

## The potentials of trauma-informed counselling for homeless children and youths in Zimbabwe

*A hajléktalan gyermekek és fiatalok számára nyújtandó traumainformált tanácsadás lehetőségei Zimbabweben*

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**Submitted** (beérkezett): 2025.11.25.

**Out for review** (lektorálásra kiküldve): 2025.12.04.

**Accepted** (elfogadva): 2025.12.30.

### Abstract

This article explores the role of trauma-informed counselling for homeless children and youths in Zimbabwe, a demographic group profoundly impacted by systematic poverty, family disintegration, and social exclusion. The study explores how homelessness affects their physical, mental and emotional well-being, influencing their behavior and shaping their coping mechanisms. The author emphasizes that trauma-informed counselling is an essential approach in the lives of young people going through the traumatic experiences of homelessness. The study examines how trauma-informed principles can guide therapeutic interventions, inform social policies, and empower both the practitioners and the youths. Integrating trauma-informed counselling principles, such as safety, trustworthiness, empowerment, and cultural relevance in youth shelters, community organizations, and health services leads to improved client engagement among homeless youths. The study underscores the importance of community-driven models, youth mentorship, and policy-level interventions to ensure sustainable psychosocial support.

**Keywords:** trauma-informed care, youth, homelessness, complex trauma, psychosocial support

### Absztrakt

A tanulmány a traumainformált tanácsadás szerepét vizsgálja a zimbabwei hajléktalan gyermekek és fiatalok körében: egy olyan demográfiai csoportban, amelyet mélyen érint a rendszerszintű szegénység, a családok felbomlása és a társadalmi kirekesztés. A hajléktalanság befolyásolja a személyek fizikai, mentális és érzelmi jóllétét, ugyanakkor hatással van a viselkedésükre és alakítja a megküzdési mechanizmusait. A szerző felhívja a figyelmet arra, hogy a traumára érzékeny szemléletű tanácsadás elengedhetetlen azoknak az esetekben, akik olyan traumás élményeken mennek keresztül, mint a hajléktalanság. Vizsgálja, hogy a traumainformált alapelvek hogyan irányíthatják a terápiás beavatkozásokat, hogyan befolyásolhatják a szociálpolitikát, és hogyan erősíthetik mind a szociális szakemberek, mind a fiatalok pozícióját. A traumára érzékeny tanácsadás alapelvei, mint például a biztonság, a megbízhatóság, az önállóság és a kulturális relevancia integrálása a fiatalok számára létesített menhelyeken, a közösségi szervezetekben és az egészségügyi szolgáltatásokban javítja a hajléktalan fiatalok kezelés melletti elköteleződését. A tanulmány hangsúlyozza a közösségvezérelt modellek, a

*fiatalok mentorálása és a politikai szintű beavatkozások fontosságát – a fenntartható pszichoszociális támogatás biztosítása érdekében.*

**Kulcsszavak:** traumainformált tanácsadás, fiatalok, hajléktalanság, komplex trauma, pszichoszociális támogatás

## Introduction

According to the Cooperazione e Sviluppo (CESVI) Foundation (n.d.), there are more than 1.6 million children in Zimbabwe who are orphans and this number is constantly increasing. There might be many reasons in the background: parental economic migration, parents' death due to AIDS, or other tragedies in the family. The tragedy of being homeless leads to marginalization and social exclusion, resulting in the heavy loads of continual traumatization. Often, the story of a homeless or street youth is narrated by the society, which comes from a judgmental standpoint rather than one of compassion. In Bulawayo only, 287 children were recorded to be homeless in 2023 (Muchara, 2025). These children become victims of drug abuse, and they are subject to diverse mental health challenges and physical danger.

The street is a place of exploitation and violence where individuals are constantly exposed to the risks of illicit drugs, sex work and criminal lifestyles. These young people are not only displaced from their homes but also from emotional safety and stability, which is essential for one's healthy psychosocial development. Homeless children and young people often encounter constant threats and instability in their environment; but such threats may occasionally precede homelessness. Several orphans flee to the "safety" of streets to escape foster parents' abusive behavior. These children and youths often endure complex trauma, marked by repeated and prolonged exposure to distressing events that they have been experiencing from early childhood – and the trauma continues during their life on the streets. Their traumas manifest in serious mental health issues, such as depression and anxiety, post-traumatic stress disorder (PTSD), or complex post-traumatic disorder (CPTSD) with its symptoms of shame, guilt, distancing, destructive or risky behavior and various attachment and trust problems (NHS inform, 2025).

