth hostel and depression (Smart & Walsh, 1993). These factors are important to take note of given data which indicates that stress in general (Berman & Jobes, 1995; Sandin, Chorot, Santed, Valiente & Joiner, 1998) as well as a lack of social support (Pagliaro, 1995) are major risk factors for suicide.

Coping mechanisms and symptomology: To cope with their extremely harsh environment many street youths choose or are forced into prostitution, steal to support themselves, and deal and/or abuse drugs (McCarthy & Hagan, 1992; Hagan & McCarthy, 1997; Plympton, 1997; Stiffman, 1989; Webber, 1991). Linked with, and arising from these destructive coping mechanisms, are high rates of low self-esteem and feelings of worthlessness (Adams et al., 1985; Feitel et al., 1992; Hagan & McCarthy, 1997; Melson, 1995; Savin-Williams, 1994; Smart & Walsh, 1993; Terrell, 1997; Webber, 1991), feelings of loneliness (McCarthy & Hagan, 1992; Savin-Williams, 1994; Smart & Walsh, 1993), and high rates of AIDS infection (Rotheram-Borus et al., 1991). Concomitant to these factors is the high level of depression found in the street youth population (McCarthy & Hagan, 1992; Smart & Walsh, 1993; Stiffman, 1989). In view of the number of these factors which have been linked with suicide in the Canadian adolescent
population (Pagliaro, 1995), especially depression (Sakinofsky, 1998), it is likely that they also influence street youth suicidality.

Given the predictors of suicidality exhibited by many street kids, and the estimated two million youths on the streets of North America (Janus et al., 1987), [rate in Toronto estimated to be between ten and twenty thousand annually (Carey, 1990; Kelly, 1989)], the lack of psychological research in the area is alarming. An examination of the social factors which lie behind the general ignorance of this pervasive problem is warranted.

What is Suicide?

An influential interpretation of suicide has been offered by Edwin Shneidman (1996) who views suicide as a multi-faceted phenomenon encompassing biological, cultural, sociological, interpersonal, intrapsychic, logical, philosophical, conscious and unconscious factors, all coming into play in the face of psychological pain, or "psychache". In other words, in the face of perturbation, or emotional anguish, the individual is motivated to end this state of psychological and possibly physical pain. It is the lethality of the suicidal act as an escape route which is the problem being faced. If suicide is examined using this model, it can be viewed as an idea, or option which is chosen in the face of unbearable psychological pain (Kral, 1994).

**Cultural manifestation of suicide:** The first question to consider in trying to gain an understanding of suicide is: How did the suicidal individual find out how to be
suicidal? In other words, where did the representation of the act, precursors, and consequences come from? Culture is the crucial determinant in how people express themselves, and how they solve their problems (Hall, 1976), and suicide is internalized via culture as part of the individual’s response system to psychache (Kral, 1998). It would be valid, therefore, to examine street youth suicide as a cultural phenomenon. However, it is important to recognize that an individual is a member of several cultures and subcultures simultaneously. These various cultures or groups to which a person belongs will, in varying degrees, determine the way the suicidal response system develops. There will be uniqueness in the individual’s construction of their past experiences, their conception of their possible futures, and analysis of their present situation and feelings. Consequently, in the proposed study of street youth it will be important not to homogenize their conceptualization of suicide to the extent where the individual as a part of many differing subcultures is ignored. Rubin and Rubin (1995) address this point in their discussion of the fallacy of creating a non-existent mental construct which is to represent the average or typical person.

The next question to consider is: How is the idea of suicide incorporated into the lives of individuals? The process through which suicide is internalized is best addressed from a discursive psychology viewpoint. Discursive psychologists view mental life “as a dynamic activity, engaged in by people, who are located in a range of interacting discourses and at certain positions in those discourses and who, from the possibilities they make available, attempt to fashion relatively integrated and coherent subjectivities for themselves” (Harre & Gillet, 1994, p. 180). These “discourses” refer to the constant
interaction of an individual with themselves and their environment. In this context, suicide as a response to unbearable psychic pain is internalized by the individual through a dynamic process of discovering what emotional pain is in their cultural context, learning how suicide has been used as an escape from this pain, and determining if their experienced situation warrants suicide as an acceptable option.

It is important to recognize the diversity present within the street youth subculture (Plympton, 1997). It is hoped that, although there is considerable diversity present, the construct of suicide as it is held by street youth is substantial as a *mutually held meaning*, substantial enough that an understanding of what suicide is for the street youth interviewed in this study will hopefully lead to more focused intervention programmes. This goal may benefit the broader population of street youth as a whole. Of the runaways Stiffman (1989) identified as suicide attempters, one half of them did not seek help from mental health professionals. This sets the stage for a tragic and unnecessary loss of life.

**Rationale for Using a Phenomenological Approach**

The proposed study will be conducted and interpreted using the theoretical framework of phenomenology, as articulated by Holstein and Gubrium (1994) based on the work of Alfred Schutz (1970). This phenomenological stance rests on the constructivist assumption that there is no objective reality, and that each person’s reality is an active construction formed through the interactions of an individual’s perception, interpretation, and environment. It is through the interaction of the self and what is perceived that “reality” is formed. Phenomenology asserts that we approach and interpret
the world within a pre-constructed system of ideas, theories, values, and attitudes that we use to create our experience.

In order to communicate with other individuals, an assumption must be made that individuals can share the same meanings. If this "shared-meaning" does not exist, communication in turn has no meaning. Bruner (1990) articulates this point stating that "Our culturally adapted way of life depends upon shared meanings and shared concepts and depends as well upon shared modes of discourse for negotiating differences in meaning and interpretation" (p. 13). As mentioned above, street youth as a group face a unique set of environmental challenges, have experienced similar pasts, and have created a shared meaning system through interaction. It is this group-constructed meaning that is given the broad label "subculture".

Both socially and individually constructed meanings influence choices about what actions to take, and motivate individuals to act. To use the present example within this framework, the idea of suicide is formed through both individual and social construction, and how it is expressed within a given individual is an outgrowth of this shared meaning. Two points arise from this understanding of suicide as a constructed phenomenon. First, there is the necessity to examine the language used to express the meaning of suicide, as language is an important factor in the construction of meaning (Bruner, 1990; Schutz, 1970). It can almost be regarded as the "raw material" of suicide. Second, there is the need to examine the construct of suicide both within the individual, and within the group, since the idea of suicide exists as a simultaneous group/individual entity (Kral, 1998).
The proposed study will examine suicide among street youth using a qualitative rather than quantitative methodology. If, as is the purpose of this study, one wants to examine a phenomenon such as suicide as a social construct, trying to understand its meaning for those who employ it, it is necessary to examine it as a whole. Meaning is lost in an examination of its individual constituent parts, since a "construction" by definition is a gestalt of interacting parts. What is lacking in this view is generalizability. Constituent parts are quantifiable, and can generally be found across large groups of individuals, but the meaning of a construct is inherently resistant to being broken down and quantified. The greater the depth of meaning examined, the more local that meaning is likely going to be. Though the generalizability of quantitative studies is desirable, they often neglect the levels of meaning and interactional dynamics which can be accessed through a more phenomenological approach.

It is clear that both quantitative and phenomenological approaches are valuable to the advancement of human understanding. In the area of the study of street youth, both approaches have been used: [quantitative see: Hier et al. (1990), Smart & Walsh (1993), and Stiffman (1989), phenomenological see: Plympton (1997), Powers & Jaklitsch (1989), Webber (1991)].

In this study a phenomenological approach is used for a number of reasons. First, the lack of research on this population warrants an in-depth examination of the idea of suicide among street youth to serve as a generator of hypotheses for future study.
Second, there is the nature of suicide as a topic of study. As it is resistant to experimental methods of inquiry, a wide range of approaches are justified in trying to understand this research-elusive phenomenon. Finally, it allows for the use of participative inquiry, an approach which aided greatly in developing rapport with this group and which shall be discussed in detail in a following section.

The Use of the Narrative

The next question that arises is: If we are to study the meaning of suicide as it is held by a subculture such as street youth from a phenomenological perspective, how is it to be examined? The narrative appears to be the most appropriate way for an individual to communicate personal perceptions and understandings to an inquirer. Individuals organize a large part of their experience in the form of a story, or narrative structure (Baumeister, 1994; Bruner, 1990; Cortazzi, 1993). Humans take individual constituent parts of experience and organize them along a temporal dimension to give events meaning as a whole, or gestalt (Bruner, 1990).

Narrative structuring is not the only way of processing information. Individuals interpret their own narratives and organize that information paradigmatically, or conceptually (Baumeister, 1994). This is a hierarchical process of abstract processing. Though people use abstract reasoning in their cognitive processing, it would appear that people think of other people and situations mostly in narrative terms. This point is well illustrated by Baumeister (1994), who noted that although studies on how people conceptualize others have shown that people use abstract traits (Klein et al., 1992;
Winter & Uleman, 1984), in non-laboratory situations, people most often think of others in terms of events and behaviours (stories) (DeRaad, 1984). Additionally, the process of organizing information narratively is conducive to a better retention of that information in memory (Mandler, 1984).

Narrative thought serves as an important tool in people’s attempts to understand and give meaning to their experiences. People observe and experience events, and construct the meaning of those events placing them in a temporal or narrative schema. As constructed meanings are open-ended, so are narratives. An individual’s social context is going to influence their constructs, and their interpretation and organization of their narrative explanations of experiences. Consequently, the narrative framework as a meaning system will be shared by cultural groups, e.g., street youth. Through a cycle of revising and adding to individual narratives within the group context, a group narrative is formed. Although it is true that every individual’s understanding may in a small way influence the group’s, the group’s understanding of their experiences will gravitate towards a mean understanding, or group narrative. It is hoped that through an examination of individual narratives on the topic of suicide, the street youth group suicide narrative can be accessed.

**Participative Inquiry**

If a phenomenological approach is to be taken, in which meanings as wholes are to be examined and articulated, there will likely be differences between the original meanings and how they are ultimately expressed in a research setting. In other words, a
person may communicate an edited or altered version of their understanding of a phenomenon when they have to explain it in a harshly lit office to a stranger. As a result, if the outcome of the present study is to be a valid representation of the meanings suicide holds for street youth, the relationship between the original personally held meanings, and the meaning system through which it is to pass must be explicitly stated. In the proposed study, that relationship will incorporate the main tenets of the approach known as participative inquiry.

Participative inquiry is different from traditional orthodox inquiry, where the “subject” is often for the most part alienated from the inquiry process and its outcomes, in that it involves participants in the information gathering process as much as possible (Reason, 1994). In its purest form, participative inquiry is an approach where the participants are co-researchers who are aware of, and involved in, all aspects of the study. They help to generate ideas, contribute to the study design, and organize the findings. Additionally they are co-subjects who participate with an awareness of the purpose, method, and use to be made of the conclusions (see Reason & Heron (1996). The present study makes use of the “co-subject” aspect of participative inquiry.

There are a number of reasons why participative inquiry is utilized in the present study. The first point relates to the goal of research as a vehicle which can benefit those who are being studied. In the case of street youth, a group from whom power and control over their lives has been stripped away, an obvious way to benefit them is to create an atmosphere in which the participant may experience some sense of power and control in
the context of research. This restoration of power is attempted by making them aware of the purpose and implications of the study and incorporating them as "teachers of experience," rather than "subjects" (Mishler, 1986; Reason, 1994). This approach is strongly advocated by Critical Social Researchers (Kincheloe & McLaren, 1994; Rubin & Rubin, 1995).

Another benefit of participative inquiry concerns the validity of the information gathered. If suicide is looked upon as a socially constructed set of meanings, the site of that construction (subculture) is where the most valid representation of that meaning is to be found. In other words, when street youth discuss and experience suicide with other street youth, the meanings of suicide expressed in such a discussion are going to be integral and very close to the meaning of suicide for the individual. The motivation to jointly construct that meaning is a shared goal (reduce pain of loss, facilitate communication etc.) If, in the context of an interview, a shared goal can be created even in a very limited sense, the meanings that suicide holds for the participant will be closer to their socially/individually constructed meaning than a meaning in which the research context is a major factor in meaning construction. The importance of context in meaning construction is discussed in detail in Hall (1976).

**Meaning Collisions**

To help illustrate the importance of correctly interpreting the meanings that suicide holds for the street youth subculture, I will use the term "meaning-collisions" to describe points at which those meanings may be influenced by the research situation.
Meaning collisions are, in other words, aspects of the interview where the expression of meaning is blocked, or interpreted based upon flawed assumptions (Kidd, 1998). The greater the number of meaning-collisions, the less valid the outcome will be as an expression of the original construct. A major goal in the proposed study will be to reduce meaning-collisions as much as possible.

In this study there are likely to be two major collisions. The first will be between the individual’s meanings, and the interview setting. This first collision has three levels. Level one: At the most superficial level, the physical unfamiliarity of the interview context will likely cause the participants to be defensive and monitor closely what they express. Level two: Suicide may have many meanings to an individual, some superficial, others deep and held subconsciously, which are apt to change in different situations and across time. With the limited time for discussion and the development of rapport in the interview setting, accessing these deeply held and changing meanings may be very difficult. This is especially likely since the most surface level meanings of suicide held by the person are likely to be expressed first and take up most of the interview time. Level three: This is a collision the person has with themselves. As most people have found out, expressing deeply-held and emotionally laden thoughts is a very difficult thing to do without the meaning changing in the expression of it. This level may be strongly influenced by the person’s background, such as their experience with talking about emotional thoughts, or verbal skills. This is relevant in that some thoughts or feelings surrounding suicide which may influence an individual’s actions may not be adequately articulated and understood. It is clear that this first collision, at these three
levels, may reduce the proposed study's effectiveness in obtaining an accurate understanding of the construct of suicide as it is held by street youth.

An attempt will be made to reduce the impact of this first collision through the use of the participatory approach. If a person's identity is to be regarded as an enormously complicated interacting set of meanings, then to express openly a portion of that meaning is to leave the self vulnerable to attack. George Kelly (1955) characterizes such an organization elegantly in his discussion of construct systems. According to Kelly (1955), constructs are organized hierarchically within the individual where superordinate or core constructs are used by the individual to maintain their identity, and subordinate or peripheral constructs can be changed or threatened without fear or anxiety. If examined from within Kelly's framework, suicide as a construct would likely be considered more of a core construct than the "tough street kid talking to some jerk for money" construct, for example. In getting a person to express constructs which are at a more central or core level, that person is being asked to express a construct which is closer to those used to maintain their identity, or self. Street youth, being under attack constantly in various ways, must protect their core constructs with a great deal of peripheral constructs. In asking them to express a more central construct, I am essentially asking them to drop some of the defences that have been, and are, the mechanisms that have allowed them to survive as long as they have. Thus, if the interview process is viewed as a threat, the narrative told will be a reflection of a number of lower-order defensive constructs used to protect the integrity of their core construct, or self. In this situation the meaning system of the interviewer will be at a different level than that of the participant, and any attempt
at constructing a shared meaning from such an interaction would be founded on flawed assumptions. If the threat of meaning-collision is reduced through a shared goal such as is facilitated by a participatory approach, the more central construct of suicide will be more readily accessible.

The second meaning-collision is between the researcher's personal meaning system, and the participant's. As a researcher, my interpretation of what the street youths tell me about suicide is coloured by my own personal meaning system. My viewpoint as a white, middle-class student who is viewing this research as an attempt to increase awareness of suicide as a crisis within the street youth population may well be a point of collision as the street youth's meaning system meets my own. This collision will be reduced as much as possible using the grounded theory approach. Glaser and Strauss (1967) developed grounded theory in response to what they felt was a major problem in sociology (and probably in all fields all of the time), where researchers altered the interpretation of their data to suit the predominant theories of the period. Glaser and Strauss created a detailed methodological process whereby theory is inductively created from the data. This coding procedure, elaborated upon in Strauss and Corbin (1990), appears to be the most adequate way of logically deriving commonalities from narratives, and reducing interpretative biases (Rennie, Phillips & Quartaro, 1988). It is hoped that through the use of this approach, the bias or collision that arises as the meaning of suicide among street youth is distilled through the researcher's personal meaning system will be lessened. By softening the meaning collisions which will take place in this study, the
construct of suicide accessed will be more useful in the creation of preventative measures.

**Summary**

This study was devised to increase awareness of the growing problem of adolescent suicide within the street youth subculture. The meaning of suicide as a response to unbearable psychological pain will be examined using a qualitative approach and interpreted from a phenomenological perspective. The issue of suicide among street youth has reached crisis proportions, and the goal of the present study to determine how the idea of suicide is manifested within this group. Hopefully, a greater understanding of the concept of suicide as it is held by street youths will help in the creation of more effective preventative programmes.
Chapter 2

Method

Criteria for Participation

The criteria for participation have been derived from Plympton (1997), and Smart & Walsh (1993). Establishing participant criteria is a major problem faced by researchers of street youth. The transient nature of this population makes establishing rigid categorical criteria virtually impossible. As a result the criteria set forth here are broad enough to allow for the shifting nature of the population.

The criteria used are as follows: (1) participants must be twenty four years of age or younger; (2) they must have left the home of their parents or legal guardian, either having run away, or been thrown out, which resulted in a period of time (at least two days) in which they had no fixed address (i.e. they must have been homeless at least once before). Youths meeting these criteria were interviewed following written, informed consent. Consent was reviewed in detail verbally as this is a population for whom illiteracy is an issue.

Participants

The participants were 14 females and 23 males, the majority of whom were contacted and interviewed at a street outreach agency located in downtown Toronto. This agency offered counselling and a drop-in area for street youth, with a focus on helping prostitutes get off the street. Eight of the participants (4 male, 4 female) were contacted and interviewed on the street in the downtown area. The participants were comprised
mainly of Caucasian individuals who fell into the older end of the “street youth” category, having a mean age of twenty one (range 14-24). Street youth were offered reimbursement in the form of McDonald’s food coupons for their participation. A trained street worker was available during the interviews to provide any support or assistance required. It is acknowledged that this sample may not be representative, being limited mainly to individuals who frequent this particular service, and those who volunteer to be interviewed (along with a small number interviewed on the street). This bias could not be avoided given time and resource limitations. It is hoped that future studies will address the issue of representation to a greater extent.

**Interview**

(See appendix A for interview protocol). Participants were initially asked questions to determine if they met the criteria stated above delineating “street youth.” Next, as is consistent with the participative research philosophy, the purpose, nature of, and goals of the study were described in detail. They were asked if they minded the interview being recorded, and told that if they said something they didn’t want on tape, it would be erased. They were told that they were not obliged to answer any questions they did not feel comfortable with, and informed that their names would not be used, and asked to give permission to use specific quotes from what they said.

The interview was developed using the technique and theory derived from Fontana and Frey (1994), Mishler (1986), and Rubin and Rubin (1995). A semi-structured format was used for the interview design. This format of an interview is one in
which a topic is introduced, and the discussion is guided through the use of open-ended questions by the interviewer. It is believed that the open-ended nature of this format allows for the development of an understanding of the complex meanings of suicide held by street youth without imposing a pre-conceived and artificial structure. Delineating the topic area, however, lent itself to time constraints.

More general questions were asked with the intention of building rapport before broaching the more sensitive topic of suicide. First, demographic questions were asked regarding age, school history, present living arrangement, way of getting money etc. Next, they were asked why they ran away from home. For example: “What was happening at home that made you run away?” From this point, questions were asked pertaining to their “street career”, i.e. where they have lived and with whom, what if any social services they have used, difficulties with the police etc.

After a rapport was developed to as great a degree as possible given the time limitations, a statement was made to open the discussion of suicide: “If it is alright, we will talk about suicide now. You can tell me about a person you know who has attempted suicide or committed suicide, and if you wish you can tell me about your personal experiences with suicide.” If the participant needed prompting from there, a question such as, “Has anyone you have known ever attempted or completed suicide?” was asked. If the person was reluctant to speak on the subject from a personal perspective, questions were framed in the third person, such as “What do you think is happening in the life of
someone who is suicidal?" Throughout, "What happened…" questions were used to encourage a narrative presentation of experience.

At no point was the participant pressured to speak about events or feelings that they were reluctant to bring up, or that were openly distressing. The interview was conducted in a flexible manner, using open ended prompts and questions. The purpose was to allow the participants to give narratives of their experiences with suicide, telling what led up to the suicide or attempted suicide, how the person(s) felt during that time, and the repercussions of that action. In this way, it is hoped that what was expressed is a part of a group-held understanding of the events which predicate a suicide (here trying to establish what "psychache" is for this group), how a suicide is generally undertaken by this group, and their understanding of the repercussions of suicidal actions. The goal was to get an understanding of what "suicide" has been, and is for them.

Some specific issues pertinent to the day-to-day life of street youth which have been linked to suicide in other populations were explored. These include the role of relationships, substance abuse, AIDS, suicide clusters, and gay/lesbian issues play in street youth’s conception of suicide. Open-ended questions designed to address these factors (if not already addressed in the narrative format), were added to the end of the interview, e.g. "Do you think being gay or lesbian might be related to suicide? How so?" The interview finished with a few questions designed to emphasize strengths, hopefully allowing the participant to leave with as positive an attitude as possible. For example: "When you are feeling angry, hopeless, or depressed, what do you do? Who do you talk
to?” and “What do you do for fun?”. The flexible interview format used was based on the guidelines for qualitative interviewing described by Rubin and Rubin (1995).

Consistent with the principles of participative research, the participant-interviewer role established was as equal as possible. Attempts were made to negotiate the sociocultural differences between interviewer and interviewee by endeavouring to explore a mutual goal: to improve suicide prevention among street youth. There is evidence that social differences in interviews do not pose a significant problem in the gathering of information in most cases and that in many cases such differences are actually a benefit (Rubin & Rubin, 1995). When there are such differences, the participant does not assume that a thorough understanding of meaning exists, and will explain their position in greater detail.

A key component of the qualitative interview is flexibility (Denzin, 1989; Mishler, 1986; Fontana & Frey, 1995; Rubin & Rubin, 1995). The interview was continuously developed in a way most conducive to gaining an accurate understanding of the participant’s meanings, rather than focussing heavily on rigidly maintaining the structure and wording of the interview across all respondents. The participant’s comfort level was monitored throughout the interview both visually and verbally, and if a high level of distress was perceived, the person was asked if he/she wanted to continue, and was given support to deal with what he/she was feeling. At the end of all interviews, the participants were asked how it has made them feel to talk about this issue, and if there
were any additional things on their mind they wanted to talk about. They also were given
information outlining local resources for suicide intervention.

Data Analysis
The interview transcripts were coded according to the guidelines set out by
Strauss and Corbin (1990) and Rennie, Phillips and Quartaro (1988). This procedure
involved open, axial, and selective coding. During open coding, transcripts were broken
down into categories and subcategories. The categories were then organized based upon
a temporal and conceptual framework. In axial coding, the categories created are
analyzed using the “paradigm model”. This model specifies that categories are examined
in terms of (a) causal conditions, (b) the central phenomena, (c) the context, (d)
intervening conditions (e) action/interaction strategies used to respond to the phenomena,
and (f) the consequences of the phenomena. The proposed relationships and categories
were continuously checked against the raw data to verify that they were in fact valid
representations of that data. A key part of building grounded theory is this constant
interplay between the categories created from the data, and the verification of those
categories against that same data. It is a cycle between inductive and deductive thinking.
In selective coding, core categories or “themes” were identified. All other lesser
categories are then related to these central themes.

After an initial analysis was completed, the results were taken back to the
outreach agency to find out how well the interpretation fitted the original participants,
and street workers understanding of the phenomena. This technique is recommended by
Mishler (1986) as a way of validating the interpretation. Additionally, a colleague randomly selected several interview narratives to verify coding accuracy, a validation procedure recommended by Rennie et al., (1988). This colleague was informed of the codes I had developed, and was asked to examine the narratives to determine if this coding strategy was accurate.

**Data Presentation**

The data is presented in the way in which it arose as themes and categories in most of the individual narratives. Earlier life experiences are described first, followed by their experiences on the street up to the present. Experience with suicide is presented with the events, feelings and experiences which lead up to the suicidal act examined first, followed by perceptions of suicide, and the options available for dealing with emotional pain other than suicide. Lastly, the results of the verification interviews are examined. This approach to data presentation is frequently observed in qualitative research (Strauss & Corbin, 1997).
Chapter 3

RESULTS

Participants

This group proved to be highly suicidal, with a reported attempt rate of 73.5% (68.2% male, 75% female). I use the term “reported attempt rate” here as I did not ask them directly if they had made a suicide attempt, but invited them to talk about their suicide experiences only if they felt comfortable doing so. Thus, these figures represent those who on their own initiative chose to tell me that they had made a suicide attempt. Of those interviewed, 54% reported that they were, or had at some time in the past been prostitutes, and most were using the outreach agency as a resource in their efforts to get off of the street. The participants were interviewed on a single occasion, except for those who were interviewed a second time four months after the initial interviews for the purpose of interpretation verification. Interviews varied in length from 15-70 minutes, with most falling in the 30-35 minute range. For a summary of demographic information see Appendix C.

Grounded theory analysis was performed on 27 of the 37 interviews. The reason for this was that ten of the interviews proved to be of insufficient length and depth to lend themselves to grounded theory analysis. In other words, they consisted primarily of one word, or very short answers and descriptions. They were, however, used in the compilation of information such as attempt rate, means of making money etc. As ten of the interviews were not subject to thematic analysis, percentages given regarding themes are derived from the other 27 narratives.
Percentages Given

Throughout the body of the results, percentages are given which indicate the frequency with which various themes and categories arose in the narratives. While these numbers are helpful in forming a picture of the theme structure, their meaning in the context of this study must be made clear. As the interviews were not structured, these percentages (as was briefly spoken of above) only indicate how many people volunteered that piece of information. Thus, a percentage given of 25%, does not mean that the other 75% disagreed with this view or felt differently. What it does mean is that they did not mention it in their stories, which while very important, has a different set of implications than what is traditionally indicated with such statistical terms. The only information that was gathered in a structured format were those data listed in the table of demographics (except for the attempt and mutilation rates).

Variability

The frequencies with which the themes occur as the central theme for the individual narratives, and within the contexts of family and street experiences are provided in Appendix E. In this table they are broken down according to gender, and sexual identity. It must be emphasized that although certain themes are central to specific participant's narratives, in all cases all of the themes appear in varying degrees (see appendix D for an example). Themes which are deemed to be central are the ones which appear most frequently and with the greatest emphasis within an individual narrative. With one exception, there appears to be no systematic variability between subgroups within the larger participant group. The one exception involves gay males’
experience of rejection when they revealed their sexual identity to their families (discussed in more detail later). The only other within group comparison which might have been feasible is between males and females, and there does not appear to be any obvious differences between the two groups. Postulation about such variability in this study would be tenuous at best because of the small number of participants involved, and the open-ended nature of the interviews. Even with this important consideration aside, there appear to be no major differences between the thematic patterns of the narratives of those with different types of abusive backgrounds, or between the three youths who identified themselves as throwaways and those who ran away. The net result of what has been observed, in combination with limitations regarding the number of street youth interviewed, is that although there are clearly individual differences, any speculation regarding the pattern or course of these differences would in this study be unfounded. There was, however, enough similarity in the themes which arose from the narratives as a whole to warrant theoretical speculations.

**Category, Subcategory, and Theme Structure**

Categories and subcategories are arranged in the structure in which they appeared in most of the narratives. This involved a chronological account of their lives from childhood to the present, and within this framework, various incidents or experiences were described which that individual considered painful. The presentation of the results mirrors this structure in that the experiences of earlier events are presented first, followed by later ones. This chronological ordering of experience is placed within the “decision” structure described by many of the participants where life experiences are examined, an
emotional reaction to that examination is then described, and at that point a decision (based on perceived options for thought or action) is made to try to reduce negative feelings. These categories are organized hierarchically with categories such as “Street Experiences” enveloping subcategories such as “Prostitution”. See Appendix D for an example of category and subcategory structure.

Throughout the subcategories and categories, certain recurrent/central themes are evident. These themes appear as the most central (i.e. pervade most categories) in the individual narratives with the following frequencies: Isolation (56% of narratives), Rejection/Betrayal (41%), Lack of Control (22%), and Low Self Worth (70%). They appear, (i.e. not necessarily the central theme of the narrative, but present) with the following frequencies: Isolation (96%), Rejection/Betrayal (78%), Lack of Control (63%), and Low Self Worth (89%). These terms are not my own, but arise repeatedly in the accounts of the participants, and represent what pain “is” for this group. There is considerable overlap between the central themes of Isolation and Rejection/Betrayal, as Isolation is sometimes the feeling that follows experiences of Rejection/Betrayal. However, I am reluctant to fold these themes together as each is distinctly mentioned by the participants, and this paper is designed to be as reflective of the thoughts and experiences of the participants as possible. Lack of Control is another distinct theme which arose, though in fewer narratives. Finally, there is the central theme of Lack of Self Worth. Low Self Worth, while directly mentioned by many participants, is reflected in all of the narratives. Low self worth arose as the central theme of the individual narratives more than the others (70% of narratives), and a few participants suggested that
it might be at a higher level of inference. In their experience, feeling rejected or isolated leads to the question "Why am I rejected and isolated?, Why can't I control my mind or my life?", and the answer ends up being an opinion about one's self worth. Thus, based upon its frequency as a central theme among the individual narratives, Low Self Worth appears to be the most central theme regarding this group's description of what they experience as pain.

The majority of the results are presented through the category/subcategory structure, with attention called to the central themes (isolation etc.) where they were present. The one exception is the category of Childhood Experience, where the results are structured around central themes. This is done because many of the participants regarded these experiences as the source, or starting point of their current problems/emotional pain, and as such these parts of the narrative contained the majority of the references to the central themes. As a source, and for the sake of clarity, the experiences of this category are best reflected by a "theme structure", as opposed to a "subcategory structure".

The final section is the "Verification" section. This includes the outcome of follow-up interviews where an initial interpretation of ten narratives was brought back to the outreach centre and presented to nine of the former participants. This section includes their thoughts on the interpretation, and addresses two questions that were, upon later reflection, not adequately addressed in the initial interviews.
Summary of the Theory

The theory which arose from the data revolves around the theme of low self-worth. These youths, in most cases, were brought up in environments where they internalized the message that they are “bad” or worthless, that they deserve the suffering they experienced as a form of punishment for being the people they are. When they enter life on the street, this feeling persists. Their experiences of being homeless, addicted to drugs, and with prostitution are a continuing reflection of low self-worth, influenced both by their perception of themselves, and by society’s perception of this group as being of lesser value. The emotional suffering involved with perceiving one’s self as being worthless provokes these youths to seek a means through which their suffering may end. These means often include drugs, self-harming behaviours, and suicidal behaviour. Suicide becomes exceptionally salient in this group as they feel isolated, often having no support from their families, and very unstable support on the street. The variety of options for help is considerably narrowed by both their own negative perception of sources of help, and by external determinants such as a lack of money, social status (few advocates for support), and no family support. This is compounded by the feeling of low self-worth, which makes the suicidal act an easier one as the person views the life he/she is ending as not being valuable. When this phenomenon is occurring within a group that has a large number of easily obtained means for committing suicide, the result is obvious.

Childhood Experience

Almost all of the participants identified troubled or abusive families as being the source, or starting point of the pain they have, or are currently experiencing, and the reason that they ended up in desperate situations on the street. The central themes of
Rejection/Betrayal, Isolation, and Loss of Control, and the more central theme of Low Self-Worth appear with the greatest frequency and intensity in the participant’s descriptions of their lives before they came to the street. It must be noted that in no case was a participant directly asked questions regarding sensitive areas of their pasts, and any percentages given reflect only those who chose to volunteer such information.

Rejection/Betrayal and Isolation

Experiences of rejection and betrayal appear with great intensity in many of the participant’s accounts of their lives before they came to the street (37% of narratives). The message of rejection and betrayal was perceived in abuse of all kinds, and often led to intense feelings of isolation (30%). This sense of isolation was especially prominent in the narratives of the gay and bisexual participants who revealed their sexual identity to family and friends, and experienced rejection and isolation as something that they deserved for having such an identity. Seven (26%) of the participants were gay males, of these individuals five revealed their sexual identity while living at home.

In a few cases this sense of isolation was made even more intense by the death of a loved caregiver, usually a grandparent. When this was combined with an already present sense of being Betrayed or Rejected, the feelings of isolation became intense. These feelings were also particularly salient in cases where the youths reported having been thrown out of their homes. These feelings of rejection, ‘aloneness’, and loss were cited by many youths as being the experiences that led them to try to take their own lives, or run away from home.
"I had a big fight with my mother and her boyfriend and I told her that I didn't like her boyfriend and she became very upset with me and said don't talk to me. And for a year I'd lived in the house and we didn't talk to each other." (1-1)

"[response to question regarding link between being GLB and suicide]...some of us(gay) go through a lot of shit. Like me, my parents...my dad holding me up by my neck, three inches off the ground when he found out I was gay saying why are you a fucking faggot. I didn't answer him and then he put a scar on my forehead, beat me to the ground, and then he packed a duffel bag, threw me out on the front step with blood all over me, shot twenty bucks at me and said go get yourself a life." (17-1).

"I walked out on Christmas and no one noticed." (1-47)

**Low self-worth**

As was mentioned earlier, rejection/betrayal and isolation are related to the theme of low self-worth (37% of narratives). The questions that appear to arise when feelings of rejection and isolation are present are “Why was I rejected or betrayed; Why am I alone?” While one possible answer is that it is something wrong with the abuser, the answer which appears to have been internalized most often is that there was something wrong with me that I deserved to be rejected, that I did something or am something that resulted in my being isolated or alone.

"[what lead up to attempts] I was just feeling like abandoned because I was adopted, and then my parents kicked me out of the house after they adopted me and just issue like that, and I just felt worthless..."(4)

Most of the participants saw the abuse and neglect that they suffered as being the result of some failing in themselves. In some cases the message taken away from their home experience went beyond the youth’s experiencing their own lives as having no value, but perceived themselves as the source of, or reason for the dysfunction in the family. Throughout these experiences, the next step in this destructive logic results from the question, “What kind of person deserves to be punished in horrifying ways, is the
source of the broken homes, causes the pain of the other members of the family, and does not deserve to be loved?". The answer which seems to have arisen is someone who is worthless, someone who should be hurt or punished.

"For some I feel that it (suicide) is probably because of their relationships with their parents and they are mad at themselves because of sex abuse..."(16-21)

"Getting beat up almost every day sometimes, and...you go through so many years of that, especially as a child, and you don't have any self-worth. Nobody has taught you you have self-worth. You are just taught that you are nothing and anything you do deserve to be beaten, and you deserve to die." (29-8).

"...I really want to kill myself because I came from a really abusive home where my dad used to hit me, and my mother would do the same...and I had times when my mother would come into my room and tell me that I'm shit, and in my head I am shit, and everything around me is shit, and that is why I am falling apart...just hearing my mother tell me that I was a street rat, and that I was worthless." (36-15)

Control

The lack of a sense of efficacy, or control (30% of narratives) arose in two ways. One is in the abuse that is experienced which cannot be controlled or stopped. Another is in family instability; moving around a lot, multiple parent figures, and deaths, which leads the youth to feel that nothing can be trusted or is reliable. In this atmosphere when the pain threshold is reached, and there is a lack of a sense of efficacy or control in his/her surroundings, then that person may turn to the only thing they know that can be controlled; their bodies as a way of reducing their pain.

"...so I said fuck this, I am out of here whether or not you like this because I am not going to be helpless. If I am going to get beat, I would rather get beat on the street for no reason, rather than live with it." (25-4).

"(re: suicide) I just thought I don't want to be alive, I don't want to be a part of this family, I don't want to be in the situation I am in..."(1-11)
Suicide Attempts Starting While at Home

Most of the youths (65%) described their experience with suicide attempts as beginning while they were at home, with 26% saying that the only time they attempted suicide was before they came to the street. The only similarities between those who attempted suicide exclusively while living at home was that five of the seven were gay, and the acceptance they found on the street among the gay community reduced their level of distress. Only one of the gay participants continued to attempt suicide after he ran away, with reasons other than rejection/betrayal given for his attempts. All of the above-mentioned themes appear to have fed into these youths’ attempts to end their lives at home. The sense of isolation these youths felt led to the feeling that there was no one to whom they could turn for support, no one who would care or help. The feelings of low self-worth appeared to make the option an easier one to undertake (i.e., nothing of ‘value’ is lost), along with feelings that they are bad, and deserve to be punished or die as messages internalized as a result of their abuse. Lack of control also appears to play a role in these attempts, as they are struggling to escape or influence the environment in which they are trapped.

"...I bet people are not living well or unhappy are kids that are living at home that are killing themselves, like the only time I felt suicidal was when I was in a group home." (34/35-6)

"[re:suicide]..when I was a kid and things weren’t going right in the house, that’s the point, when things start happening in the house, when the parents or the brothers or the sisters or whatever...that’s where my suicidal tendencies came from.” (25-33)

Running Away as an option to reduce the pain

What almost all youths expressed (96%), aside from those who had no choice and were forced to leave home, was that they reached a point where they could not endure the
pain of living at home any longer, and exercised the option to run away from home as a way to end or reduce their pain. For various reasons they saw a life on the street as being preferable to one at home. The problem appears to be in that they took with them the feelings and messages that had become a part of their way of thinking through years of neglect and abuse. In the verification interviews I asked the participants if they felt that running away from home was similar to the decision process of suicide (i.e. in distress, and undertake an action to reduce their level of distress). They felt that these two experiences were not similar because they viewed running away as a positive action, and suicide as a negative one.

**Street Experiences**

In this section “life on the street” refers to a way of living that involves prostitution, drug addiction, and making a living “off” the street. It does not necessarily mean that all of the people spoken with have no place to stay, or sleep outside every night. While some do, the majority of the youths find some shelter ranging from their own apartments, to friends’ places, to hotel rooms paid for by a “date”.

The ways in which the youths interviewed ended up living on the street varied widely as the above section would suggest. Some were thrown out of their homes; some ran away from scenes of abuse and neglect; some were left to fend for themselves after the death of a guardian, and others became addicted to drugs. No matter what the reasons, all of the youths described their lives on the street as being stressful, and in many cases sources of pain, both physical and emotional which rivals their experiences in the abusive environments from which they came. The central themes of Isolation,
Rejection/Betrayal, Loss of/Lack of Control, and Low Self-Worth all appear regularly throughout the narratives of street experiences. While feelings of rejection and betrayal, and low self-worth were proportionally similar to the stories of experiences at home, the theme of lack of control appears with more intensity (spoken of more in a given narrative) in their description of their lives on the street. It was also seen that the feeling of isolation which pervaded descriptions of the home environment is reduced in their perception of street-life.

While the ‘street experiences’ category is divided up into separate sections, it is important to recognize that what is happening on the street is an extremely complicated interaction of internal (need to forget, or hurt self) and external (social oppression) motivators integrated into a cycle. This cycle is comprised of a need for drugs/escape, necessitating large amounts of money, which requires a way to get a large amount of money quickly (most often prostitution). Such a profession reawakens themes of lack of control and low self-worth, which makes these youths strive to escape their pain through drugs, and so on. Fed into this cycle is a physical addiction to the drug, the negative reaction of society and others to this lifestyle, factors such as hunger and physical suffering, and the risks of being raped, assaulted, or killed while on the street. Finally, there is the additional stress of having the majority of their support network composed of other people who are suffering and dying on the street.

The Lure

Some of the participants (15%) described the “free” atmosphere of the street that drew them into such a lifestyle. This was especially salient for those who had found
intolerance and abuse in their homes when they revealed to their parents that they were gay (19%), but found acceptance and support on the street for their sexual identity. While this atmosphere of acceptance and independence was viewed positively, most of the youths felt that they were disillusioned about the street and how difficult it would be to survive on it.