Despite the urgent need to help homeless children and youths, access to mental health services remains limited in the country. Moreover, many youths avoid seeking help due to mistrust in care providers, fear of judgement, or lack of awareness about available support. Thus, child and youth homelessness remains a pressing social issue in Zimbabwe, with cities like Bulawayo witnessing a troubling increase of homeless youths.

Despite the high prevalence of trauma among homeless youths, existing support systems often fail to address their psychological and emotional needs. Traditional counselling approaches may unintentionally reinforce feelings of mistrust, shame, and helplessness, especially when they overlook the impact of trauma on the individual's social-relational skills, emotional problems, and behaviour. Without the awareness and knowledge of trauma-informed counselling principles, service providers risk re-traumatizing these vulnerable children and youths, with an outcome of worsening mental health conditions.

Integrating the principles of trauma-informed counseling (TIC) into professional practice has emerged as a critical approach to addressing the above problems (Substance Abuse and Mental Health Services, 2014). Acknowledging the profound impact of trauma, TIC offers a transformative approach, prioritizing empathy, safety, and empowerment. The approach seeks to understand the lived experiences behind traumatized individuals' behavior and builds trust

through acceptance and consistent and compassionate care. By placing the youth at the center of their own healing journey, trauma-informed practices help restore a sense of autonomy, dignity, resilience, and hope. The role of trauma-informed counselling with its focus on accessibility, effectiveness, empowerment and cultural sensitivity is significant in introducing more inclusive and effective mental health interventions for this vulnerable population, guiding them toward sustainable recovery and social reintegration (Trauma-informed Practice, n.d.).

Currently in Zimbabwe, the integration of trauma-informed principles into youth services remains limited due to a shortage of resources, lack of training, and systematic gaps in mental health infrastructure. There is an urgent need, however, to implement trauma-informed counselling models that are culturally sensitive, youth-centered, and sustainable, especially in the urban areas like Bulawayo, where the crisis is most acute. The author explores the potential benefits of introducing trauma-informed counselling for this vulnerable group.

### **Trauma and homelessness among homeless children and youths in Zimbabwe**

The relationship between trauma and homelessness has been widely documented in the international literature (Davies & Allen, 2017; Wiewel & Hernandez, 2022). Homeless youths are particularly vulnerable to psychological distress due to repeated exposures to adverse childhood experiences, including physical abuse, neglect, and family breakdown. These experiences alter a person's fundamental belief that the world is safe and that people in their immediate environment, including the ones supposed to provide care, can be trusted. People who have undergone trauma may feel unsafe when meeting new people or are in new environments. However, this is exactly what happens to a homeless person – and it may happen day by day.

In Zimbabwe, the unpredictability inherent in homelessness is aggravated by an unstable societal context: the societal landscape is shaped by decades of political unrest, economic hardships, and social upheavals. Events such as Operation *Murambatsvina*, the *Gukurahundi* massacres, and widespread poverty have left psychological scars enduring across generations. Mental health illness is often expressed through culturally embedded idioms such as *kufungisisa* “thinking too much”, which reflect local understandings of emotional suffering. The conceptualization of “thinking too much” is related to a “cultural disorder”. Roughly, this is the equivalent of the psychological concept of *rumination*: an act of investing time around a situation, problem, or scenario, and negative thoughts leading to a “load on the mind” and “heaviness in the heart”, potentially causing somatic symptoms, including fatigue and headaches (Patel et al., 1995).

Child and youth homelessness in Bulawayo, Zimbabwe's second-largest city, is the result of a complex interplay of economic hardship, family disintegration, and systematic neglect. In recent years, the city has witnessed a visible rise in the number of street children and adolescents, many of whom have been displaced by poverty, domestic violence, or death of the caregivers. These youths navigate their daily survival through black labor, begging, and exposure to other high-risk behaviors. Their experiences are marked by chronic trauma, physical abuse, sexual exploitation, hunger, and emotional abandonment (Mugove & Lincoln, 2015). Once on the streets, they face further violence, criminalized by law enforcement and stigmatized by the public (Ndlovu & Tigere, 2022). These conditions contribute to emotional numbness, continuous alertness (hyperarousal), and difficulty forming trusting relationships – hallmarks of complex trauma (Levine et al., 2018).

## **Experiencing the traumas of the street**

### ***The beginnings: losses and grief***

Many homeless youths have lost their parents or caregivers, often due to HIV/AIDS, poverty-related illnesses, domestic violence or other crimes. Gilborn et al. (2006) note that bereavement is a common precursor to street life, with youths experiencing grief, abandonment, and prolonged grief. The streets only add more pain to their tragedy due to being exposed to unsafe circumstances emotionally and mentally. Complicated grief is manifested as depression, withdrawal, and emotional numbness. Loss is not just emotional – it destabilizes the youth's entire support system. Without adult guidance or chances for communal mourning, youths internalize grief as personal failure, and are struggling with guilt and isolation.

### ***Exposure to physical violence. Sexual exploitation and gendered trauma***

Homeless youths in Bulawayo frequently fall victim to physical violence, both in their peer groups and by external agents (e.g., in the criminal justice system) – or by members of the public. This is not a new experience to many: Mugove and Lincoln (2015) mention how many children report being beaten by parents or guardians before fleeing to the streets. On the streets, violence becomes normalized, with older youths dominating the younger ones through intimidation and physical assault. They are exposed to traumatic experiences from those they look up to, strengthening their mistrust and fear of the people in a potential “caretaker” role. Continuous exposure to violence not only makes them numb, but it also shapes their perspective about themselves and the world around them. They lose their self-esteem; this loss, and the accompanying fears isolate them and leave them without the chances to develop their own potentials as other children or young people do.

Ndlovu and Tigere (2022) point out how police raids target street children and reinforce a sense of persecution, with the youths describing beatings, arbitrary arrests, and verbal abuse. Constant exposure to violence leads to emotional shutdown and aggressive defensive mechanisms. The youths become mistrustful of authority, and prone to retaliatory behavior. These responses are, however, not signs of delinquency, but they are the symptoms of complex trauma, shaped by the repeated violations of security and dignity.

Girls on the streets face disproportionate risks of sexual violence and are often coerced into sexual transactions for food, shelter, and protection. Many girls experience rape, unwanted pregnancies, and sexually transmitted infections, with little or no access to medical or psychological support. The trauma of sexual violence amongst homeless youths is aggravated by societal stigma, blaming and isolating the victims. In addition to physical harms and risks, their dignity and self-worth are also destroyed by such coercion.

### ***Hunger, sleep deprivation and unsafe resting conditions***

In Bulawayo, hunger is not episodic – it is chronic, systematic, and deeply traumatic. Homeless youths often go days without food, relying on begging and scavenging. According to Gilborn et al. (2006), youth in Bulawayo describe hunger as a constant ache, one that distorts their sense of time, self-worth, and emotional stability. This form of deprivation leads to cognitive impairment; they will have difficulties in concentrating or making decisions. They also suffer from emotional instability leading to irritability, and hopelessness. The resulting survival-based

behavior leads them to engage in risky or exploitative activities for food. Hunger is not just a lack of calories – it is a violation of dignity, forcing the youths into dependency.

Further, living on the streets exposes these youths to harsh environmental conditions – extreme weather, and various diseases. Ndlovu and Tigere (2022) describe how youths in Bulawayo sleep in drainage systems, abandoned buildings, or open markets, often without blankets or any other protection. This also results in chronic stress, sleep deprivation, and somatic symptoms. Gilborn et al. (2006) note that these youths often sleep in shifts with one person staying awake to guard the group and protect them from potential harms. The trauma of sleep deprivation manifests as hypervigilance – one's constant alertness. It leads to emotional exhaustion, which includes difficulties in regulating emotions, increased aggression, and social withdrawal. Further, it also leads to physical deterioration: a weakened immune system, injuries due to accidents, and chronic fatigue. Sleep loss is not merely inconvenient but is a neurobiological assault. It disrupts trauma recovery, impairs memory consolidation, and reinforces a sense of unsafety.

### ***Psychosocial distress, spiritual disconnections, and identity***

The cumulative impact of trauma also leads to identity diffusion coupled with low self-evaluation. Gilborn et al. (2006) found out that youths in Bulawayo often struggle with feelings of hopelessness, suicidal thoughts, and disconnection from their cultural and spiritual roots. Every human being deserves to be nurtured physically, emotionally, and spiritually. Only responsible caretakers (in the luckier cases, the parents) have the capacity to provide their children with a sense of identity. According to Erikson's (1959) fifth stage of psychosocial development, adolescents normally pass through a phase of identity exploration. If there is no adequate guidance in this phase, the children will become confused and develop fragmented identities. Some of the homeless youths have never had the opportunity to learn how to meet the challenges of identity development because there have not been any nurturing family connections around them. Without a stable environment or affirming relationships, youths lose the image of a capable and positive self.