At first...I don't know, it is kind of cloudy but I came here with the expectation that it was like Hollywood you know, I wanted to act. And I quickly discovered that it was nothing like Hollywood. (1-3)

Another factor that arose in some cases was the view of the street as punishment, or that they deserved to be where they are. Phrases that arose were things like "being content in my misery". Such an attitude was linked to an expression of low self-worth, or as an extension of the beliefs ingrained through abuse, that they deserve to be punished in some way.

"...I think that some people on the street who are on the street, choose to live that way because they want to be miserable." (16-20)

Prostitution

The themes of low self-worth and lack of control were strongly embedded in the descriptions of experiences with prostitution (54% reported that they were or are prostitutes). The percentage of past or current prostitutes is likely underreported. 19% of the participants stated that they were getting their money through welfare, and did not say how they made money before going on welfare. I did not inquire about their former occupations, as many of the participants were embarrassed to speak of their careers as prostitutes. I felt that such a line of questioning would be intrusive and damage rapport.
When this factor is taken into account along with the outreach centre's focus on helping prostitutes, it may be better to say *at least 54% were or are prostitutes*. Repeatedly those involved in prostitution described feelings of being merely an object for someone to "get off on", or "just some hole". Several times it was described as an occupation that slowly "eats away at you". These feelings were exacerbated by the way in which society views them as being of less worth, and being "cat-called" on the street.

"And you know people don't seem to care, they just drive by, and drive by, and cat call them and make fun of them. And that makes it even worse."(5-10)

"I'm a male prostitute...nothing but a piece of meat for someone to get off on right?"(2-7).

"A lot of the suicides come from the cheap prostitutes, because every time you do it, because I do it, every time you do it, it eats a piece of you up. You are sitting there going, some dirty old man wants me to have sex with him, and I don't want to do this, but I need the money, for this and that. Some kids think it is a big joke down there. It is not a big joke, a lot of people do really sick and nasty things to you. You feel so violated, that it eats you away slowly."(24-18)

Another theme that one individual spoke about regarding prostitution was the betrayal felt by young people new to the street who are taken in with promises of caring, and money, and they end up getting neither.

"Even stuff like...people getting kids on crack, you know young kids and an older guy tells them he loves them and throws them on the corner and waits till the money comes in. Then that kid's gone isn't he?"(2-15)

These feelings brought on by prostituting appear to be linked to experiences of earlier physical and sexual abuse. In other words, if they were treated like objects as children, it was not a large transition to be treated like objects later on.
"that's what helped me become a prostitute, being abused."(3-11)

In the participant's description of the kinds of experiences that make up a really bad day, or the kinds of things that happened immediately before suicide attempts, a "bad date" was mentioned by three of the participants. As I did not get a very good understanding of what a "bad date" was in the initial interview, I asked about it in the verification interviews. While the definitions of a bad date varied, all of verification participants agreed that this is one of the worst experiences to have on the street. Experiences which comprise a bad date were things such as not getting paid, a trick that takes too long or is too demanding, being beaten up, raped, or tricks who make offensive demeaning comments. They described how these experiences brought back "all of the old feelings", feelings of anger and rage, and feelings of violation, with some of the participants saying that they had in the past tried to kill themselves immediately after a bad date. In this context the theme of Loss of Control was pivotal.

Other stresses that were brought out were descriptions of straight males who would have gay sex while prostituting. This was identified by several of the youths as being something that is extremely difficult to face.

"What some of the straight guys go through just to get money on the street must be pretty rough too."(18-16)

In their descriptions of prostitution, some admitted that while they talked "tough" about what they did for a living, and acted like it did not bother them, they said that beneath this protective barrier they were hurt every time they did it.
"...and yeah it's a problem. But I'd rather go home and say it doesn't matter to me as opposed to going home and thinking about it and going you know what? What I am doing is really sick, and these people are really sick, and I am doing something really wrong. Oh god I have to get drunk now."(8-27).

Finally, prostitution was linked to low self-worth in terms of whether or not they can turn tricks. A few of the participants spoke of how they feel bad about themselves, and they feel ugly when they spend the night on the street, and while people all around them are getting picked up, they do not.

**Violence on the Street**

Another area of significant stress which arose in several narratives (37%) was the incidence of violence in the form of assaults and murders on the street, and the feelings of loss that went along with losing friends to violence. This came out more frequently in the narratives of the women spoken with, who, when asked about how the street might be different for women identified the dangers of being raped or murdered while sleeping outside or while working as prostitutes. The theme that arose related to the violence on the street was the lack of control.

"...it (attempt) actually got started quite easily, somebody pushed me, and I turned around and I just freaked. And they freaked on me, and pushed me again. And I was like fuck this, and I went into my room, and I took a razor blade..."(24-14)

"With my last attempt my friend was shot in the head, so I did it right after that...just slicing."(10-12)

**"Friends" on the Street**

Another recurrent category involved the superficiality of the friendships that exist on the street. There was, however, some variability here. Some of the youths reported
being, or having been a part of a very tight group of friends or “street family”, which provided a great deal of support and was very helpful. “Friendship” appears to be very different in the drug (particularly crack) subculture. In that context friends are described as being there when you have money, and not caring whether you live or die. The central themes that arose from these experiences were those of rejection, betrayal, and isolation.

[led to a suicide attempt] “I lived with my drug dealer, and because I owed him money he would slap me around when I would come up short and I was getting fed up with it.”(22-18).

“...my tight friends weren’t street kids...when I lose street people it was like oh, I wonder what happened to them, but I never got close.”(22-11).

“...like street kids supporting street kids to a certain point. Then, yeah, but the rest of them are just territorial, get the fuck out of my spot, or get away from my area, and you look at them the wrong way and you could get beaten to bloody death on the street.”(25-15)

“Treated like Scum”

A number of youths (41%) also described how the disapproval in which they are regarded by society is painful. This category fell heavily into the central theme of low self worth.

[pan handler:]“I just think a lot of people don’t feel loved or worthy. Because some of the people that walk by, they are just like...you white trash piece of shit get a job and, that doesn’t do much for your ego. Like a lot of people are ashamed to be here in this life, they don’t want to do that...”(25-11)

Getting off of the Street

The lack of an outside support network was also brought up (52%). Some of the youths spoke about “not having your parents”, or having no home to go to when they are feeling bad, as being a major pressure. This appears to be related to the feeling of being
‘trapped’ on the street, similar in many ways to how they felt trapped at home. In this category, a sense of lack of control and isolation are evident.

[Why suicide?] “Why? Because where the heck do we have to go?”(25-10)

The effort to get off the street was identified as a major challenge and stress by many of the youths interviewed. Feelings of low self-worth are brought out by potential employers who exhibit low regard for their minimal level of education, the difficulty of becoming employed without an address, and the generally poor reaction of potential sources of support when they find out how these people have been living. These difficulties that arise in trying to get a start with nothing are compounded by addiction.

“...it is so hard to get from being on the street to not being on the street because when you are first looking for work, especially when you have been out of work for a while. And they are looking at your resume, and they turn to the page and they see education, and ninety percent of the resumes get thrown out because they see high school isn’t completed.”(22-32).

“You can’t really start a life when you have no money. So it is really difficult to get off the streets. I know, because I have been struggling for two years, and I’ve wanted to give up sometimes (suicide) so I can understand”. (6-26)

**Drugs**

The effects that heavy drug use has had on the lives of the participants was an area that arose repeatedly in their discussion of the types of stresses they face in their lives. Almost every person reported being involved in heavy drug use either currently, or at some point in their lives. The reasons that they reported for starting to use hard drugs were varied. By hard drugs the participants were generally referring to cocaine, crack, heroin, and crystal meth. Some spoke of the culture they entered into on the street where a part of being accepted was to do the drugs that whatever group they want to be a part of
was doing. This often occurred in an attempt to reduce the feelings of isolation which they felt when they first came to the street. Many spoke of how they used drugs as a way of escaping the suffering that goes along with thoughts of their present situation, and thoughts of their pasts. They reported that as they became addicted to the drugs both psychologically and physically, stress levels were raised in terms of obtaining enough money to support their habit, and at living the lifestyle of a “junkie” or “crack head”.

Another theme that arose in their discussion of drug use involved how some people on the street become addicts and commit what was referred to as a “slow suicide”. This is where they became more and more addicted to the drug, not caring about their lives and health, until they end up overdosing. Drugs were seen as being strongly related to suicide by all of the people spoken with, either as a way of killing themselves (overdose), killing themselves while on the drug or when coming down, or killing themselves because of the addiction and the lifestyle of the addict. The central themes which ran through this topic were low self-worth “only a junkie”, and a loss of control (i.e., addiction).

Easing the Pain

Drugs were spoken of quite often (44%) as a way of forgetting the stresses of street life, forgetting the past, and in general “putting the pain aside”. A large number of those interviewed (57%) said that the main way in which they deal with having a bad day was to use some form of drug. In some cases, they identified this coping mechanism as the way in which they ended up on the street. They started to use heavy drugs while they were at home to deal with the stress and pain that they were experiencing there; gradually
their lives fell apart as they became addicted. They then went to the street to seek the money they needed to support their habit. In two cases, the youths described their families as being good ones, and that their addictions began in the course of experimenting which went out of control.

“...then I stumbled into drugs within the school year, and then from there my aunt found out I was doing drugs and everything fell apart.”(22-5)

“...a lot of addicts become addicts because their life sucks...”(13-9)

“That’s why a lot of people I think do drugs, especially when they are on the street...maybe some of them deep down want to dull the pain.”(13-9)

Killing Self While on Drugs/Using drugs as a Means

Though not mentioned as an experience shared by everyone, some spoke of the way that certain drugs, particularly alcohol, can result in emotions being released which can become overwhelming. This is then combined with poor judgement, and a lack of inhibition while intoxicated, which can then result in that person attempting suicide. The theme that appears to be coming out of this is that in day to day life these youths are not dealing with the emotional suffering that began in their past and is reenacted each day on the street. The end result is that when these emotions arise, they are extremely powerful, often on the side of self-destruction or self-hate, and this can prove deadly when combined with the effects of a drug. This category is not directly linked to the central themes, but is rather indirectly linked in that the central themes of rejection, isolation, lack of control, and low self-worth become more immediate and powerful in such a condition.
"...and most of the time we have our defences built up for a reason. So when it's released in an uncontrolled situation, I think sometimes it's too overwhelming for the person to deal with, and when you are drunk or stoned your senses are dulled so it doesn't hurt as much...and you are not thinking as coherently. I don't think it really sinks into you that you are going to die from it, it's just kind of like this is my endless sleep. And you do it."(8-23)

"I think that most people that do it (suicide), I don't know what statistics say, but from family experiences with suicide and from my friend I think that they are intoxicated or inebriated in some way and in that state they can't deal with their emotions and it's just all bad."(1-35)

"like if you are on heroin, and you're depressed and you need your heroin, and you can't get out of your depression, a lot of people commit suicide that way. Just overdose. Like why not just do my last rock...and I will just die."(34/35-21)

Drug Addiction and Self-Worth

Descriptions of their regular use of drugs, particularly among people who saw themselves as drug addicts, often incorporated the theme of low self-worth (36%). This came about in their conception of a drug addict or "junkie" as being a person who is of less worth, or someone who to be looked down on. Drug addiction was also viewed in terms of a loss of control, where instead of "doing drugs", "drugs do you".

[regarding suicide] "...or they realize they are addicted to drugs, and they can't handle the fact of what they've turned into."(22-19)

"I smoke crack, and what am I? Nothing but a junkie."(2-8)

"Jonesing"

In talking of their experiences with suicide, some of the youths (22%) described feeling the most suicidal when they were "jonesing", or coming down off the drug. This experience seems to be related to the above discussion of how drugs are used as a way to forget pain. They describe how when they are coming down off the drug, or in withdrawal, all of the pain they were pushing down comes back and is very strongly felt.
This is combined with the prospect of what must be done (prostituting/pan handling) in order to get the money to get high again.

"It is the crashing, because after the high is gone, you have nothing. The high is gone, you are feeling depressed again, you can't afford any more drugs, you know, problems are back all over again."(36-32).

"I think when they are coming off it. That's when they do it. When they have no money to buy anything else and they are sick and tired of going out and hustling, and have to give a blow to get some money to do it. They are fed up and that's when they do it. Go walk in front of a train or subway, you know, walk in front of a car, or slice your wrists, that sort of thing. That's all it takes."(5-20)

**Slow Suicide**

Some participants (22%) described the cycle of addiction in terms of a slow suicide. This is where they live an extremely dangerous and harmful existence, flirting with the possibility of dying of an overdose, and not caring if they do. It was viewed as "coming to the street to die", or as a way of hurting themselves in a continuation of the abuse at home where they felt worthless and deserve to be hurt or punished. In this context, drug abuse is an expression of a low sense of worth.

"I haven't tried to kill myself in a number of years, and I don't abuse myself through drugs anymore, which was a substitute after I left home, I needed something to keep hurting."(29-9)

"I don't have these tendencies for suicide. I just don't care if I drop dead. I'll sit there and do a big blast but it's not a suicide thing, it's just like if that takes me: boom. Thank god it takes me away from all these drugs and suffering."(2-23)

"I've known people who've had it hard on the street and have tried to kill themselves or killing themselves and prostituting themselves and doing crack and drinking too much. That's killing themselves slowly. And try to ease the pain, it may not be "oh, I'm going to slit my wrist" like I know some people have tried. That is like a slower burn, almost more painful. You just see them waste away. Completely waste away all the time."(5-7).
Money

Many participants (52%) in talking about what a “bad day” is, and the types of experiences that lead up to suicide, mention the stress of having little or no money. Though not directly linked to the central themes, lack of money appears to exacerbate these feelings, making “everything worse”. Also, lack of money is tightly linked with the cycle of addiction and survival on the street, as was mentioned above. A few of the participants (11%) mentioned money as being related to a lack of control in that options are limited without it, and that self worth is related to a lack of money in the way that society often relates a person’s self-worth according to the amount of money that person possesses. As such an integral part of the street phenomenon, money problems frequently appeared in descriptions of bad days, and as being a factor in their decisions to try and end their lives. All other problems appear to be worse when the person has no money with which to buy drugs, food, or lodging and are forced to spend the night outside. Finally, those who are attempting to get off the street speak of the stress involved in trying to get money for school, and money to get started. This is compounded by the limited pay associated with the types of work available to people without a high-school diploma.

“The only time I really think about it (suicide) is when everything seems to be caving in like, you know you are not making a lot of money pulling dates, you are pulling like three hundred dollars, four hundred dollars a week which is not a lot of money doing this.”(8-19).

“Money is a big issue. Need money for everything, and if you die you don’t need money for anything, do you know what I mean? If I killed myself I wouldn’t have to support myself. I’ve thought that many times too.”(30-25).

“I think it’s (suicide) a bunch of things adding up. It’s also depression, the situation living on the street. It’s not a nice place to live, you have to bathe in public washrooms.”(5-15)
"I am trying to save money for school, trying to save money to move...I am constantly broke. I am constantly working to be broke, and it is incredibly frustrating."(1-20)

Other Factors...

In the course of the interview a number of factors arose or were brought up which, while not necessarily representing experiences unique to street youth, are pertinent given the age and lifestyle of the participants. These issues were how being gay, lesbian, or bisexual has been a stress, or could be conceived of as a stress in the lives of street youth and might be related to suicide. Similarly, they described their experiences with the loss of, or arguments with friends and partners as stresses, and how they are linked to suicidality. The goal of this inquiry was to look at what kinds of interpersonal difficulties these youths have and are experiencing, and how they influence their level of emotional suffering. Additionally, their perception of HIV/AIDS as it might be related to suicide was sought, as these youths represent a high-risk group due to their sexual behaviour and drug use.

Gay/Lesbian/Bisexual (GLB)

As was mentioned in the section above on the childhood/family backgrounds of these individuals, five participants spoke of how being gay and 'coming out' resulted in their being abused, and in some cases thrown out of their homes. Almost every person felt that being GLB would be related to suicide due to the discrimination and rejection they must suffer at home and in society. The central themes that pervaded this category were those of rejection/betrayal and isolation. This experience, however, appears to be relegated for the most part to their experiences at home. While two gay participants still
had experiences of rejection/betrayal on the street, these were not related to their sexuality. Of the seven gay participants all found acceptance of their sexual identity on the street. All of the participants (straight and gay) described much less discrimination on the streets on the basis of sexual identity. Some of the participants attributed this to the way that males who live on the street and are straight must often perform gay sex if they are prostituting, and that this experience reduces the discrimination they display to those who are gay. A few of the youths spoke of the link between feelings of rejection, and low self-worth.

"...but I met up with some really cool people (on the street), and I got brave. The first day I asked them what are your opinions on being gay, lesbian, or bisexual. They go: ‘half of us are gay lesbian or bisexual’. And I said are there more people like you, and they go yeah, and they brought me to raves*, and it was like everybody there was bisexual, and was comfortable with it. And it really helped me get through everything. I found my groove, and suicide is like the farthest thing from my mind these days.”(24-9)

"I don’t think it is as big of a problem on the street, because a lot of people on the street are generally gay. Then there are the people who are pulling dates so they are not going to be against it. All the prostitutes, all the pan handlers, there was never anything against it on the street.”(16-12b)

* Raves are dance parties that typically start late at night and continue until the morning. People at raves often do drugs, typically ecstasy. Associated with raves is a subgroup of people known as “ravers”, who have a distinctive style of dress and general attitudes not unlike those of the “hippy” generation.

Problems with Partners

Problems with partners were viewed as a significant source of emotional pain and stress by most participants (70%). All of the central themes of control, rejection/betrayal, and especially that of isolation arose in this context. Again these are linked with their sense of self-worth. Many felt that intimate relationships with partners are often more
“intense” on the street, comprising the majority of that person’s support network as they have no family. The result of this “intensity” is that when there are arguments, or breakups, a lot of the “old issues” are brought up and in some cases resulted in enough emotional anguish that it became the “breaking point” for some of the youths which led them to attempt suicide. The types of difficulties which arise in these relationships vary, but one that came up a few times was the difficulty a person’s partner may have in accepting their occupation as a prostitute. Here the participants emphasized the difference between a “date” and their experiences with their partner.

The theme of loss of control came out in a few ways, ranging from the partner trying to help them by “telling” them how to live, to their being physically abusive. The theme of rejection/betrayal, and by association the theme isolation, arose in the feelings they had when their partner left them. It was seen here that when someone has been “dumped” and is feeling rejected, that person proceeds to wonder why this is happening to him/her. The answer to this question is often one which leads the person to have feelings of low self esteem, mirroring the rejection they experienced while they had lived at home. The volatile nature of an already low sense of self worth, and feelings of isolation mixed with the rejection of the only person in their lives with whom they are intimate and who provides acceptance and caring came out in their descriptions of how break-ups had affected them.

“…every time we fight to say I treat him worse than a date, or something like that which really hurts. I mean, I have no feelings for dates, I couldn’t care if they fucking died of a heart attack.”(8-15)
"Yeah (suicide related to partner problems) because that person becomes your family, it’s not totally just boyfriend/girlfriend sort of thing, you are looking for a little bit more sometimes."(11-8)

[related to suicide?] "Yeah because I think a lot of people that don’t have really good self esteem or don’t really feel too good cause they have been through a lot of different situations that put them on the street or to be suicidal and when you have a partner that you care about a lot it may be unhealthy but you become obsessed a little bit about them. Because you’ve lost a lot of other people so that one person becomes something very special to you. So yeah. Like, me and my boyfriend have been together for two years, but I know when we have a big fight occasionally I feel like shit, that makes me feel worse than anything."(4)

"I think especially for street kids. You see street kids when they get into like a relationship...everything becomes both of theirs. It’s not just one of theirs, because there are so little possessions between them, that everything becomes theirs and they have to stick together so much, they get really close. I’ve heard of a few people killing themselves after they’ve been together with somebody for like a year and they break up."(17-26).

"...and also at the same time I tried it (suicide) my boyfriend at the time, he beat the shit out of me so I said, it’s like, okay, I’m worthless, so I just tried ending it all."(10-16)

Problems with Friends

Most of the participants (65%) said that while fighting with or losing friends was unpleasant, it did not appear to generate the kind of distress that other types of losses incurred. The central themes arose weakly in this category, revolving around feelings of rejection and betrayal, and isolation. What appears to be occurring, and as was discussed above, is that on the street, or “downtown”, friendships are generally more superficial, and new friends can always be found. Cases in which loss of friends became really painful were when they occurred as a result of that person declaring their sexual identity as being gay or bisexual: “...and I told (bisexual) a couple of friends and they rejected the fact that I was. And they shunned me for it. So I got into a deep, deep depression.”

Another time when these painful experiences arose was when the person perceived their friends as being important sources of support. In general it could be said that with this
group friends have not become a major part of a given person's perception of themselves as being worthwhile and accepted. Thus, a loss of friends is not linked with strong feelings of lowered self worth. As one participant put it, losing a friend was "easier to handle when you haven't been intimate with someone. That opens you up to a lot of shit."(11-20).

HIV/AIDS

Most people (81%) said that they would kill themselves if they caught the HIV virus, or knew of someone who had done so. In most cases they viewed death at their own hands preferable to the physical suffering involved in the later stages of AIDS. Central themes, though not as pervasive here, did appear in some of the narratives. One individual brought up the idea that as a street youth you have so little control over your life, that to lose control of the last thing you have, your body, is something that would be intolerable. Another way in which a central theme played into this category was in that once you are "labeled" HIV-positive, you experience rejection, isolation, and would feel separated from the rest of the world. The few who said they wouldn't kill themselves held the viewpoint that you would still have a few years left to live, so you would want to make the most of them.

"...especially I think in street life, you don't really have a lot together. I think you basically have your health, your mental stability is not really there so you don't really have your mind, you don't have control over many things, except your body, and when you lose even that control because of an illness I think you kind of lose it."(8-38)

"If I had AIDS I would kill myself. I wouldn't have a reason to go on living. I wouldn't be able to do my job, I wouldn't feel safe having a boyfriend or girlfriend."(24-25)
“A friend of mine who just recently passed away from HIV, he was really really ill, and it wasn’t really like suicide, shot to the head, but the way he took care of himself, he didn’t care if he died, and he could have prevented dying so soon. That was really hard for me to watch. He was smoking crack and doing heroin, and then when I saw him dead that was hard.” (3-15)

Participants Interviewed on the Street

The analysis revealed no major differences between the eight individuals interviewed on the street and those interviewed in the outreach service. The central themes of their narratives were similar, as were the categories which arose. Setting aside the obvious point that any conclusions based on this small number of interviews are tenuous at best, four of the individuals on the street reported attempting suicide (50%), which is a smaller proportion than that found overall (73.5%). Additionally, and not surprisingly, most of the street interviewed youth did not go into as great depth in describing their experiences supporting the notion of the outreach agency environment as facilitating rapport. While not supportable by the analysis, I did have a sense that there are differences between those interviewed on the street (two natives, 6 punks, only one of whom mentioned being a prostitute) and those interviewed at the outreach centre (see demographics). Future studies examining different subgroups of street youth in greater number may be able to provide evidence of such differences.

Feelings at Time of Suicide Attempt, and Decision Point

Feeling “bad”

All of the respondents spoke of, or were asked what kinds of feelings they were having when they made their suicide attempt, or with those who had not made a suicide attempt they described what feeling “really bad” was like for them. While most people
described having a mixture of feelings at such times, or having many feelings at once, some categories arose from their descriptions. The feeling which dominated the reports was a feeling of “aloneness”, or “isolation”. Other feelings which arose, though with less frequency were feelings of “depression”, “emptiness” or “nothingness”, and anger. Finally, in a few cases feelings of despair and hopelessness came up. Other than the obvious link between feeling “aloneness” and the theme of isolation, these descriptions of feelings remain for the most part independent from other central themes. The relationship between these categories of feelings and the central themes is likely that these are reactions to experiences of low self worth, rejection/betrayal, and loss of control, rather than experiences which lead to the perception or experience of the central themes.

**Alone**

Feeling isolated or “alone” was a theme which arose frequently (56%) in the participant’s descriptions of how they felt when they were suicidal, or the types of feelings which might lead to suicide in a person. This feeling of isolation seems to underlie the message that “no one cares”.

“All my attempts were done by myself. No one was there. So I am all alone, I am by myself, there is nothing there, no one cares.”(23-23)

“That’s when you begin to wonder if I died would anybody notice, would anybody care?”(22-30)

**Depression, Empty/Nothing, Other...**

Another type of feeling associated with suicide, and feeling “bad” was depression (37%), though it did not arise with the regularity or appear to be as potent as the feeling
of aloneness or isolation (56%). Feelings of “depression” were often mixed with other emotions, such as hopelessness, or feeling “withdrawn”. Other feelings which arose in their descriptions of pain were feelings of “emptiness/nothingness” (19%), despair (7%), and hopelessness (7%). Finally, in two cases participants identified feelings of loss of control and worthlessness when they attempted suicide.

[How felt when attempted suicide] “...it felt kind of hopeless, a hopeless situation, and...I mean I guess I got pretty depressed.”(11-4)

“A lot of times for me it was just being there and empty, and it is impossible to explain to someone who has never been there. They can't understand. They are like 'I've felt empty before'. It's like no, you really haven't. When you have no money, no food, no home, no clothes, no possessions, that's when you feel empty. That's when you feel empty.”(22-28)

“Well, it's pretty much a mix, all I can think of is despair. I mean, I don't know if you feel really angry it's just an honest to goodness real physical pain inside of you just tearing at your guts.”(11-15)

“I couldn't deal with not having control over my own life, and half the time I couldn't control my own mind”(6-14)

[re feelings which lead to suicide] “…stuff that makes you feel like you're not wanted, you're nothing anymore, you're just worthless.”(2-2)

Decision Point

Many of the participants identified a definite “point” when they decided to try to kill themselves. It was perceived as a point when the above mentioned feelings, and negative, stressful experiences could not be tolerated any longer. At this point they were unable endure the suffering they were experiencing any longer, and turned to suicide as a way of ending the pain.

“I think that people who are serious about it, I that that they plan it, and then when everything comes together they do it. I don’t think that one thing sets them off. I think that it is a lot of serious things adding up, and it is just one more that and...that’s it.”(3-17)
“So I wrote this letter where I said you know, I want to die, I can’t live like this anymore...”(26-5)

“...all of a sudden it’s just all there and you can’t escape it...your past is there, your present is there, your hopeless future, it’s all just in front of you. So at that point, how do I get rid of all these visions in my head, and want to just kill myself.”(1-31)

Summary

To this point, the experiences the participants described as being related to, or leading up to a decision to attempt/complete suicide have been presented. The central themes of rejection/betrayal, isolation, lack of control, and low self worth, in varying degrees underlie their narratives of these experiences. In other words, for these individuals, suicide is an action which occurs in response to negative thoughts, experiences, and feelings in which the themes identified are contributing elements. While for different individuals, one or another of the central themes may be related to the highest levels of emotional distress for them, the regularity with which they appear in all narratives supports the notion that these themes comprise the “raw material” of a suicide for those interviewed. In the narratives the origins of these themes are identified with abusive and neglectful childhood experiences. They also run through descriptions of street experiences such as prostitution, violence, lack of money, drug use, and are reflected in negative experiences with partners. The experience of the central themes in their lives are tolerated to a certain point, at which the person experiences powerful feelings of aloneness, depression, and emptiness which they are motivated to end. It is at this point suicide is viewed by the participants as an option for ending their emotional pain.
Experience with Suicide

A major component of the interview was devoted to trying to get an understanding of what suicide means, or "is" to those who participated. This involved their descriptions of how they had attempted suicide if they had done so, or at a more abstract level, their views on why people on the street attempt suicide. They described the reasons or thoughts they had when they attempted suicide. They discussed their opinions on how suicide attempts differ from completed suicides, the reactions people have had to suicide attempts, both their own and others, and their experiences with friends or people they have known who have attempted or completed suicide. Finally, how they view suicide from at a philosophical level was mentioned several times. The majority of this section does not involve the central themes other than in the sense that these actions were taken in response to those themes.

How They Did It...

The two ways of attempting suicide which appeared with the greatest regularity were overdoses, and the cutting of the arms or wrists. As was mentioned earlier, most reported that their first, and sometimes only, suicide attempts occurred while they were still living at home. The availability of drugs on the street appears to make it a much used way of attempting. Other means which were used, though with much less regularity were hanging, and jumping from a height, with the bridge above the Don Valley mentioned several times (Here a suicide attempt involving jumping from a height involved an individual who had to be 'talked down' by authorities). Additionally, 68% of
those who spoke of attempting suicide reported making multiple attempts. The proportions of attempts using the various means are as follows:

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Cutting Wrists/Arms</td>
<td>39%</td>
</tr>
<tr>
<td>Overdose</td>
<td>36%</td>
</tr>
<tr>
<td>Hanging</td>
<td>11%</td>
</tr>
<tr>
<td>Jumping (talked down)</td>
<td>7%</td>
</tr>
<tr>
<td>Gas</td>
<td>4%</td>
</tr>
<tr>
<td>Poison</td>
<td>4%</td>
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"I attempted to hang myself, and that didn’t work because my mom came in and cut the rope. And I attempted to slit my wrists. It didn’t work, I hit in between the two arteries, it didn’t work, I was taken to the hospital, and stitched up, and all that. About a year later I attempted to jump off my mom’s balcony. My step dad grabbed me off the balcony.”(24-6)

"...and then I just went out and put a big stone on and smoked it back and my heart was beating so hard and slow, I just really didn’t give a shit whether I died that day or not."(2-9)

**Thoughts and Motivations at the Time of Attempt**

Only a few of the participants spoke of the types of thoughts they were having when they were attempting suicide, or spoke of the underlying reasons that were leading them to take such an action. It appeared to me as invasive to inquire about their specific thoughts or interpretations of their motivations regarding their attempts. Such information was acquired only from those who volunteered their insights. While all of the participants volunteered many of their experiences related to suicide, it is likely that the interview context of this study did not allow for sufficient trust and rapport to be developed for the majority of the participants to describe their innermost thoughts and feelings. Two sub-categories arose in this category; those were: perspective on suicide attempts, and interpretations regarding what was motivating the attempts. Two
participants described their thoughts as they objectively viewed their suicide attempts, and what resulted from their attempts:

"...and it triggered something, and all of a sudden I just went ugh, just snapped, and I was crying, and I was like 'what have I done? what am I doing? why am I like this?'"(24-15)

"I've been in ICU going oh well, and having everyone going 'you were so fucked up, you almost died last night', and you're like 'what are you talking about?'. 'you were so close to the mark you have no clue.' . I mean, it didn't scare me, and that's what scared me was the fact that I thought about it and went damn, that's what scared me, was that I didn't care about my own life."(8-5)

One participant in particular spent a considerable amount of time identifying the types of motivations which underlie her multiple suicide attempts. In her description of "why" she had made a large number of attempts the themes of lack of control, and low self-worth come out powerfully. This person reported being "known of" in all of the hospitals, and consequently receiving harsh treatment when admitted. As this narrative was particularly insightful, and likely applicable to the experiences of others, relatively longer excerpts are provided.

"if there is a god, why is he fucking with me this way, and why does he keep on picking on me? I am sure he picks on other people but their problems never bother me so at points I was like, you know what? Fuck you. If you are going to play these head games with me god, and try to tell me that there is a future for me but still play those head games but see how far you can fuck with me before I kill myself? Fuck you. I am going to do the worst thing I can do according to your religion and that's kill myself. Although, I don't believe in god. It's kind of like in a way it's kind of rebelling against the world. Saying you're giving me grief, I am trying to take control, you are giving me grief, you're trying to take my control away from me, you're trying to make my life shitty, you know what? I'm going to take back control and I'm going to kill myself so you can't fuck with me anymore. So I guess some people have that attitude, and I guess that's the scariest attitude. Once you are in the mindset like that it's really hard to convince me otherwise because it won't matter that there's a better day. All you know is that paybacks are a bitch, and I'm going to get back at the world for doing this to me."(8-48)

"Sometimes I just think I deserve it (to die/suffer from attempt), and then sometimes...I feel guilty for being alive so I kind of try to solve other people's
problems...and then sometimes I just want to put myself through a lot of shit so I do that cause I know I am going to be in a lot of shit if I do that kind of thing. [Feel afterwards?] I feel like shit. Which feels good in a way, so you know I got what I deserve kind of thing.”(8-11,12)

What is an “Attempt”?

As a lot of participants are suicide attempters (73.5%), or voiced their opinions about suicide attempters, and several participants (29%) said that they did not actually want to die as a result of their attempts, I inquired about what purpose of an attempt was if not to die. They discussed an attempt as a way to send out a message that they are in pain, that they are hurting. It appears to be a way of ending or reducing the feelings which lead up to the attempt. Most reported that if they truly wanted to end their lives they would have chosen a more lethal means.

“But I don’t think most of us (attempters) want to die, especially repeaters... But when someone says “did you really want to die?” of course we are going to say yeah because that’s how we felt... because I mean, it’s kind of a fifty-fifty pull. You don’t know if you want to live or die and you kind of leave it in the hands of whatever you did, right?”(8-13)

“I think a lot of people say they are suicidal, or attempt suicide because they attention seek or because they can’t deal with it. I think the problem with it is most of us think that attention seeking is a bad thing because it’s like, it implies manipulating and actually saying which most of us don’t like, because we are strong tough people but... I think the term attention seeking applies, because we are not attention seeking for ourselves, for me to go pity you, poor you poor you, what caused you to have all this grief. I think in a way it’s kind of like I don’t want to live this life, I want a better life, I don’t know how to do it, I want help. But I don’t have the guts to say that in all those words, so help me, take control for me, and make my life better. Which you can’t, so that’s kind of stupid too.”(8-47)

“But if I was really suicidal, I would have kicked the door in, and he has them (guns) in a cabinet which is also locked, and I would have smashed the glass open, and took the gun out, and shot myself. Simple. I didn’t.”(23-31)
Views on Suicide

In a further attempt to gain an understanding of how suicide is defined, or experienced in this group, I asked about their views on suicide in general, or in the third person. This mode of communicating understandings was done primarily with those who were not comfortable discussing personal experiences with suicide (i.e. chose not to talk about their own experiences with suicide, or said that they had never considered suicide as an option). These “views” are generally based upon the participant’s understanding of what is happening among others, as opposed to what is happening in his/her own personal experience, though I recognize that there is considerable overlap.

Three categories emerged in their views on suicide in general. The first one concerns a person “telling” someone he or she is suicidal, and what that implies about the person who is the “teller”. Some (19%) felt that if a person tells someone that they are suicidal, or intend to kill themselves, they don’t really want to die. The message that is implicit here is that if you do truly want to end your life, you should not inform anyone of your intentions.

“...a lot of people when they want to commit suicide they don’t tell you, they don’t joke. If they tell you it is a call for help, for attention. Otherwise they don’t tell you, they just do it.”(13-19)

Second, several participants (19%) expressed the opinion that suicide is the “coward’s” way out. This opinion was held by those who have attempted as well as those who had not. The general view was that a person should “deal with” their problems rather than escape through an “easy” means. This view was also found in their
resentment towards friends who had killed themselves while they still have to struggle onwards.

"...you are being a coward by killing yourself because you are choosing not to take the hard way."

Finally, some participants (26%) saw suicide as an event that occurred when a person is unable, or doesn't want to "cope", "deal with", or "take" the stresses or problems they are facing. This appears to be related to the previously mentioned sentiment in the way that a person is either coping with their problems, or committing suicide. Further, if that person is serious about wanting to die, they will not/should not talk to anyone about it because if they do they are asking for help, and thus want to live.

[Why suicide?]"Because they don't want to deal with it. They are like 'this is never going to stop. I'm going to be here, how do I get myself out of this. I can't, so, there is only one way to get out of it, and maybe it is an easy way out, but it is a way out, from the pain''(30-10)

Reaction to Suicide on the Street

Another category that came out of their discussion of their experiences with suicide regarded the reaction the suicides, or suicide attempts, provoked. This appeared to form a part of the participant's decision process to end their lives, in that they have a perception or image of what the people they know will do or feel when they hear of a person's death by suicide. Most stated that their understanding was that the reaction of people on the street to someone who has committed suicide, aside from good friends, was minimal. Their descriptions of the reactions ranged from a very superficial one (30%), to praise for the person who did it (4%). This likely fits into the theme of self worth where,
if a person kills themselves and no one cares or notices, that person was never really loved or worth caring for.

"On the street, I don’t think anybody notices. Like, if somebody on the street who lives on the street, who isn’t really anybody then nobody’s really going to notice. Unless they knew a lot of people. But even the people they know are probably going to be other homeless people, so I really don’t think anybody really notices."(6-15)

The reactions to suicide and suicide attempts by friends were perceived as being quite different from that of the street in general. Emotions that were associated with the reactions of friends were sadness, guilt, jealousy, and anger. Sadness and anger were the most prominent reactions of those who had experienced the suicide of a friend. Some mentioned the anger friends expressed at their repeated suicide attempts, and how that can drive friends away. Jealousy and/or resentment arose in that they asked the question: ‘I have to still live on the street, why shouldn’t they?’ Finally, many felt that it is often difficult to tell on the street if someone has in fact died by suicide as people come and go a great deal, and if the person does not have a phone or an address it is difficult to tell someone he/she is leaving.

"...and that (friend’s suicide) was devastating, very devastating for myself. I didn’t know how to deal with it. I didn’t know he wanted to die before, especially taking his own life."(1-14)

"...there was some sadness and some anger. Like, I have to live here, why shouldn’t they?"(30-11)

"Well, people come and go in my life, and a lot of my friends eventually over time get fed up with my behaviour(attempts). So they moved."(29-17)

Talking About Suicide

The topic of how suicide is talked about among the participants and their social circle did not generate a large response. Those who did speak about how suicide is dealt
with in conversation among street youth (26%) said that it is very rarely brought up, and when it does arise it is usually only briefly and often spoken of jokingly.

[Suicide talked about?] “No, not I guess. It is one of those touchy weird subjects.”(17-22)

“In the rave scene, you don’t get people talking about it.”(13-19)

Reaction to Friends Saying They are Going to Kill Themselves

One area the interview explored was how the participants would react to, or try to help a friend who has told them that they intend to kill themselves very soon. Since for many street youth the only support they have or trust are through their friends, it was thought to be important to see how they would try to help each other in such a situation.

While there were slight differences in opinion, most people said that they would stay with that person not letting them out of their sight, and talk to them, in an effort to find other solutions. The central themes of self-worth and isolation arise in these responses, in that the way that they are trying to help their friends is by not letting them be alone and feel isolated, and by talking with them, demonstrating their interest in that person’s worth.

The feeling appears to be that by countering the feelings of isolation, and by giving them someone to talk with, the likelihood that they will take their own lives will be reduced.

“(I would) have them hang out with me and just talk to them about it. Try to get them some sort of help.”(30-17)

“…tell them what I went through and say life will get better, trust me. I’ve been through hell and back four or five times now. Explain to them what I went through, and tell them if they need a place to go they can come to my place, and they can talk, or there is the hospital, I can admit you in, I can help you.”(27-25)

“I wouldn’t tell them that life is going to get better because that is just so hokey it’s not funny. But I’d say life is shit, I’m not going to deny that but you know what? There is always something to look forward to.”(8-46)
Another opinion expressed generally came from the stance that those who talk about suicide do not really want to die. They had in the past used “reverse psychology” with friends they felt would not actually kill themselves. They would offer to help the person to kill themselves, or encourage them to do it. These participants have found, or expect, that the person would then realize that they do not truly want to die and not attempt suicide.

“...My one friend used to complain about it all of the time. When we lived together I was frustrated one night and I gave her a knife and said just do it, god, stop talking about it, just do it.”(1-28).

Suicide Clusters/Pacts

A few of the respondents reported knowing of suicide pacts. Two others reported being suicidal after the suicide of someone close. In the cases of multiple suicides, participants described situations where the relationships were based upon death, and that they did not want to die alone. This could be related to the theme of isolation.