By losing this image, they also experience spiritual disconnection, also lacking their cultural-spiritual roots. Gilborn et al. (2006) have found that the homeless youths feel disconnected from their faith communities, rituals, and ancestral practices. This leads to existential despair and perceptions of loss of meaning in life. Spiritual trauma among homeless youths means that they do not have access to their spiritual grounding and they are struggling to make any sense of their sufferings.

### ***Substance abuse and self-harm***

To cope with their sufferings, many youths turn to substance abuse: sniffing inhalants, using alcohol, and illegal classical and synthetic substances. These substances offer temporary relief from hunger, fear, and emotional pain but often lead to dependency and further health deterioration (Kaló et al., 2020; Mugove & Lincoln, 2015). Thus, substance use among street youth is both a coping strategy and a form of self-harm, reflecting users' deep despair. These youths normalize substance abuse and self-harm as a coping mechanism, a perceived escape from their problems, which, in the long run, will aggravate their situation.

### ***Institutional betrayal***

Youths often report betrayal by institutions that are meant to protect them, such as schools, churches, and social services. Chikadzi (2017) highlights that some children are expelled from school for their inability to pay fees, while others are turned away from shelters due to lack of capacity at the shelter, or simply to lack of documentation. This leads to feelings of rejection, mistrust, and systemic alienation. They may feel abandoned (again!) and see themselves only as a burden on those who are supposed to help them. Hopelessness reduces their sense of trust even in the people who would offer genuine help to them. Institutional betrayal aggravates trauma by reinforcing the belief that help is conditional or simply unavailable.

### **Trauma-informed counselling as a response**

Trauma-informed counselling offers a holistic, empathetic framework for addressing the complex and layered traumas experienced by homeless youth. Rather than pathologizing behavior, trauma-informed counselling seeks to understand the impact of trauma and respond by prioritizing safety, trust, empowerment, and cultural sensitivity (SAMHSA, 2014). Trauma-informed counselling must be adapted to local societal realities and cultural values and traditions.

Sleeping under bridges, in drains, or on pavements exposes homeless youths to cold, diseases, and constant fear. The resulting sleep deprivation, coupled with hunger, create permanent stress. Homeless youths often use substances to numb their pain related to repeated traumatization and cope with the high-level daily stresses. In these cases, substance use is a survival strategy—not a choice. Safety, a core TIC principle is a genuine answer to their basic needs. Ndlovu and Tigere (2022) emphasize that healing begins with meeting the physical needs – begins with bread, not words (Tree of Life Zimbabwe, n.d.). In these cases, counselors should consider food, shelter, and hygiene as therapeutic elements, priorities in the helping process and not “secondary” components. This approach introduces stability in one’s environment previously perceived as unsafe and unpredictable. Thus, readiness for deeper therapeutic work may develop and psychological needs can be addressed. Shelter services, if available, ensure safety and respond to the physical needs of the youths.

Ideally, TIC addresses the trauma by creating trustworthy, predictable, and non-coercive environments where the youths feel both physically and emotionally secure. This includes consistent routines, respectful communication, and the absence of punitive measures. Interventions such as somatic psychotherapy (Mischke-Reeds, 2018), trauma-targeted somatic experiencing (Levine et al., 2018) and body therapy/dance movement therapy (Payne et al., 2016) may help the youths reconnect with the physical aspects of their selves and release stored trauma.

Youths abandoned by their own caregivers often struggle with attachment wounds, mistrust, and emotional numbness, or other problems in emotional regulation. Utilizing peer support, youths are connected to mentors and support groups. According to the oneness principle, the Ubuntu philosophy of interconnectedness and interdependence, this promotes shared healing, where the youths are supported by networks of care, rather than isolated interventions. Mbiti (1969, p. 106, as cited in Mugumbate et al., 2024, p. 1124) defines Ubuntu as follows:

What happens to the individual happens to the whole group, and whatever happens to the whole group, community or country happens to the individual. People, country, environment and spirituality are intricately related. The individual can only say: 'I am because we are; and since we are, therefore I am'.