“When I was in XXXXX I had two friends...they took a gun each, and at the same time they pulled the trigger, just because they didn’t want to live anymore...They had a death wish. Their relationship was basically made upon death, and they want to die together. Buddy’s parents were moving, taking him away from XXXXX, he couldn’t have it, so that’s when they did it together.”(25-34)

[when friend committed suicide] “I had to go to the hospital, I was devastated, I tried to kill myself a couple of weeks after...”(1-24)

Summary

All of the participants felt that suicide occurs as the result of many stresses, and many pains. It is a build up of emotional torment, which can only be tolerated up to a certain limit, at which point the person decides that he/she cannot take it anymore, and decides that he/she wants to die, or attempt suicide regardless of the outcome.
Additionally, there appears to be a shared understanding present that suicide is a topic which is not to be talked about, probably further supported by the understandings that those who talk about suicide do not truly want to die, and that suicide is the coward’s way out. This suggests that these youth are not talking about suicide with each other, which in turn raises questions about suicide being a culturally held construct for these participants. The pervasiveness of the central themes in the suicide narratives, however, suggests that for these participants suicide may be an implicitly held understanding. While not necessarily talked about as “suicide”, it is possible that through their experiences, and by talking about what is emotionally painful, suicide may be an unspoken yet subculturally bound option for ending their pain. It must be acknowledged, however, that as the methods of communicating the meanings surrounding suicide were not accessed in the present study, the influence of these participant’s “pre-street” backgrounds on their understanding of suicide cannot be determined. In other words, it is difficult to say how much of their understanding of suicide is due to culture (i.e. abusive parents, home experience, media), and how much is due to subculture (meaning systems of street youth).

The final word on suicide shall be given to one participant who eloquently formed a link between lack of self worth and suicide:

“a lot of the things that cause us to try and attempt suicide are generally because it [emotional pain] has evoked so much within ourselves, or it could have broke down so many defence systems that you don’t know what to do with it, and when you don’t know what to do with something you want to just kind of...you just want to eliminate it. Unfortunately when it’s your feelings, therefore then the natural conclusion is to eliminate self to eliminate feeling. When you have a low self-esteem, or low self worth, the self is not very
Reducing the Pain: What Helps

A large portion of the interviews involved discussing how these youths cope with their pain using methods other than attempts to take their lives. Three categories came up in their descriptions of how they reduce their pain, or what they do “after a really bad day”. First, there are the thoughts they reported using to help improve the way they are feeling, or the messages they tell themselves that make them want to live another day. Such thoughts or messages included “things are going to get better”, feeling strong in the independent and self-reliant way in which they live, and the message that there must be a reason that they have survived x number of suicide attempts, and that they were not meant to die that way. These messages might alternatively be characterized as hopefulness. Second, there are the actions they take to get feeling better. These include talking with/spending time with their friends, spending time with their children, various things such as shopping, crying, or sleeping, doing drugs, or self-mutilation. Finally, they shared their perceptions and experiences with outside agencies/authorities as a form of help-seeking.

The central themes of isolation, rejection/betrayal, lack of control, and low self-worth run through all of the above categories. What is perceived as helpful are, for the most part, thoughts and actions which directly counter the negative themes, or experiences which reduce isolation and feelings of rejection/betrayal. In these ways
control is taken back or obtained, and this ultimately results in an increased sense of self-worth.

**Thoughts: “It will get better...”**

A thought which many participants (37%) reported as having helped them through “bad times” was that life was going to get better, or improve, and that they would not always be suffering the way they are currently. This message, in some cases appears to involve the theme of self-worth. This is expressed in the feeling that while they are not caring for or valuing who they are right now, there will come a time when they will be something “more”, or someone to be valued. In other cases, the message is simply that the pain will be reduced some time in the future, and it will be “good” again.

“I really want to do something more with myself and prove so many people wrong because all I have heard all my life is that I am nothing, and that I am stupid, and stuff. So I want to prove them wrong, I still do.”(36-19)

“Yeah, life is hard. They never said it wasn’t, but time will come around and it will be good again, even if it is just momentary.”(25-20)

“But then on the other hand I’m thinking to myself, well maybe I’ll make it one day. Maybe I’ll be famous for my art. Maybe I’ll find a love of my life. Just maybe... when there is that maybe, why should I give up?”(8-55)

**Other thoughts**

Four other thoughts arose with some regularity as things which helped them get through tough times. One of them was the message of independence or self-reliance (33%). This appears to fall largely into the theme of control, where this perception of being in control of their own lives, or independent, was something positive.
"But, I chose this life, because in this life I can pretty much do what I want, and a large majority of the people can't tell me what to do."(8-12)

"...and I'm getting my own place cause like I went through the whole circle of abuse, with my own emotions and I am at the point where I am starting to get myself back together and I just got a new apartment and at the end of the month I am out. He is not going to make me feel like shit anymore, cause he is a loser."(22-23)

Another message that was expressed was that people must learn to love, or value themselves, and that a lot of suffering can be reduced by this valuing of one's self (26%). This seems to involve separating your personal sense of value from the opinions of others, or the difficulty of the situation you are in. This is a theme tightly linked to increasing one's sense of worth.

"Um, I don't really feel that bad anymore. I think I found that I can be okay when everything isn't."(6-18)

"You have to realize you have to care for yourself, and to love yourself."(23-24)

Two other messages arose which revolved around the participant's experience with suicide and suicide attempts. These were thoughts which appear to have helped them resist making further suicide attempts. First, there is the theme which arose among many of the multiple attempters. This is the message that there is a reason why they have survived so many suicide attempts, and that they were not "meant to" die that way (19%). The second message was that they did not want to hurt their friends with suicide or suicide attempts (8%).

"But the thing is, I tell people that I've tried suicide attempts so many times and it has failed. I've got to stop and think to myself; well I have been put on this earth for one reason, and if I have tried to kill myself and it hasn't worked the first time, or the second time, or the third, fourth, or fifth time, I've got to be here until someone kills me or my time is up."(23-30)
"...because I care deeply for him[friend] and never wanted to hurt him by attempting. If I died I would have done him so much wrong that when it comes to the times when I feel like saying I am going to rid myself of this burden, I think of people like that."(8-52)

**What is done to feel better**

This category arose from the participant’s descriptions of what actions they take, or what they “do” when they are in emotional pain. Most spoke of talking with, and spending time with friends as a way of coping with pain (59%). This would appear to contradict the category which arose regarding the superficiality of friends on the street. While not addressed explicitly with the participants, it is possible that while friendships are superficial, they still do form a large part of the participant’s (already limited) support network. In other words, they need their friends, and while any particular friendship may be superficial, having a group to spend time with and talk with that is important. The central themes of isolation, rejection, and self-worth are reflected in this coping mechanism since being with friends reduces feelings of isolation and rejection. Self esteem, therefore, builds by being around people who value you. This also appears in the context of what “fun” is, i.e. fun is spending time with friends.

"...there is not much you can really do about it (emotional pain)...the best thing is to have people listen to you. Have people to talk with."(29-29)

"I just try to do the things I have to do. I talk to my friends, I just keep going on..."(3-27)

There was a broad range of other actions taken to deal with stress or pain. Some mentioned sleeping (15%) or crying (8%) as a way of getting to feel better. Some other
coping mechanisms which came out of the discussions were shopping, listening to music, going to raves, or going somewhere where they can blow off their anger.

"...it sometimes helps though because you really do need a good cry. I find that's something I don't know if it's like having a little history of depression or whatever, that's something I don't do very well, so I guess that's my way of dealing with it."(11-18)

Finally, three female participants spoke of the profound influence on their lives of getting pregnant and having a child. Getting pregnant was a motivator to "get clean", and when the baby was born this was an incentive to get off the street. They reported that looking after their child was something they enjoyed, and that playing with their babies made them feel better after a bad day. When asked about how it affected their lives, they said that it gave them a sense of purpose.

"...and then a month and a half later I got pregnant. So that was more ambition to stay clean, because who knows, I might have gone back to it but luckily a month and a half stayed clean..."(13-16)

Drugs to reduce pain

Of the participants, 37% said that after a bad day, or in describing what is "fun" for them, they do some sort of drug. Some drew a distinction between the way that they use drugs now and the way that they used drugs, usually heavier, earlier in their lives to "forget", or dull the pain. These individuals emphasized how for them drugs were used to relax.

[if feeling bad] "The first thing I do is grab a six pack, grab two joints, a line of coke, and then save the crack for later in the night."(2-25)
(if a bad day) “I smoke a joint, or I sit down and relax. I figure it is better than sitting on the corner smoking crack.”(11-25)

Self-mutilation

A few of the participants (14%) mentioned self-mutilation or “cutting” as a way of coping, or as a way of reducing the emotional pain they were experiencing. In general, mutilation was viewed negatively, and was considered a “habit” similar to drug addiction. One participant mentioned that she is trying to stop cutting and is “jonesing”, i.e. experiencing withdrawal as a result. All of them drew a distinction between self-mutilation and suicide attempts, and reported being frustrated when people would consider this action a suicide attempt.

“But, I was very self-harmful, you can still see the scars, but it (cutting) was never to kill myself, it was more or less...not even for attention because I would do it and hide it. It was to get rid of emotional pain, it is called self-mutilation. It’s not to hurt yourself but just to relieve emotional pain.”(13-14)

“Jonesing is like I feel that I am addicted to cutting, therefore when I feel the need to cut it is like a drug addiction and I physically, I feel sick, I feel ill, I feel cravings.”(8-14)

Outside Sources of Help

Very few of the participants (7%) reported having positive experiences with government sponsored agencies or authorities. The only time any beneficial assistance was described, it had to do with street outreach agencies such as the one where this study was conducted, or shelters. They reported positive experiences as having to do with non-judgmental people, people who listen, and places where you are assured of confidentiality. These positive factors appeared to be related to the youth’s maintenance
of control through confidentiality, and reduced feelings of isolation, rejection, and low self-worth with the non-judgmental approach, in an atmosphere where someone is prepared to listen to their problems.

"I used to hang out in a place called Evergreen. That was the only one, when I was fourteen or fifteen I used to be down there. A lot of the staff was very helpful, very understanding."(13-6)

"...for me I come here [SOS] a lot, it is a break for me to come here. I can get someone to hold the baby and I can talk to one of the workers..."(3-29)

Many narratives (48%) describe negative, and often extremely negative experiences with agencies and mental health professionals. Additionally, 57% of the participants felt very much "on their own", and that there was very little help available for those on the streets. Much of what was available was not useful and even damaging. The central theme of lack of control arose most pervasively in this context (46%). The majority of the reports revolved around being "locked up" in hospitals, staffed by cold, uncaring professionals who did little but prescribe drugs. Finally, most of those who had been cared for by the Children's Aid Society reported having very negative experiences with them.

"...as opposed to a shrink telling me 'oh, it's just a part of your borderline symptoms'. Great. Part of my borderline symptoms says if that doesn't cure my problems you are going to give me more drugs. Great, yeah, give me more lithium so I can get totally wrecked now."(8-65)

"In the psycho hospital. My problems were like running away and not obeying my mother, and I was there with this kid that like set fire to his school when there were people in the school, this other kid would try to bite his ear off, like he would sit there all day and try to bite his ear off. This girl, my roommate she thought she was a boy...it was just like, I want to be with my friends."(3-10)
"...Then the next thing you know you are in the hospital getting diagnosed with all this shit and you don't have a clue what it is, and they tell you to take a bunch of drugs, and you are all stoned out of your mind."

**Summary**

A goal of this study was to look at coping mechanisms, and how these participants act in ways to reduce their level of emotional distress other than attempting suicide. The findings were divided into three subsections: thoughts, actions, and help-seeking. The thoughts/messages which were used to feel better were: life is going to get better, thoughts about their independence and self-reliance, valuing the self, and the understanding that there must be a reason why they have survived so many hardships and suicide attempts. The action mentioned most often as a way of dealing with negative experiences and emotions was talking with and spending time with friends. Other actions which were mentioned were crying, sleeping, and the influence having a baby has had in their lives. Finally, drug use was mentioned with some drawing a distinction between the use of hard drugs and softer drugs (alcohol, marijuana), and some participants reported self-mutilating. In terms of seeking help from outside/professional sources, government services and institutions, especially hospitals were regarded negatively, while the non-judgemental approach of drop-in and outreach services were thought of as helpful.

**Verification**

An initial interpretation of ten of the narratives was brought back to the outreach agency four months after the original interviews. Nine of the participants were located, and this interpretation was read to them for their feedback. The feedback was very positive, with the participants agreeing with the contents of the interpretation as being either relevant for them personally, or relevant for other people they have known in
similar situations. Two additional areas were explored during this contact which were not sufficiently addressed in the initial interviews. First, was the issue of a "bad date". A number of those spoken with during the first interviews spoke of a bad date as being an extremely stressful and painful experience. At that time I did not ask what a "bad date" was. During the verification interviews, they shared their understandings of a bad date, and these have been incorporated into the section on prostitution.

The second issue revolved around the influence of the interviewer being a male, and the possible effect this may have had on the discussions with female participants. I realized later that none of the participants described elements of their experience which might have been different from the perspective of a woman. In the verification interviews I asked the four women who participated if they thought there were any differences in their experiences based upon their gender. In their description, they thought that while it was easier to get money as a female prostitute, there were dangers as well. They described it as being more dangerous in terms of being stalked and raped, and also more dangerous in that it is mostly female prostitutes who are murdered. They also said that there were more worries about catching a disease, or getting pregnant while with a trick. Finally, one participant said that the abuse cycle started at home and being perpetrated by a male led to a similar cycle of violence on the street.
Chapter 4

Discussion

Overview of Discussion Section

This discussion section shall provide: (a) An outline of the theory which arose from the interviews  (b) An exploration of the contextual factors which affected the interviews and the interpretation. (c) An examination of the relationship between the categories and themes which occurred in this study and information gathered from the relevant literature on adolescents and street youth. (d) A look at how the narratives are embedded in culture. (e) Areas which were not adequately addressed in this study, and suggestions for future work in the area. (f) Implications for prevention and intervention. (g) Summary and conclusions.

Outline of the Theory

In this study a grounded theory analysis was performed on the narratives of street youth at an outreach agency in Toronto, based on a semi-structured interview with a focus on suicide and suicidal behaviour. The themes which arose from this analysis were isolation, rejection/betrayal, lack of control, and most centrally, low self worth. Almost every participant described being abused and/or neglected in childhood which left them feeling rejected, isolated, powerless, and worthless. This abuse led them to seek out a life on the street where they encountered further abuses and neglect, in some cases worse than what they had experienced in childhood. These street experiences led to further emotional suffering, and a continuing feeling of worthlessness. Options for reducing this pain are limited both by external factors, and by the perceptions of the person. Self
harming/destructive behaviour is in many instances embedded in this decision framework as a way of ending or reducing the emotional torment. The result is an extremely high rate of suicidal behaviour (73.5% attempt rate).

In the examination of the findings, the characteristics of this group of street youth should be kept in mind. They are, as a group, different from what is typically found on the street. They are older, better educated, with a higher proportion of prostitutes, and a higher suicide attempt rate. Additionally, the similarities among the themes and categories which arose from the narratives suggest that, as a group, the participants in this study may represent a particular "type" of street youth. Future work will be required to determine if the theory which arose out of these participant's narratives is applicable to other cohorts of street youth.

Interview Context

Influence of Personal Ideology

An important consideration to be addressed in this study is the influence my own personal worldview has had on the meanings and themes generated in the interviews since "interviewers are deeply and unavoidably implicated in creating meanings" (Holstein & Gubrium, pg. 3, 1995). Bruner (1984, p. 7) similarly articulated this point by stating that "a life history, is a narrative, influenced by the cultural conventions of telling, by the audience, and by the social context". This understanding of the influence that the interviewer's personal meaning systems have on the interactions are further supported by cognitive psychologists who emphasize the "constructed" nature of autobiographical
memories. They describe how the presentation of life memories is strongly affected by the goals underlying the interaction, or the types of cues which elicit those memories (Rubin, 1996; Schacter, 1996). The influence of the interviewer is pervasive, affecting the interview, the analysis (Glaser, 1992), with even the language used in the interpretation possibly distorting the accounts being presented (DeVault, 1990). Thus, in this section I shall attempt to identify my meaning system, or ideology as it is affecting the interpretation. This “identification” of myself in the research is strongly advocated by qualitative researchers (Charmaz, 1995; Reason & Heron, 1995; Stewart, 1994; Wuest, 1995).

The “lens” through which these narratives were understood and interpreted consists of the worldview of a male, Caucasian, third generation Scottish/Irish immigrant, whose background is middle class, with a heterosexual orientation. It is from a psychologically grounded perspective that I understood the stories of these participants, with a sympathetic view of the experiences of street youth. My worldview and personal experiences have undoubtedly influenced this study from the design of the questions to be asked, to the wording of the presentation of the results. It is hoped that the meanings constructed in the interviews, and displayed here, were done within a methodology which allows them to be as close as possible to the meanings of suicide these individuals construct for themselves. The meanings that come to them in the middle of the night when they are evaluating the emotional torment of their lives, considering a world without them in it, and deciding whether or not to kill themselves. The meanings which will prove to be the most useful in suicide prevention and intervention.
The steps taken to reduce the influence my own meaning system is having on the participant’s meanings (a.k.a. meaning collision number two, researcher’s meaning system against participant’s) are as follows: (i) Keeping the interviews as open ended as possible, using neutral prompts and questions; (ii) informing the participants of my sympathetic position, as someone there to learn from them, hopefully reducing the their need to edit their narratives with an audience in mind who may hurt them, (iii) using the grounded theory methodology, and including multiple excerpts from the interviews, (iv) returning to the participants with an initial interpretation, and encouraging them to disagree with any parts they do not view as true to their experience, (v) having a colleague verify the coding strategy.

Despite these steps taken to lessen the influence my own meanings have had in meaning creation and interpretation, the influence my worldview has had on their production must not be minimized or discounted. For example, my understanding of suicide as a cultural phenomenon has led me to examine similar themes across cases, with the assumption that a group meaning for suicide exists. My sympathetic viewpoint regarding their positions has led me to explore how they have been abused in their pasts as it is related to their current emotional pain and suicidality. This study would have been entirely different if I had examined it from the perspective that these youths owe their current suffering to personal shortcomings and failures. These are a few obvious points which exemplify the way in which my meaning system has influenced this study from the purpose and design to the interpretation. Finally, the reader is encouraged to examine how their own meaning systems may be influencing their understanding of this
text, and thus retain a "critical subjectivity" in forming their understandings (Reason & Heron, 1995).

**Interview Context**

Another important factor which needs to be addressed involves the influence that the participant’s understandings regarding myself as the "audience", and their own goals in producing the meanings through narratives, had on the meanings created in these interviews. This phenomenon was referred to as (potential) meaning collision number one in the introduction (participant’s meanings against the interview setting). The crucial nature of the participant’s understanding of the interview context, and their subsequent goals in meaning production have been repeatedly emphasized (Bruner, 1984; Rubin, 1996). As context is a vital component in determining whether the participant will disclose their "deep experiences" (Douglas, 1985) or "core constructs" (Kelly, 1955), it shall be examined here as to how it may have influenced the meanings created in this study.

The understanding of context which would lead to a superficial, or defensive presentation of the "self" was counteracted in a number of ways. First, many of the participants were invited to take part in the project by the director of the outreach agency, an individual who is clearly well-established and whom they trusted. Their understanding that this individual would never let them take part in an interaction in which they would be betrayed or hurt, led to an increase in the trust they in turn placed in me. Second, the positive experiences the participants had in the interviews were
communicated to others in the drop in area of the outreach centre, thus helping recruit more participants. Third, the open and informative nature of the participatory inquiry approach, and the respect implicit to it, also aided in generating an atmosphere of trust. Finally, many expressed the nature of the goals they had in telling their stories as being a desire to try and "help" other people, or to get things "off their chests". The monetary reimbursement was regarded as helpful by many participants, but for the majority, it clearly was not the principal reason for their participation. Many offered to take part before the reimbursement was mentioned. All of these factors contributed to very intimate, and in many cases painful experiences being shared, which is ultimately the most useful information to have in attempting to understand and utilize their experiences in suicide prevention and intervention.

Theory Structure

The theory which arose from the interviews closely parallels Edwin Shneidman's (1993) theory of "suicide as psychache". These individuals did not speak of their experiences with pain and suicide in terms of an event, or personal characteristic which in a linear fashion led them to attempt suicide. This is the premise of risk-factor studies. What did arise, again and again, was a description of their pain, described in terms of isolation, rejection/betrayal, lack of control, or the central theme low self-worth. Additionally, a point was described where their emotional suffering became unbearable, motivating them to try to end it. The themes which arose could also fall under Shneidman's (1993) conception of psychological pain being composed of "blocked needs" in the context of Murray's (1938) conceptualization of needs. For example, the
theme of Lack of Control could just as easily be termed in Murray’s (1938) framework as needs for:

Achievement: To accomplish something difficult. To master, manipulate, or organize physical objects, human beings, or ideas. To do this as rapidly and independently as possible. To overcome obstacles and attain a high standard. To excel oneself. To rival and surpass others. To increase self-regard by the successful exercise of talent.

Dominance: To control one’s human environment. To influence or direct the behaviour of others by suggestion, seduction, persuasion, or command. To dissuade, restrain, or prohibit.

(excerpt from Shneidman, 1993)

As is the case in Shneidman’s theory of psychache, many of the individuals interviewed mentioned a “threshold”. A point at which they “could not bear it anymore”, and, having reached this threshold they undertook some form of action to reduce that pain. These actions were things such as suicide attempts of varying levels of lethality, self-mutilation, taking drugs, or by using such non-destructive ways of reducing pain as sleeping, crying, or seeking out friends for support. This conceptualization is also known as the “threshold model” of suicidal behaviour, where a person’s emotional pain threshold is determined by their past experience and numerous mediating variables (Blumenthal, 1990).
The following section will compare the understandings of pain, and painful experiences described by the participants with the results of research on other populations who have had similar experiences. Next, the conceptualization and reported incidence of suicide described here shall be compared to other studies on street suicide. Lastly, the experiences these individuals have had with options for reducing pain other than suicide will be discussed in terms of their utilization in suicide intervention and prevention efforts.

What Hurts:

Abuse and Neglect

Almost all of the individuals interviewed viewed abusive and neglectful family experiences as being the origin of powerful feelings of rejection/betrayal, isolation, lack of control, and low self-worth. These painful experiences led to suicide attempts while they were living at home, and resulted in them making the decision that a life on the street would be better than what they had at home. Moreover, these early experiences continued to have a strong influence on their sense of self-worth, and contributed to the pain they have experienced living on the streets. Most participants reported experiencing some combination of verbal, physical, or sexual abuse, incest, and neglect in the home before they came to the street. The extent or specific types of abuse, are for the most part not available in this study as this was an area which was not explored in the interview, and the only material gathered was what the participants volunteered. Inquiries about this material were felt to be too intrusive, and it was felt that the respect for their privacy
implicit in this approach far outweighed the gains to be had by attempting to open these issues in this brief interview context.

**Existing Theoretical Approaches**

There is a vast literature on the topic of child abuse and neglect and the implications these experiences have for mental health and suicidal behaviour. In a review of the literature, Wagner (1997) identifies five major theoretical streams which have arisen from the body of research on family risk factors for suicidal behaviour in children and adolescents. Three of these theoretical perspectives are reflective of the understandings which arose in the present study, that the abusive experiences these individuals had are felt in terms of rejection/betrayal, isolation, and low self-worth which lead to suicide.

The first theoretical approach involves poor family communication and problem solving. According to this model, the child lives in an environment in which open communication skills are very poor, and the result is a strong feeling of isolation, or aloneness. In this context, the suicidal act is a desperate attempt at communication. The second theoretical perspective deals with the parent's communicating to the child the message that they are expendable, or are the cause of the problems in the family (scapegoat). In this understanding, parents send a powerful message of rejection to the child, making her/him feel like a burden and that she or he has no right to live. This message is then introjected by the child and is felt as self-hatred. The youth then looks to suicide as a way of escaping those negative self-perceptions. According to this theory, physical abuse is viewed as an extreme form of rejection, leaving the child feeling as if
they deserve punishment, which leads to self-destructive acts. Finally, a third theoretical stream applies the principles of attachment theory to the effects of dysfunctional and abusive family backgrounds. According to this perspective, suicide is viewed as a way of eliciting a caregiving response from a caregiver perceived as being neglectful. Here, ineffectual parenting affected the child’s ability to form positive relationships, and develop a sense that he or she is capable of managing negative emotional arousal in relationship situations. Additionally, poor attachment behaviours from parents send the message to the child that he/she is unworthy of love. Suicide, in this context, is then viewed as a way of reducing the pain they are experiencing. In this context, the loss of a caregiver through death or divorce increases the likelihood of suicide as the child wishes to enact revenge, a desire to reunite with them, a wish to destroy oneself for contributing to their death/leaving, or a feeling that they cannot go on without that person.

The research which has investigated the above-mentioned factors as being contributors to suicide in the adolescent population has methodological limitations. These studies are correlational, mostly retrospective, and often use dubious measures (Wagner, 1997). Further, they are limited by the fundamental flaw in risk factor studies: the majority of people who have such familial experiences never attempt or commit suicide.

The “Multifaceted Approach” to child sexual abuse is also reflective of experiences reported by the individuals interviewed in the present study (Kendell-Tackett, 1993). Research in this area has pointed to the effects of child sexual abuse as being: (a) Traumatic sexualization: leads to faulty beliefs and assumptions about sexual
behaviour. (b) Betrayal: leads to a lack of confidence that trusted persons are caring, and capable of protecting him/her from harm. (c) Stigmatization: undermined self-image, low self-esteem, feeling of ostracism. (d) Powerlessness: pre-occupation with control, frustration at not being able to stop or escape negative experiences or obtain help from others. (Kendall-Tackett, 1993).

This multifaceted theoretical approach to the effects of sexual abuse is supported in the present study. These effects are seen in the participant's views on prostitution as a continuation of earlier abuse, feelings of betrayal and the implications this has had in their ability to form trusting bonds with potential supports, feelings of isolation and low self-worth, and issues surrounding lack of control. This was also viewed in the context of physical abuse.

What is pervasive throughout virtually all of the literature is that childhood physical and sexual abuse are related to suicide (for review see Santa-Mina et al., 1998), a point that was explicitly stated by almost every person interviewed.

**Abuse and Neglect in Street Youth Literature**

Although reports of abuse and neglect were gathered only on a voluntary self-report basis, the experiences that these youths reported appear to be occurring with a similar incidence as has been reported elsewhere (see Feitel et al., 1992; Powers, Jaklitsch & Eckenrode, 1989; Rothman & David, 1985; Ringwalt et al., 1998; Robertson, 1989; Shaffer & Caton, 1984; Terrell, 1997; Whitbeck, Hoyt, & Ackley, 1996). It must be stressed, however, that in these participants' accounts, their reports of the incidence and extent of the abuse and neglect they suffered may be underrepresented as I did not
ask them to volunteer such information. The occurrence of multiple abuse found in the present study is similar to what has been observed elsewhere (Shissel, 1997). Regarding the accuracy of these self-reports of abusive and neglectful family backgrounds, Whitbeck et al. (1996) conducted a study involving a comparison between caretaker and homeless adolescent reports of abuse and found that the adolescents’ reports accurately depicted their troubled family backgrounds.

While many studies have gathered incidence rates of abuse and neglect among street youth, very few have examined the consequences of such experiences. The few studies that have looked at the effects of abuse and neglect have found that “family instability” is linked to current depression (Friedrich et al., 1982), and suicide attempts (Stiffman, 1989). Smart & Walsh (1993) report a contrary finding: that family instability is not related to current depression. Molnar, Shade, Kral, Booth, and Watters (1998) found an association between childhood sexual/physical abuse and suicide attempts. Shissel (1997) noted a link between abuse and neglect with self-harming behaviour, and suicidality with sexual abuse appeared to be the strongest factor. Shissel (1997) also noted a relationship between childhood sexual abuse and prostitution which is described by the participants in this study.

Hagan and McCarthy (1997), and Webber (1991) present excerpts of transcripts where street youth describe their abusive pasts, but do not present how the youths conceive their abuse in terms of their past and current psychological functioning, or attempt to see if there are any thematic connections occurring within the narratives. The only study which directly examined the outcomes of various types of abuse in terms of
their emotional/psychological outcomes is Powers et al. (1989). In this study, street workers were asked to rate, based upon their experience, the most common outcomes of abuse in this population. They considered poor self-esteem and depression to be the most frequent outcomes, appearing more frequently with sexual abuse. The Powers et al. (1989) finding of low self-esteem being the most frequent outcome of abuse in this population is supported by the central theme of low self worth which arose in the context of abuse in the present study.

What is striking in all of this research is that to my knowledge there is not one single study which does more than draw a descriptive linear link between past abuse/neglect and the street youth's dichotomous response regarding suicide attempts, or rating on a depression scale. (Here I am not including the Powers et al. (1989) study, which relies on observational reports of youth workers rather than directly studying the youths.) It is possible the authors of these studies do not realize that establishing a correlational link between past abuse or "family instability" with depression or suicide will be utterly useless to people working with a population with whom these variables are so frequently observed. How could a factor be viewed as a discriminant variable when it has been observed in as much as 70% of this population? This phenomenon of a lack of consideration of base rates has been addressed at length by Meehl (1977), who also refers to it as the "barnum effect". It is hoped that the present study's examination of how these individuals perceive and give meaning to the abuse and neglect they experienced will lead to more in-depth studies of this phenomenon.
Gay, Lesbian & Bisexual Identities

A striking finding of this study was the intensity of the feelings of rejection/betrayal and isolation experienced in the home reported by the five gay participants who revealed their sexual identity while living at home. These feelings led to repeated suicide attempts, drug use, and in cases where they were not thrown out of their homes, it led to their running away. These sentiments were further supported by other participants who viewed being gay, lesbian, or bisexual as being related to suicide. Stories of severe physical and psychological abuse were related by youths describing how their lives changed when they informed their parents of their sexual identity. Most reported that these painful feelings were greatly reduced with their integration into an accepting, gay-positive community when they came to the street. This may be reflected in the reports of the five gay participants who revealed their identity while living at home who said that the only time they attempted suicide was when they lived at home.

Studies of adolescent suicide in the gay population (for review see Radlowsky & Siegel, 1997) have revealed high levels of stigmatization, lack of support, and subsequent experiences of rejection, isolation, and low self worth. This body of research has revealed poor and superficial peer relations, and abusive home environments where the adolescent revealed his/her sexuality. These experiences and subsequent feelings lead gay youth to be at a greater risk for substance abuse as well as both completed and attempted suicide. This body of research has also pointed out the vital role that peer support plays in the reduction of loneliness, and increasing self worth in adolescents. Finally, Hershberger, Pilkington, and D’augelli (1997) observed a link between disclosure of sexual identity to family and increased incidence of suicide attempts.
Sexual identity has received very little attention in the street youth literature. In a review of the literature on this topic, Savin-Williams (1994) was able to locate only a handful of studies which attempt to estimate the prevalence of gays and lesbians on the street. However, the results of these few studies are so widely discrepant as to render speculation about their results unfounded. Only one source looked at how street youths often left their homes to avoid abuse and maintain secrecy about their identities. The only other source I have been able to locate was Pfeffer (1997), who noted in her qualitative study on female homelessness that bisexual and lesbian girls obtained little support on the street due to class discrimination within the GLB community. The lack of research into this area might be a reflection of the reports of many of the participants in the present study that their sexual identity became less of a painful issue for them when they found peer support on the street. The impact, however, of their past experiences with rejection and isolation warrants a continued investigation into the impact these experiences have had in shaping their present lives.

Street Experiences

The varying abusive and neglectful backgrounds which these participants reported as being the reason behind how they came to live on the street, either being thrown out or running away from that source of pain, are similar in description to the experiences of street youth studied elsewhere (for a review see Bradley, 1997). The category which arose from the narratives of some of the youths considering life on the street as a form of self-punishment, coming from an attitude of very low self worth, was not found elsewhere. It must again be emphasized that although the following material is presented
categorically, it is representative of a cycle of (i) drug abuse associated with need to escape the pain, (ii) the necessity of money for shelter, food, and drugs, and (iii) prostitution which causes pain, along with numerous other factors.

**Prostitution**

Slightly over one half of the participants reported that they are currently or had at some time in the past been prostitutes. This is likely underreported, as 19% stated that they were on welfare and did not reveal whether or not they had been involved in prostitution. Several participants were visibly uncomfortable saying that they were or had been prostitutes, and it was felt to be intrusive to inquire directly about their involvement in that profession. In their descriptions of their experiences on the street, prostitution appeared frequently in terms of how it is related to feelings of low self worth and a lack of control. These themes came out in those individuals who felt that they were “just a piece of meat”, and how prostituting “eats away at you”. Also, a “bad date” was mentioned frequently in terms of a painful experience, and in some instances preceded a suicide attempt. The theme of loss of control pervaded these descriptions of beatings, rape, not getting paid, or being subjected to offensive and demeaning comments. This issue was especially salient with this study’s participants, as the outreach agency where the interviews were conducted had helping street youth leave the sex trade as a part of their mandate.

The literature on prostitution has found sexual abuse to be a common experience in the backgrounds of these individuals (Hagan & McCarthy, 1997; Pfeffer, 1997; Savin-
Williams, 1994; Webber, 1991), with the majority of male prostitutes being gay and having run away or been thrown out due to their sexual orientation (Savin-Williams, 1994). This research has found that most of these youths become prostitutes in a desperate need for money, and in some cases were forced into prostitution with violence (Savin-Williams, 1994; Webber, 1991). This research has found the effects of prostitution to be extremely low self esteem and self-destructiveness, often as a continuation of abusive childhood experiences (Pfeffer, 1997; Savin-Williams, 1994; Webber, 1991). None of the studies on street youth suicidality and depression include any mention of prostitution, and the Savin-Williams (1994) review revealed only a handful of studies on street youth in general which focussed on prostitution. A review of the general literature on prostitution, Farley, Baral, Kiremire, & Sezgin (1998) found that prostitutes are subject to extremely high rates of physical and sexual violence. They experience abuses ranging from verbal abuse, to physical assaults, sexual assaults, and murder, with a mortality rate that is 40 times higher than the national average. The most common psychological problems reported by prostitutes are high levels of distress, self-hatred, and a high rate of post-traumatic stress disorder (PTSD) (Farley et al., 1998). Additionally, there are high rates of drug and alcohol abuse among this population (Farley et al., 1998). The high levels of psychological distress indicated by the literature supports the hypothesis that the high suicide attempt rate found in the narratives in the present study may be related to the high proportion of prostitutes among the group interviewed. Future research should address this point in greater depth, looking at what meanings prostitution holds for street youth, and how they feel it might be related to suicide.
Drugs

The topic of drugs and drug abuse was a pervasive category in the context of the participants’ descriptions of their experiences with emotional pain and suicide. Drug abuse was discussed as method of reducing emotional pain in terms of the peer support sought in the drug subculture, and as a way of “masking” or covering up the pain they were experiencing. Stress, and feelings of low self-worth, and lack of control were associated with the constant search for money to support their addiction (usually through prostitution), and in the low opinion some had of themselves as a “junkie” or a “crack head”. The lifestyle of the addict was associated with suicide by almost all participants, and drugs were frequently used as a means of attempted suicide. Many felt that people were at their most suicidal when they were “jonesing” or experiencing withdrawal from the drug. Finally, a “slow suicide” was described in which people on the street no longer care about, or value their lives and use heavy drugs in a risky manner and end up overdosing after a few months.

Research into street youth substance abuse has revealed that street youth have a far greater incidence of drug abuse than the mainstream adolescent population (Bradley, 1997; Feital et al., 1992; McCarthy & Hagan, 1992; Melson, 1995; Webber, 1991). Substance abuse in street youth has been linked to an abusive/neglectful childhood (Shissel, 1997; Webber, 1991), and is viewed by street youth as a way of “killing” or reducing the emotional pain, specifically low self esteem, and depression, they are experiencing (Bradley, 1997; Webber, 1991). Drug abuse has also been linked to depression and suicidal behaviour (Molnar et al., 1998; Rotheram-Borus, 1993; Stiffman,
1989). Finally, overdosing appears to be the most frequent method of suicide attempt in this group (Molnar et al., 1998; Stiffman, 1989). Only Webber (1991) posits a direct link between perception of self as a drug addict and low self worth, and I have been unable to locate any research findings regarding drug abuse as a form of “slow suicide”. Slow suicide, however, may be conceptualized differently as “risk behaviour” which includes drug use, attempted suicide, and criminal activities. Ringwalt et al. (1998) has found high levels of risk behaviours among street youth.

The phenomenon of slow suicide is one that demands greater attention and examination in subsequent studies. As so many of these youths are describing high levels of perturbation, or emotional distress, it could be that for many of them, the dangerous situations in which they live is a slow suicide. If it is looked from Shneidman’s (1993) theoretical perspective, where suicide is “behaviour that leads to death” (Shneidman, 1993, p.6), many of the youths spoken with are committing suicide. The only difference between their suicides and the more traditionally understood method is a lower level of lethality, where it takes months and years to die as opposed to minutes or seconds.

**Money**

Lack of money was a category which arose frequently in the context of what comprises “bad day”. It was generally viewed as something that makes “everything worse”. Lack of money is a stressor in several ways. It is linked to the cycle of drugs and prostitution, as having no money means having no drugs with which to forget or cover bad feelings, and feed the addiction. Also, money is an issue since without money
these people are going hungry, lack shelter, and have a more difficult time getting off the street. While not strongly linked to the central themes, lack of control and low self worth were mentioned in this category.

Financial problems have been identified as a major source of stress among street youth in the literature (Bradley, 1997; Hagan & McCarthy, 1997; McCarthy & Hagan, 1992; Schissel, 1997; Webber, 1991). Lack of money has been linked to low self worth in terms of the stigmatization of the poor (Webber, 1991), and in terms of the stressful means with which street youth gain money (various criminal activities, prostitution, pan handling etc.) (Hagan & McCarthy, 1997; Unger, Simon, Newman, Montgomery, Kipke & Alborno, 1998; Webber, 1991). Additionally, lack of food and shelter have been linked to increased levels of distress, depression, and suicidality (Hagan & McCarthy, 1997; McCarthy & Hagan, 1992; Webber, 1991). Finally, the difficulty of getting off the street without financial resources has been addressed (Hagan & McCarthy, 1997; Webber, 1991).

What appears to be evident both in the findings of the present analysis, and in the street youth literature, is that money plays a crucial role in the precarious existence of these individuals. Money plays a central role in a stress “catch-22”, where the consequence of having no money is suffering, and the ways that are immediately available and used by these youths to gain money are themselves stressful and painful. It must be acknowledged, however, that a significant proportion of the participants did not report prostitution as their means of getting money. Some stated that they were on
welfare, pan handled, or squeegeed (washed car windows). Other than a few participant’s descriptions of how they were looked down upon for engaging in these activities, this study did not gain an adequate understanding of the meanings these ways of surviving have for street youth. Future research will look at these ways of obtaining money at greater depth in terms of how they are related to their pasts, conceptualization of their future, and with the central themes and suicide.

**Interpersonal Problems on the Street**

Fights and break-ups with partners arose in the narratives as a major source of pain and stress for most of the participants. The central themes of control, rejection/betrayal, and especially isolation arose strongly in this category. Again, these themes are reflective of the participant’s sense of self worth. Many felt that relationships with partners were often more “intense” on the street since these persons likely form the majority of the various individuals’ support network. Thus, when a break-up occurs, there can be large amounts of emotional pain, and “old issues” can resurface. For some of the individuals interviewed, this experience led to a suicide attempt. Lack of control arose in descriptions of partners trying to tell them what to do, and in abusive relationships. The other three themes of rejection/betrayal, isolation, and low self worth which often came out during break ups, appeared to mirror their experiences with their families. In contrast, most participants felt that losing or fighting with friends was far less painful, quite often describing the superficial nature of street friendships as the reason for this. Only a few participants linked the central themes with this category.
While the implications of break-ups and difficulties in friendships have been examined, and found to be related to adolescent suicidality in the normal population (Sandin et al., 1998), the area of relationships among street youth is a topic which appears to have been relatively neglected in the street youth literature. In relationships among street youth, it has been found that childhood experiences of abuse and neglect are linked to the likelihood that these individuals will be sexually or physically assaulted on the street by their peers (Powers et al., 1989). Powers et al. (1989) suggest this increased risk of victimization is due to poor coping/survival strategies, and poor self-concepts. Another study (Bradley, 1997) identified break-ups as being a stressful event in the lives of street youth, and one that occurs more frequently than losing a close friend. This information represents all of the information I have been able to locate on this topic. The amount of emotional distress that the participants of the present study associated with the loss of partners suggests that this is an area which demands further investigation.