Oneness-based counselling offers a relational environment where the young person feels valued and their emotions are properly validated. The collective orientation of oneness counters isolation and disconnection from the community – from the destructive and painful results of the trauma. Oneness strengthens trauma-informed counselling and creates a culturally well-grounded model meeting the emotional, relational, and social needs of homeless young people (Mugumbate et al., 2024; Tree of Life Zimbabwe, n.d.). This helps them understand that they are not alone in what they are going through; in that way, they will not feel ashamed. Working with the mentors will help them regain trust in human connections, and rebuild trust in a homey cultural context of communal responsibility. In this vein, Tree of Life Zimbabwe emphasizes that healing does not belong to one person, but it is the community who helps the person proceed in the recovery process. Methods of communal healing by restoring one's spiritual roots and sense of belonging counters the dissociation caused by repeated traumatization.

Homeless young people often grieve the death of parents, siblings, or friends. Under these circumstances, counselors intervene with an attitude derived from TIC principles: cultural sensitivity. Within the cultural context of Zimbabwe, loss and grief are processed through local rituals. These rituals provide the youths with culturally and personally meaningful ways to proceed in grief work. Counsellors' sensitivity also gives the youths the opportunity to choose how and when to mourn; for instance, some may choose to organize a family gathering where they all meet to honor the deceased. According to Tree of Life Zimbabwe (n.d.), ritual is not a superstition; it is a language of healing.

Group therapy, an important element in the local context, is facilitated by professionals trained in TIC, also adhering to strict confidentiality protocols. Group therapy resolves isolation and validates and acknowledges participants' painful experiences. They can learn how to navigate the challenges in their lives – including the new ones inherent in the process of recovery.

Counselors use techniques like identity mapping and strength-based storytelling. Trauma-informed counsellors never question or minimize the youths' experiences but validate their pain and affirm that their reactions are normal responses to trauma. This process is complemented by the strengths-based approach, inviting the youth to tell their life stories in new ways. This is not to deny the impact of trauma and the grief over their losses, but to establish a new balance by focusing also on their strengths, values, hopes, and supportive relationships. They can speak about their lives in ways that, in the experience of Tree of Life Zimbabwe (n.d.), make them stronger. This strength-based technique helps them reduce shame; the youths shift from 'What happened to me?' to 'What strengths helped me survive?' (Saleebey, 2023). This approach builds resilience; by naming their strengths, they are assisted in fostering emotional regulation and self-worth.

In the cases of betrayal by the very institutions that were expected to protect them, for example, abuse or neglect in foster care, schools, shelters, and justice systems, restoring trust is a priority. Youths can slowly learn to rebuild trust in the frameworks of a consistent, respectful therapeutic alliance. It is important to give the youth agency in their healing process. They can choose what to talk about, how fast to proceed, and what commitments to take. This

counters their previous exposure to helplessness, powerlessness and injustice. However, social workers are not only committed to helping individuals or groups, but also promote the healing processes of a society; and this means that they must work for institutional reforms that would stop institutional betrayal.

Similarly, to heal the impact of sexual exploitation and gender-based trauma, TIC integrates various empowerment strategies, including legal advocacy and access to health services. Trained counsellors employed at non-profit organizations like *Childline Zimbabwe* ensure that the youths are not re-traumatized by the legal system itself. This can be done by avoiding harsh questioning, respecting personal boundaries, and prioritizing emotional safety.

## Conclusions and implications

Trauma-informed counselling is a comprehensive approach to address complex trauma, especially among the populations exposed to chronic adversity. TIC shifts from ‘What is wrong with you?’ to ‘What happened to you?’ (SAMHSA, 2014). Trauma-informed counselling does not treat trauma as a symptom to be fixed but as a context to be acknowledged. TIC is guided by six core principles: safety, trustworthiness, peer support, collaboration, empowerment, and cultural sensitivity.

Trauma-informed approaches are not only therapeutic but also socially transformative, restoring dignity and agency to the youth who have been silenced and rendered invisible by the society. In Bulawayo, TIC could be particularly relevant for homeless youths who have experienced chronic poverty and hunger, sexual exploitation and gender-based violence, neglect, abandonment, and institutional betrayal. However, mental health services are under-resourced and service users are often stigmatized, therefore, TIC may remain underutilized despite its rich potentials. This calls for substantial reforms in health and social care.