It is likely that some of the difficulties street youths experienced with the loss of a partner has in other studies been folded into headings such as “social support”, “fighting with peers”, and “loneliness”. In these studies a lack of social support was linked with depression (Smart & Walsh, 1993), “fighting with peers” was identified as a risk factor for suicidality (Rotheram-Borus, 1993), and high levels of loneliness were found (McCarthy & Hagan, 1992).

The phenomenon of friends on the street has received somewhat more attention in the literature, particularly the function of “street families”, referring to the peer group to
which they belong. Street youth often seek out friends when they come to the street as a way to become "connected" to others, as a way to increase personal safety, out of desire for food, money and shelter, and finally through the influence of peer pressure (Hagan & McCarthy, 1997). Research into this area has also indicated that relationships among street friends may often be exploitative and superficial (Bradley, 1997; Plympton, 1997; Webber, 1991), and having friends on the street does not appear to help with emotional problems (Hagan & McCarthy, 1997). This is further supported by the high baseline level of loneliness in this group (McCarthy & Hagan, 1992). Smart & Walsh (1993), however, demonstrated a contradictory finding that level of social support is inversely correlated to level of depression.

This research largely corresponds with the participants' descriptions of the superficiality of friendships on the street, and how the loss of such friendships is not generally perceived as being the source of a lot of emotional pain. The present study also supports the adaptive nature of having friends for support, though Hagan & MacCarthy's (1997) finding that having friends does not help with emotional problems raises a question: although most of the participants in the present study seek out their friends for support, is that support effective? The efficacy of various sources of support would be an important area for further study. The present study supports Smart & Walsh's (1993) finding of increased social support resulting in less depression in that most youths sought out their friends when they were in distress, though this link is tenuous as inquiries were not made regarding the effectiveness of the support of friends.
Violence on the Street

Violence, and the threat of violence on the street, was identified by some participants as being a significant stress in their lives. This came out particularly in the accounts of the women interviewed, who perceived women as facing greater danger in terms of being assaulted, raped, or murdered. The high incidence of violence on the street in the form of assaults and rapes is well documented in the literature (Hagan & McCarthy, 1997, p.46; Melson, 1995; Terrell, 1997; Webber, 1991), with Terrell (1997) noting that females on the street are victims of sexual assault more than twice as often as males. Terrel (1997) also notes that the assaults committed by street youth often revolve around control, or an assertion of a control which they never had in their abusive or neglectful upbringing. Additionally, the poor communication skills which are often the consequence of an abusive childhood, and the way in which disputes were handled in childhood (Wagner, 1997), likely leads to violence being used on the street as a way of settling conflicts.

HIV/AIDS

A question was incorporated into the interview regarding the participants' perception of HIV/AIDS, and their experiences surrounding the disease. Almost every person said that they would kill themselves if they had AIDS, or would as soon as they perceived that they were getting sick. The reasons given were that AIDS would result in a loss of control of the body, and that if you had AIDS you would be marginalized, rejected, and isolated. This is a topic to be concerned about as the prevalence of HIV/AIDS infection among street youth is as much as ten times that of the general
adolescent population due to intravenous drug use, and risky sexual behaviour (for review see Rotheram-Borus et al., 1991). Rotheram-Borus et al. (1991) has also noted in her research that street youths who have contracted the virus are at a greater risk for suicide, and risky behaviour. A few participants said that they would not kill themselves if they contracted the virus, stating that they would still have a number of years left to live and it would be best to “make the most” of them. This suggests that education about the positive trends in the effectiveness of medications in slowing the disease progress may be useful in reducing the suicide risk associated with this disease.

**Suicide**

**Prevalence**

With the exception of Stiffman’s (1989) finding of an attempt rate of 80% among the female street youth population, the present study’s findings of a 68.2% attempt rate for males, and a 75% attempt rate for females is the highest in the literature (see appendix C). There appear to be three factors which may be accounting for this extremely high suicide attempt rate. The first is the methodology. It is possible that a semi-structured interview format, and the use of a participatory design facilitates greater disclosure from the participants about emotionally painful subjects such as suicide. Another possibility is the large number of participants who had, or are, currently engaged in prostitution. The painful nature of prostitution described by the participants appears to be an additional stress in these individuals’ lives. However, as no other study provides information regarding the means of obtaining money by the respondents, this is a difficult comparison to make. Finally, the participants in the present study are generally older than the
participants in the other studies. It could be that by simply having been on the streets longer, and dealing with emotional distress for a longer period of time, they have had a longer time period in which to attempt suicide. The group interviewed in the present study appeared to be similar to other populations in the way that most described multiple suicide attempts (Rotheram-Borus, 1993; Stiffman, 1989).

It must be acknowledged that the numbers of suicide attempts described by the participants in this study may not adequately reflect the experiences of this group. I felt that directly asking these individuals if they had made suicide attempts was too intrusive. Any information I did receive was offered openly by the participants. One would expect, however, that if the information I gathered was not reflective of their experiences, it would likely be in the direction of under-reporting.

Perceptions of and Experience with Suicide

It is of note that I can find no study that has made an effort to assess street youths’ perceptions of suicide, and what suicide means to them. Additionally, I can find no study which has looked at what kinds of feelings surround their suicide attempts. All studies document the prevalence of risk factors for suicide in this population, and correlate that prevalence to a self-reported percentage of attempts for the population they are studying. It is for this reason that I shall look at the types of feelings the participants in the present study describe in the context of suicide, compared to those feelings documented in the literature in the context of general distress and self-perception.
In their descriptions of what constitutes emotional pain, or "psychache", what arose were the central themes. These are Isolation, Rejection/Betrayal, Lack of Control, and encompassing all of these feelings, Low Self Worth. Almost all of the participants used these terms as feeling words. They described feeling worthless, or feeling alone and isolated, feeling rejected. The only theme which did not appear very often as a feeling word was Lack of Control. In their descriptions of how they were feeling when they attempted suicide, the most common feeling stated was feeling alone. In this context feeling depressed also arose quite often, with feelings such as emptiness, anger, and despair appearing only in a few narratives. As language is largely influenced by "the cultural conventions of telling" (Bruner, 1984, p. 7), and is a reflection of "local meaning systems" (Much, 1995), it is important to take note of these words as being these individual's culturally (and potentially subculturally) bound expression of painful feelings. It is for this reason that although themes such as Isolation and Rejection/Betrayal are conceptually linked and could form a single theme, I keep them separate as they were separately described in the narratives.

Although the linguistic expression of meaning is also influenced by the audience, and social context (Bruner, 1984; Holstein & Gubrium, 1995), this attention to how these experiences are expressed remains crucial for two reasons. First, as people such as social workers are presenting a similar audience to the street youths, in a similar context to the interviews presented here, these words used to describe feelings, whether truly representations of "inner conversations", are important to take note of since the participants have associated them with emotional pain and suicide. Second, many
participants shared very intimate and painful experiences, suggesting that the context and audience did not appear as such a threat that it would have produced a defensive or superficial (Kelly, 1955) presentation of meanings.

Psychache

This feeling of aloneness or isolation was described frequently by the participants as being extremely painful, and was often mentioned in the context of suicide attempts. This is consistent with the finding among the general adolescent population where loneliness has been linked to suicide (Pagliaro, 1995). It is also found in the work of Buie & Maltberger (1989) who describe suicidal individual’s vulnerability to extreme feelings of “aloneness”, which is avoided through suicide attempts. Feelings of loneliness or isolation have been described in the street youth literature (McCarthy & Hagan, 1992; Savin-Williams, 1994; Webber, 1991) or have alternately been described as feelings of “alienation” (Bradley, 1997; Melson, 1995). Closely related to feelings of isolation, are feelings of rejection and betrayal. In the literature rejection and betrayal have been observed as experiences rather than feelings. This does not diminish the importance of regarding rejection as a descriptor of feeling. What it suggests is that there is a difference in the communication system within the group who participated in this study in that they use the word “rejected” or “betrayed” to describe not just events, but entire experiences including the emotions involved.

Control or lack of control as being a source of emotional pain stands apart from isolation and rejection in the narratives of the participants. This is also reflected in the
literature, in which lack of control appears frequently, though not in studies on street youth suicide (Bradley, 1997; Holdaway & Ray, 1992; Powers et al., 1989; Terrell, 1997; Webber, 1991). A connection between lack of control and suicide can be found indirectly in the literature as follows: powerlessness or feelings of a lack of control are often outcomes of abusive and neglectful home environments (Wagner, 1997), especially sexual abuse (Kendall-Tackett et al., 1993), and abusive backgrounds have been linked to suicide in this population (Molnar et al., 1998). Additionally, if lack of control could be regarded as "helplessness", this has been linked with suicide attempts (Lester, 1998), and distortions in perception of the controllability of stressful situations has been observed among adolescent suicide attemptors (Wilson, Stelzer, Bergman, Kral, Inayatullah, & Elliot, 1995).

The term "depression" was also used by many participants to describe how they felt when they were attempting suicide, and while this has been related to suicide in the general literature along with feelings of hopelessness, despair, and emptiness (see Shneidman, 1996) it has only been addressed in the clinical sense in the street youth literature. While useful, the clinical meaning of depression may be quiet different from the meaning that the participants in this study are ascribing to depression. Studies have found high levels of clinically defined depression in this population (Buckner & Bassuk, 1997; Hier et al., 1990; Rotheram-Borus, 1993; Smart & Walsh, 1993).

The central theme identified in this study as being the most closely related to emotional pain is Low Self Worth. This theme was explicitly identified by many
participants and appeared the most frequently as a central theme in the narratives. "Low self worth" was used by the participants to describe entire experiences, i.e. as both a feeling and an observation though these two can hardly be separated. The centrality of self worth, or "self esteem" can be seen in the way that has been identified as a major risk-factor for depression among this population (Bradley, 1997; Smart & Walsh, 1993), and pervades the literature as a source of pain and distress (Bradley, 1997; Feitel et al., 1992; Hagan & McCarthy, 1997; Kipke et al., 1997; Melson, 1995; Powers et al., 1989; Plympton, 1997; Savin-Williams, 1994; Terrell, 1997; Webber, 1991). Links have been formed between self worth and the stigmatized and marginal existence of street youth (Plympton, 1997). Additionally, Webber (1991) has described the destructive logic originating in abuse, and leading to low self worth, which arose in the present study's narratives.

It is clear from the present study, and the review of the literature, that low self worth is a central part of what constitutes psychache for this group, and subsequently leads to increase suicidality. A lifetime of experiences of abuse and neglect, feelings of isolation, rejection and betrayal, and a sense of a lack of control, are all leading to this experience of worthlessness. From this there arises a reasoning which on the surface appears logical to the person who is suicidal, "When you have low self-esteem, or low self-worth, the self is not very important. The elimination of the feelings is more important than the self so therefore you think; 'eliminating self, cool. I got my solution, bomb. Let's do it.'"
Reducing the Pain: Implications for Intervention/Prevention

There has been very little work done on what street youth find as being helpful in reducing their levels of emotional pain, or in examining their perceptions of suicide for ways in which to approach intervention and prevention with this population.

Understanding of Suicide/Attempts

As the rate of self-reported suicide attempts in this study’s group of participants is twenty five times higher than the highest estimates of suicide attempt prevalence in the general population (Sakinofsky, 1998), and previous suicide attempts have been identified as a risk for future completed suicide in the adolescent population (White, 1998), looking closely at what a suicide attempt means to these individuals is important. Most said that they did not want to die from their attempts, saying that though they might say they wanted to die, they did not make an effort to do so. Further, some said that had they “truly” wanted to die, they would have used a more lethal means (gun, jumping from a height etc.). In most instances, they were trying to send out a message that they were in pain, and wanted help, resenting the interpretation of attempts that they were “attention seeking”, or seeking “pity”. This suggests that people working with street youth should deal with suicide attempts as communications of pain and hurt, and avoid the minimizing attitude of attempts as being attention seeking. The potential lethality of the attempts these individuals reported making, and the risk that this poses for future completed suicides, demands that the implications of these behaviours be taken very seriously. The means of attempt used by the participants in this study were similar to those found elsewhere (Molnar, et al., 1998).
Another view that arose in the narratives was that people who complete suicide rarely tell people of their plans. This suggests that concerns about an individual's suicidality should not be dismissed because they are not voicing the intention to kill themselves. The participants' discussion about the reaction on the street to suicide, that few people care, points to this as an area where prevention/intervention work could be done. In other words, trying to illustrate to the youth that there are people who would care if they took their lives, thus countering feelings of aloneness that were often described as accompanying suicidal behaviour. Finally, as the first line of defence against suicide among this group appears to be the friends of the suicidal individual, providing information on suicide intervention to street youths in general would likely prove beneficial.

**Positive Thoughts**

Many of the individuals interviewed spoke of the types of “thoughts” or internal messages they use to reduce the level of pain they are experiencing. These “messages” may be useful for the potential interventionist to make use of. These messages were “It will get better…”, thinking that the suffering will lessen in time. Strength was also taken from messages of independence and self reliance, likely running against the theme of lack of control, which has been observed in other populations (McCarthy & Hagan, 1992). An interventionist could emphasize this by calling attention to the strength and self reliance of the street youth who has survived such adversity with little or no help from anyone else. Another message is that a person must learn to “care for, or love yourself”, which runs in direct opposition to feelings of low self worth. Finally, attempters
described their view that there must be a reason why they have survived so many attempts, and that they "were not meant to die that way".

**Coping Actions**

The method of coping regarded as being the most effective by participants was to talk with, and spend time with friends to reduce the pain they are experiencing. This action works against feelings of rejection/betrayal in that friends accept that person. It acts against isolation, in that the person has someone with them, who is talking with them. Finally, it acts against low self worth in that their friends demonstrate their value to them, showing them that they are worth something to someone, even if they don't see value in themselves. This crucial nature of friends as support has been observed in the street youth literature as being inversely correlated to depression in street youth (Smart & Walsh, 1993), and as being an important factor in their survival on the street in general (Bradley, 1997; Kipke et al., 1997; McCarthy & Hagan, 1992). The crucial nature of friends as social supports is in many ways contradictory to the descriptions of street friendships as superficial. Future research should deal with this in terms of whether it matters if the friendships are superficial when it comes to being a source of emotional support, or possibly that it is used as support since there are very few alternatives. Other ways of coping mentioned were sleeping, crying, and the positive impact that having a child had on their motivation to get off of drugs, and leave the street.

Other behaviours the participants described using to reduce the amount of pain they experience are the use of drugs, and self-mutilation. Many described drinking
alcohol, or smoking marijuana as a way of dealing with pain, though most drew a sharp
distinction between using these "softer" drugs in moderation, and using large amounts of
hard drugs. Another way of reducing emotional pain was through self-mutilation, and as
is consistent with what is reported elsewhere (Schissel, 1997) most reported being
sexually abused in childhood. This method of coping was generally viewed negatively,
and some compared it to drug addiction, reporting experiences of withdrawal, and
difficulty not cutting when they felt bad.

The outside sources of help most participants felt positively about were street
outreach agencies such as the one where they were interviewed, but they had an
extremely negative perception of hospitals and government agencies. This may be
related to Stiffman's (1989) finding that over half of the suicide attempters never
received any professional help after their attempts. Street youth's negative institutional
experiences have been previously observed (Bradley, 1997). Participants described their
hospital experiences in terms of being locked up, and places where they were diagnosed
or drugged by cold, and uncaring professionals. This appears to play into themes of lack
of control, and self worth. This negative perception may lead these individuals to be less
likely to seek professional help. The positive experience with outreach centres stemmed
from these centres' non-judgemental and confidential standpoints. In such places these
people have found acceptance, increased their feelings of self worth, and developed a
sense of control. This may be a lesson to be learned by larger institutions. Webber
(1991) noticed a similar pattern of perceptions regarding outside sources of help.
Culture

Before discussing the topic of suicide and the street youth subculture, the grounded theory nature of this study must be re-emphasized. The purpose of this study was not to test the possibility that suicide is a subcultural construct within this population, but to derive theory from the narratives of these youth on the topic of suicide. Here I am drawing a distinction between culture in general (childhood experiences, the media, etc.), and the subculture of the street (homelessness, drugs, violence, etc.). It is, however, felt to be important to look at how all aspects of culture are influencing the construct of suicide, including how subculture may or may not be impacting the participant’s understandings of suicide. As a result, subculture is considered in the following section, even though the influence of subculture was not clear in these narratives.

Culture is generally viewed as a shared “meaning system” which is generated out of the necessity of having a common language, or understanding through which private experiences may be communicated to others in a way that they can understand what that person “means”. It is through the internalization of this shared meaning system that an individual defines and understands the emotional pain they experience (perturbation), and learns how to reduce that pain (potentially lethal) (Kral, 1998). It is through this lens of culture that our experiences are given meaning. In the present study, participants view their abusive and neglectful backgrounds, and current situation on the street as painful, and express that pain for the most part using terms such as Isolation, Rejection/Betrayal, Lack of Control, and Low Self Worth. The centrality and pervasive nature of these themes in almost every narrative suggest that these themes represent a “shared
understanding” of emotional pain. The high level of suicidal or self-destructive
behaviour reported by the participants suggests that this is a culturally embedded shared
understanding of how to reduce emotional pain, with the variability in the lethality
depending on personal experience and within-culture differences (age, means of getting
money etc.). This study, combined with other research suggests that, despite differences
observed based on runaway/throwaway experiences (Ringwalt et al., 1998), age or peer
group affiliation (Unger et al., 1998), there is a shared understanding of what experiences
are emotionally painful, and how that pain is experienced and dealt with. This shared
understanding exists despite varied daily activities, incomes, and backgrounds,
suggesting that a shared understanding of emotional pain and its outcomes may be a
central part of what defines street youth as a subculture. This idea of a “subculture of
pain” is supported by the similar experiences of abusive backgrounds, street adversity,
and risk behaviour found in studies of street youth in Brazil (Campos, Antunes, Raffaelli,
Halsey, Greco, Greco, Ruff & Rolf, 1994) and South Africa (Kruger & Richter, 1997).

There are, however, a few points which should be addressed before considering
the possibility that the construct of suicide is defined by the street youth subculture. It is
clear that suicide is defined culturally (Kral, 1998), but is it defined subculturally? This
study did not address the question of how the meanings surrounding suicide are
communicated. It was found that “suicide” is not talked about in any depth. This does
not, however, mean that there is not a communication of the meanings of suicide. Such
communication need not be verbal (Much, 1995), or could be alternately addressed
without using the term “suicide”. As suicide is a reaction to a culturally developed
understanding of what constitutes emotional pain, it is possible that talking about emotionally painful experiences is talking about suicide. A future study shall address this point.

It is also possible that the individuals spoken with are simply an aggregate of people with horrific backgrounds, who are at an extremely high risk for suicide. In other words, while culturally defined, their “suicide” is not defined by the street youth subculture. There are a few points, however, which suggest otherwise. First, and assuming that one accepts the premise of street youth as a subculture: suicide did not cease to change and develop as a construct when these individuals came to the street. It would be difficult to believe that the street youth subculture and all that it implies does not influence, and be influenced construct as broad as suicide. As was mentioned above, a large part of what suicide “is” regards what understood as being emotionally painful, or perturbation Shneidman (1996). Street youth, as does every person, talk to each other about what is bothering them. In other words, they talk about perturbation with each other. While the present study did not address how they engage in such communications, it would be a stretch to propose that they do not communicate such understandings. Indeed, the pervasiveness of the themes which came from the participant’s narratives suggest that they largely agree about what is painful, and what leads to suicide.

In conclusion, this study did not address how suicide is dealt with in this subculture: how it develops, how it is communicated, and how the individual incorporates the subcultural meanings, and this is acknowledged as a flaw. This does not, however, preclude the existence of suicide as a subculturally bound construct. This is unlikely
from a theoretical viewpoint as was argued above, and is indirectly argued against in the pervasiveness of the central themes of perturbation that arose from the narratives of the present study. Suicide is a construct which clearly crosses cultural boundaries, as is observed by the way in which the risk factors for suicide are shared by many different groups of people. The question that remains to be answered, is the degree to, and way in which suicide is culturally manifested among street youth.

What was Not Said/Areas for Future Exploration

There were three areas which did not appear in the narratives, and which other data suggests might be missing due to the context in which the interviews took place, and with myself as the interviewer. First, research on other street youth populations (Hagan & McCarthy, 1997) suggests that aside from prostitution, levels of criminal activity might have been underreported. Since criminal behaviour has been linked to various sources of emotional pain and stress (Hagan & McCarthy, 1997), it is likely that the participants left some of these experiences out of their narratives. As this is likely an area which, if probed, could arouse a negative reaction, it may not enter into this type of study in a similar context.

The analysis of these narratives also did not reveal hopelessness as a feeling describing emotional pain, which is notable since this feeling has been indicated in the general population as being closely related to suicide (Shneidman, 1996). Some spoke of positive plans for the future as something which helps them, forming a part of the “things will get better” message, but understandings about the future were not frequently
mentioned. One possibility is that although the participants were experiencing emotional distress, they were not hopeless to the point of being at an imminent risk for completed suicide. This will be an area to explore in future interviews.

Finally, in the initial interviews I noticed that none of the female participants spoke of their experiences on the street “as women”, indicating how their experience might be different from that of males. In the follow up interviews, I addressed this point, and asked the women if they thought females’ experiences on the street were any different from males. This inquiry brought out substantial material regarding the greater danger the street presents for women, and how the victimization they experienced as children which led to their current situation was at the hands of men. I believe that this was left out of the initial interviews because of my gender and its influence on the interview context. Thus, in future interviews I shall address this issue directly.

Other areas future interviews will address are: (a) Exploring with more depth how prostitution is related to emotional pain and suicide. (b) Breaking down the influence of drugs on suicidal behaviour in terms of addiction, drugs as a means of suicide, and the effects of drugs on emotions and thoughts. (c) More clearly define the experiences of gay/lesbian/bisexual youth as far as their experiences at home, and their experiences on the street. (d) Spend more time looking at what the participants want in terms of help, and what they think would help.
Finally, I wish to examine other cohorts of street youth differing in age, means of obtaining money, ethnic backgrounds, subgroups on the street (i.e. punk, raver, etc.), and regions. While the information I have gathered in this study may be applicable to the slightly older, mostly Caucasian prostitute living in Toronto, I wish to explore this topic further with other types of street youth.

**Implications for Intervention/Prevention**

Intervention and prevention programmes with similar groups should focus on counteracting the themes which arose in this study as being the components of pain. Efforts should be made to address the powerful feelings of rejection/betrayal and isolation. The most effective work will likely be done in a non-judgemental manner, emphasizing acceptance of that person and the integration of that person into some larger, caring social unit. Regarding control, efforts should be made to provide the person with a sense of self-determination, and emphasize their abilities to have an impact on their own lives, and on the world. Finally, every effort possible should be made to emphasize that person's worth, and try to separate their evaluation of their worth on the basis of their abusive experiences past and current.

Ultimately, and sadly, the extremely powerful impact of early abuse and neglect exacerbated by similar experiences on the street, will be enormously difficult to act upon effectively, and many will end up dead, in jail, or never leave the street (Webber, 1991). Clearly the best prevention is one that involves a very simple principle: Children have a right be brought up in a safe and supporting environment. The enforcement of this is the
responsibility of all levels of government, which do not appear to be acknowledging that the “street youth problem” is unequivocally “their problem”. A striking example of this misallocation of priorities can be viewed in the recent campaign and crackdown against squeegee kids (youths who wash car windows at intersections for their income).

**Conclusion**

Grounded theory analysis of the narratives of these street youth revealed that for this group perturbation, or emotional pain, is composed of experiences and feelings of isolation, rejection/betrayal, lack of control, and most pervasively, low self worth. The participants viewed the starting point, or origins of the emotional distress they have experienced in their abusive and neglectful upbringings. These painful experiences at home led to a life on the street, where extremely negative experiences continued, maintaining and in some instances exacerbating this painful self image of worthlessness. These powerful negative feelings, combined with few options for reducing this pain either due to external factors or internal perceptions, all within an understanding of self harming/destructive behaviours as a way of reducing pain, leads to an extremely high rate of suicidality. For intervention and prevention to be most effective with such a group, the focus must be upon acting directly against these themes which define emotional pain for this group. However, this type of intervention would prove of infinitesimal value as compared to interventions taken at the family level to reduce instances of abuse and neglect.
Appendix A: Interview Protocol

Criteria

1. Are you twenty-four years of age or younger?
2. Have you ever been homeless? (or have you ever had a time when you have had no fixed address?)

Give consent form, and Explain:

- Confidentiality
- Taped interview/ destroy tapes later

Explanation

- study of street youth suicide
- high rates found
- prevention and intervention
- help me understand what is happening
- tell me of your experiences
- confidentiality
- tape recorded, if not like what said erase
- don’t have to answer questions don’t want to
- names will not be used (not a social worker)

Demographics

1. Gender
2. Race
3. Age
4. School History
5. Living Arrangement
6. Means of getting money, how much have a week
7. Subgroup (punk, goth, gang etc.)

Street Career

“What was happening at home that made you run away?”
“Where did you go?”
“What happened from then until now?”
“Where did you live?”
“How did you get by?”
"Did anyone help you?"
"Have you ever had trouble with the police?"
"Have you ever been in foster care?"

etc.
(open-ended, encourage narrative structure)

**Suicide**

1. "If it is alright, we will talk about suicide now. You can tell me about a person you know who has committed suicide, and if you want you can tell me about your own experiences with suicide."
2. "Has anyone you have known ever attempted or completed suicide? Can you tell me what happened?"
3. (if reluctant) "What do you think is happening in the life of someone who is suicidal?"
4. use "What happened..." a lot. Get at what led up to, happened during, and after suicide or attempt.
5. "Where do you think your ideas about suicide came from? friends? early past?"
6. "What do you think your friends think about this?"
7. (if personal) "What is it like when you are feeling bad or upset?" "What kinds of feelings do you have when you are unhappy?" "What sorts of things make you upset?"

If not addressed earlier:
(throughout, examples of incidences will be sought about)

1. "Do you think that having problems with boy/girlfriends might be related to suicide?"
   How so?
2. "How about loosing/fighting (with) friends, does that make people more suicidal? What do you think happens there?"
3. "Do you think being drunk or high might affect people thinking of suicide?" How?
4. "How, if at all, do you think being gay or lesbian might be related to suicide?"
5. "Have you ever heard of more than one person attempting suicide or killing themselves together?" What do you think was happening there? "How about a bunch of people attempting or completing suicide in a short period of time?"
6. "Do you think having AIDS might be related to suicide? How so?"
7. "Are there any other things you think might make people suicidal?" (financial, fear of violence, small let-downs adding up?)

Wrap-Up:

1. When you are feeling angry, hopeless, or depressed, what do you do? Who do you talk to?
2. "What helps you when you are feeling down? What stops you from wanting to end it all?"
3. "What advice would you give a suicidal person? How would you help them?"
4. "What do you think should be done to reduce suicide rates?"
5. "How has it made you feel to talk about these things? Is there anything you want to add?"
6. "What do you do for fun? What kinds of things make you happy?"

Conclusion

- put together what you and others tell me
- try and figure out what is happening
- use that information to try and improve things, and reduce suicide
- thanks, I will be coming back in a few months once I have looked at it all. If you are around it would be great to hear what you think.
### Appendix B: Previous Research on Street Youth Suicide Attempts

<table>
<thead>
<tr>
<th>Study</th>
<th>Sample</th>
<th>Ages</th>
<th>Ethnicity</th>
<th>Suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feitel et al. (1992)</td>
<td>N=169 65%m/m</td>
<td>mean = 18.5</td>
<td>49% black, 31% hispanic</td>
<td>27.3%</td>
</tr>
<tr>
<td></td>
<td>shelter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Greene &amp; Ringwalt (1996)</td>
<td>Street: 600 61% m</td>
<td>most : 18-21</td>
<td>1/3 black,</td>
<td>~23% m</td>
</tr>
<tr>
<td></td>
<td>Shelter: 640 39% m</td>
<td>most: 12-17</td>
<td>1/3 white</td>
<td>~34% f</td>
</tr>
<tr>
<td>McCarthy &amp; Hagan (1992)</td>
<td>260 male</td>
<td>mean: 17.7</td>
<td>95% white</td>
<td>27.4%</td>
</tr>
<tr>
<td></td>
<td>130 female</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Molnar et al. (1998)</td>
<td>N = 775</td>
<td>mean = 17.5</td>
<td>46% white, 22% black</td>
<td>27%m</td>
</tr>
<tr>
<td></td>
<td>65% male</td>
<td></td>
<td></td>
<td>48%f</td>
</tr>
<tr>
<td></td>
<td>shelter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ringwalt et al. (1998)</td>
<td>Street: 528 50%m</td>
<td>street: 18.1</td>
<td>53.5% white,</td>
<td>23-43.8%</td>
</tr>
<tr>
<td></td>
<td>Shelter: 631</td>
<td>shelter:16.1</td>
<td>46.4% black</td>
<td>(throw-run)</td>
</tr>
<tr>
<td>Rotheram-Borus (1993)</td>
<td>260 male</td>
<td>mean = 16.3</td>
<td>43% black, 32% hispanic</td>
<td>29% m</td>
</tr>
<tr>
<td></td>
<td>316 female</td>
<td></td>
<td></td>
<td>44% f</td>
</tr>
<tr>
<td></td>
<td>agency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smart &amp; Walsh (1993)</td>
<td>N =145</td>
<td>mean = 19</td>
<td>not given</td>
<td>42%</td>
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<tr>
<td></td>
<td>64% male</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>agency/street</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stiffman (1989)</td>
<td>84 males</td>
<td>12-18</td>
<td>not given</td>
<td>80% f</td>
</tr>
<tr>
<td></td>
<td>207 females</td>
<td></td>
<td></td>
<td>19% m</td>
</tr>
<tr>
<td></td>
<td>shelter</td>
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## Appendix C: Population Demographics

<table>
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<tr>
<th></th>
<th>m/f</th>
<th>male (N = 23)</th>
<th>female (N = 14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Age</td>
<td>21.2</td>
<td>21.4</td>
<td>20.8</td>
</tr>
<tr>
<td>Median Age</td>
<td>22</td>
<td>22</td>
<td>21.5</td>
</tr>
<tr>
<td>Age Range</td>
<td>14-24</td>
<td>17-24</td>
<td>14-24</td>
</tr>
<tr>
<td>Non-Caucasian</td>
<td>16.2%</td>
<td>8.1%</td>
<td>21.4%</td>
</tr>
<tr>
<td>Average Education Range</td>
<td>11.4yrs</td>
<td>11.9yrs</td>
<td>10.6yrs</td>
</tr>
<tr>
<td>Employment:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>at some time prostit.</td>
<td>54.1%</td>
<td>60.9%</td>
<td>46.2%</td>
</tr>
<tr>
<td>current prostitutes</td>
<td>27.0%</td>
<td>30.4%</td>
<td>21.4%</td>
</tr>
<tr>
<td>Government assist.</td>
<td>50.1%</td>
<td>39.1%</td>
<td>42.9%</td>
</tr>
<tr>
<td>squeegee/pan</td>
<td>21.6%</td>
<td>17.4%</td>
<td>28.6%</td>
</tr>
<tr>
<td>Not reveal</td>
<td>8.1%</td>
<td>5.4%</td>
<td>14.3%</td>
</tr>
<tr>
<td>Average income</td>
<td>$501/wk</td>
<td>$570/wk</td>
<td>$444/wk</td>
</tr>
<tr>
<td>Median income</td>
<td>$224/wk</td>
<td>$247.5/wk</td>
<td>$196/wk</td>
</tr>
<tr>
<td>Income Range</td>
<td>75-3000/wk</td>
<td>100-3000/wk</td>
<td>75-2000/wk</td>
</tr>
</tbody>
</table>

 Factors which lead to suicide:

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug related</td>
<td>89.2%</td>
<td>91.3%</td>
<td>85.7%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>81.1%</td>
<td>78.3%</td>
<td>85.7%</td>
</tr>
<tr>
<td>GLB</td>
<td>73.1%</td>
<td>73.9%</td>
<td>50.0%</td>
</tr>
<tr>
<td>Partner problems</td>
<td>70.3%</td>
<td>65.2%</td>
<td>78.6%</td>
</tr>
<tr>
<td>Loss of friends</td>
<td>35.1%</td>
<td>30.4%</td>
<td>42.9%</td>
</tr>
</tbody>
</table>

 Where living:

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Street</td>
<td>35.1%</td>
<td>39.1%</td>
<td>28.6%</td>
</tr>
<tr>
<td>Own Place</td>
<td>29.7%</td>
<td>26.1%</td>
<td>28.6%</td>
</tr>
<tr>
<td>With a friend</td>
<td>19.0%</td>
<td>17.1%</td>
<td>21.4%</td>
</tr>
<tr>
<td>Temporary hs.</td>
<td>16.2%</td>
<td>17.4%</td>
<td>21.4%</td>
</tr>
</tbody>
</table>

 Subgroups:

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>59.5%</td>
<td>56.5%</td>
<td>64.3%</td>
</tr>
<tr>
<td>*Raver</td>
<td>16.2%</td>
<td>13.1%</td>
<td>21.4%</td>
</tr>
<tr>
<td>**Punk</td>
<td>10.8%</td>
<td>8.7%</td>
<td>14.3%</td>
</tr>
<tr>
<td>Other</td>
<td>18.4%</td>
<td>21.7%</td>
<td>0</td>
</tr>
</tbody>
</table>

 Suicide Attempts

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(3 not reveal)</td>
<td>73.5%</td>
<td>68.2%</td>
<td>75.0%</td>
</tr>
<tr>
<td>Multiple</td>
<td>68.0%</td>
<td>80.0%</td>
<td>55.6%</td>
</tr>
<tr>
<td>Self Mutilation</td>
<td>13.5%</td>
<td>8.6%</td>
<td>21.4%</td>
</tr>
</tbody>
</table>
* "Ravers" refer to individuals who frequent all-night dance parties where drugs are often used (mostly ecstasy), and have a distinctive appearance.
** "Punks" refer to individuals who are fans of punk rock music, who have a distinctive appearance.
Appendix D: Categories, Subcategories & Themes (SYS-3)

Higher order categories are located closer to the left, with lower order categories and subcategories indented farther in. In brackets next to the subcategories are the central themes they fell into. Isol = isolation, R/B = rejection/betrayal, C = control, SW = self worth.

Female. Most pervasive theme in this narrative: Control

1. Painful experiences

Abusive Family

(C) Lost father, instability
(R/B) -Sexual abuse, mother knew
-Beat up by baby sitters
-Led to behaviour problems

(R/B) -No trust
(C) - Tried to come back, couldn’t handle it

Street Stressors

(C) -Drugs make suicide easier/commit suicide because can’t get off of drugs
-Friend had HIV, did very heavy drugs until dead
-Sex abuse led to prostitution
-Worked as prostitute
-Thought life would be better on street
-History

Partner Problems

(C) -Leaving boyfriend, expression of strength
(C) -Boyfriend beats her
(SW) -Fights with boyfriend stressful, make self feel crappy

Gay, Lesbian, Bisexual Identity can be Stressful
2. Decision

Cannot take one more day

3. Options to deal with pain

People not listening

(Isol)  
-Not listening/understanding
- Friends false on street

Hospitals, mental health bad

(C)  
-Ho help available
- Bad experiences with CAS, mental health

On: Attempt

(SW)  
- Attempt as self-torture
- Did not really want to die

Suicide on Street

- Not talked about
- Little reaction

Help friend:  (Isol, SW)  
- Talk, describe own experience

Strengths

- Baby
- SOS
- Music
- Place to blow up
- Talk to friends

(C)  
- Things are going to get better, have plans
Appendix E

Frequencies of Central Themes (N = 27: 15 Male, 12 Female)

<table>
<thead>
<tr>
<th>Rejection/Betrayal</th>
<th>Male/Female</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>As central theme:</td>
<td>41%(11)</td>
<td>26%(7)</td>
<td>15%(5)</td>
</tr>
<tr>
<td>In family experience:</td>
<td>37%(10)</td>
<td>19%(5)</td>
<td>19%(5)</td>
</tr>
<tr>
<td>*In street experience:</td>
<td>26%(7)</td>
<td>14%(4)</td>
<td>11%(3)</td>
</tr>
</tbody>
</table>

Gay Males (N = 7)

| As central theme:          | (5/7)       |          |         |
| In family experience:      | (5/7)       |          |         |
| of those who came out (5):  | (5/5)       |          |         |
| In street experience:      | (2/7)       |          |         |

<table>
<thead>
<tr>
<th>Isolation</th>
<th>Male/Female</th>
<th>Male</th>
<th>Female</th>
<th>Gay Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>As central theme:</td>
<td>56%(15)</td>
<td>30%(8)</td>
<td>26%(7)</td>
<td>(5/7)</td>
</tr>
<tr>
<td>In family experience:</td>
<td>30%(8)</td>
<td>19%(5)</td>
<td>11%(3)</td>
<td>(3/7)</td>
</tr>
<tr>
<td>In street experience:</td>
<td>11%(3)</td>
<td>7%(2)</td>
<td>4%(1)</td>
<td>(2/7)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lack of Control</th>
<th>Male/Female</th>
<th>Male</th>
<th>Female</th>
<th>Gay Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>As central theme:</td>
<td>22%(6)</td>
<td>11%(3)</td>
<td>11%(3)</td>
<td>(1/7)</td>
</tr>
<tr>
<td>In family experience:</td>
<td>30%(8)</td>
<td>11%(3)</td>
<td>19%(5)</td>
<td>(1/7)</td>
</tr>
<tr>
<td>In street experience:</td>
<td>30%(8)</td>
<td>19%(5)</td>
<td>11%(3)</td>
<td>(3/7)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Low Self-Worth</th>
<th>Male/Female</th>
<th>Male</th>
<th>Female</th>
<th>Gay Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>As central theme:</td>
<td>70%(19)</td>
<td>37%(10)</td>
<td>33%(9)</td>
<td>(6/7)</td>
</tr>
<tr>
<td>In family experience:</td>
<td>37%(10)</td>
<td>26%(7)</td>
<td>11%(3)</td>
<td>(2/7)</td>
</tr>
<tr>
<td>In street experience:</td>
<td>37%(10)</td>
<td>22%(6)</td>
<td>15%(4)</td>
<td>(4/7)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Use</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rejection/Betrayal:</td>
<td>4%(1)</td>
<td>4%(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Isolation</td>
<td>0%(0)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of Control:</td>
<td>22%(6)</td>
<td>15%(4)</td>
<td>7%(2)</td>
<td>(2/7)</td>
</tr>
<tr>
<td>Low Self-Worth:</td>
<td>15%(4)</td>
<td>11%(3)</td>
<td>4%(1)</td>
<td>(1/7)</td>
</tr>
</tbody>
</table>

* "street experience" is referring to the themes which arose in the participants descriptions of life on the street (e.g. lack of money, prostitution, looked down upon, etc.). Drug use is dealt with seperately as it is in many ways an action taken because of the central themes, as well as being a source of themes.
References


Vita Auctoris

Sean Kidd was born in 1973 in Brampton, Ontario. He graduated from J. A. Turner Secondary School in 1991. From there he went to Carleton University to obtain a B.A. in psychology in 1996. At Carleton his research area was in neuroscience, with a focus on auditory physiology. He is currently in the Ph.D. programme in clinical psychology at the University of Windsor.