This study has some practical implications for policymakers, social workers, and mental health professionals advocating for equitable and accessible services. By centering the voices of homeless individuals and the professionals who serve them, the study underscores that mental health care must be rooted in compassion, cultural sensitivity, and professionals’ commitment to address trauma’s pervasive legacy. As homelessness continues to rise globally, the need to adapt and refine trauma-informed interventions in answering to the population’s problems is urgent and deep.

Western models to treat trauma often emphasize individual-level interventions and diagnostic precision. In contrast, African-centered counselling invites ritualized, community-level care, storytelling, and symbolic restoration (Mpofu et al., 2025). In Zimbabwean contexts, community-based organizations such as Tree of Life Zimbabwe (n.d.) and Noble Hands Zimbabwe (n.d.) have demonstrated that trauma healing is most effective when it integrates ritual, spiritual reflection, and psychosocial support.

Implications for practice, policies, and education include:

- Integration of trauma-informed counseling into early intervention programs, mental health and youth homelessness programs.
- Embedding trauma-informed principles in child welfare systems: legal and social service frameworks should adopt trauma-informed principles, ensuring that youths are not re-traumatized by institutional processes.

- Establishing trauma-informed addiction-specific services (harm reduction and recovery programs). Self-help groups, among which the 12-step groups, sources of emotional, mental, and spiritual support, are particularly useful with their community-oriented spiritual features (B. Erdos et al., 2011a; B. Erdos et al., 2011b; Madacsy, 2011).
- More supportive and integrated transition points for homeless youths, achieved through cross-organizational partnership (Gonzalez & McLoughlin, 2014).
- Safe spaces: Healing environments should be co-created with youths, allowing for storytelling, creative expression, and spiritual rituals. These spaces must prioritize emotional consistency and dignity. This means zero tolerance for abuse or any punitive responses to trauma-related, symptomatic behavior.
- Integration of spirituality: Counselling should acknowledge the spiritual dimensions of trauma, including rituals of lament, forgiveness, and identity reconstruction.
- Continuity of care: Predictable pathways within the institutional system; the same social worker/team engages with the client – for as long as necessary.
- Multi-sectoral and interprofessional collaboration: Effective trauma-informed care requires coordinated efforts across legal, health, education, and social sectors. UNICEF's *Global framework* (2022) emphasizes the value of integrated psychosocial support systems for youths.
- Trainings for professionals, including trauma literacy, cultural competence, and indigenous methodologies. Training must emphasize relational ethics, narrative therapy, and embodied presence (Chilisa et al., 2016).
- Improved support systems such as clinical supervision and reflective care for workers to deal with the impact that working with trauma can have.
- Recognizing homeless youths as right-holders: Policies must affirm the dignity and agency of homeless youths, ensuring access to trauma-informed counselling and the related services, legal protection, and educational opportunities.
- Sensitization of the public to the problem with the long-term goal of creating a more empathetic and supportive community.

The above recommendations resonate with Chilisa et al.'s (2016) African-centered methodologies, which prioritize relational ethics, communal belonging, and indigenous knowledge systems. In this perspective, practitioners and researchers highlight the ethical imperative to view homeless youths not as broken, but as bearers of sacred stories. Trauma-informed counselling must move beyond diagnosis towards a dignified dialogue, where youths are invited to re-author their narrative identity in ways that honor pain and reconstruct hope and trust. Zimbabwean cultural traditions and values – such as oneness (Ubuntu), resilience through ritual-spiritual journeys, and communal orientation – offer solid and fertile grounds for trauma-informed counselling. These values challenge the dominant paradigms and embrace wholeness over brokenness, and presence over protocol (Mpofu et al., 2011).

## References

- B. Erdos, M., Kelemen, G., Madacsy, J., & Mandi, N. (2011a). 12-step fellowship community rhetoric and cognition. In M. B. Erdos, G. Kelemen, J. Csurke, & J. Borst (Eds.), *Reflective recovery: Health learning in twelve step communities* (pp. 41–64). Oriold & Co. Publisher.

- B. Erdos, M., Madacsy, J., Mucsi, G., Molnar, D., Csurke, J., Mandi, N., Kelemen, G., & Brettner, Zs. (2011b). The power of 12-step fellowships and Anti-alcoholism Clubs in Hungary: A comparative qualitative study. In M. B. Erdos, G. Kelemen, J. Csurke, & J. Borst (Eds.), *Reflective recovery: Health learning in twelve step communities* (pp. 109–146). Oriold & Co. Publisher.
- Muchara, S. (2025, April 8). Bulawayo's lost generation: The street children crisis. *MatebelelandPulse*. <https://matebelelandpulse.co.zw/2025/04/08/bulawayo-street-children-crisis-orphans-homeless-kids-zimbabwe/>
- Cooperazione e Sviluppo (CESVI) Foundation. (n.d.). *Zimbabwe, stories of street children*. <https://cesvi.eu/zimbabwe-stories-of-street-children/>
- Davies, B. R., & Allen, N. B. (2017). Trauma and homelessness in youth: Psychopathology and intervention. *Clinical Psychology Review*, 54, 17–28. <https://doi.org/10.1016/j.cpr.2017.03.005>
- Erikson, E. H. (1959). *Identity and the life cycle*. International Universities Press.
- Gonzalez, R., & McLoughlin, P. (2014). Youth homelessness, mental health and complex trauma: Implications for policy and practice. *Parity*, 27(1), 56–57.
- Gilborn, L., Apicella, L., Brakarsh, J., Dube, L., Jemison, K., Kluckow, M., Smith, T., & Snyder, L. M. (2006). *Orphans and vulnerable youth in Bulawayo, Zimbabwe: An exploratory study of psychosocial well-being and psychosocial support programs*. Washington, DC: Population Council, Horizons Final Report, USAID.
- Kaló, Zs., Kassai, Sz., Rácz, J., & Van Hout, M. C. (2020). Synthetic cannabinoids (SCs) in metaphors: A metaphorical analysis of user experiences of synthetic cannabinoids in two countries. *International journal of mental health and addiction*, 18(1), 160–176. <https://doi.org/10.1007/s11469-018-9970-0>
- Levine, P. A., Blakeslee, A., & Sylva, J. (2018). Reintegrating fragmentation of the primitive self: Discussion of “somatic experiencing”. *Psychoanalytic Dialogues*, 28(5), 620–628.
- Madacsy, J. (2011). Portrait of a typical member of the Hungarian Alcoholics Anonymous: Results of an empirical study. In M. B. Erdos, G. Kelemen, J. Csurke, & J. Borst (Eds.), *Reflective recovery: Health learning in twelve step communities* (pp. 167–192). Oriold & Co. Publisher.
- Mischke-Reeds, M. (2018). *Somatic psychotherapy toolbox: 125 worksheets and exercises to treat trauma & stress*. PESI Publishing.
- Mugove, K., & Lincoln, H. (2015). Why do children leave their homes for the streets? The Case of Harare. *International Journal of Scientific and Research Publications*, 5(10), 1–5. <https://www.ijsrp.org/research-paper-1015/ijsrp-p4642.pdf>
- Mugumbate, J. R., Mupedziswa, R., Twikirize, J. M., Mthethwa, E., Desta, A. A., & Oyinlola, O. (2024). Understanding Ubuntu and its contribution to social work education in Africa and other regions of the world. *Social Work Education*, 43(4), 1123–1139. <https://doi.org/10.1080/02615479.2023.2168638>
- Ndlovu, E., & Tigere, R. (2022). Life in the streets, children speak out: A case of Harare Metropolitan, Zimbabwe. *African Journal of Social Sciences and Humanities Research*, 5(1), 25–45. <https://doi.org/10.52589/AJSSHR-FDXCDAT2>
- NHS inform. (2025). *Complex post-traumatic stress disorder (CPTSD)*. <https://www.nhsinform.scot/illnesses-and-conditions/mental-health/complex-post-traumatic-stress-disorder-cptsd/#:~:text=Treatment%20for%20CPTSD,available%20in%20your%20local%20area.>
- Noble Hands Zimbabwe. (n.d.). *Psychosocial support*. <https://noblehands.org.zw/psychosocial-support>
- Patel, V., Simunyu, E., Gwanzura, F. (1995). Kufungisisa (thinking too much): a Shona idiom for non-psychotic mental illness. *Central African Journal of Medicine*, 41(7), 209–215.
- Payne, H., Warnecke, T., Karkou, V., & Westland, G. (2016). A comparative analysis of body psychotherapy and dance movement psychotherapy from a European perspective. *Body, Movement and Dance in Psychotherapy*, 11(2–3), 144–166. <https://doi.org/10.1080/17432979.2016.1165291>

- Saleebey, D. (2023). The strengths perspective in social work practice. In V. E. Cree & T. McCulloch (Eds.), *Social work: A reader* (pp. 230–235). Routledge.
- SAMHSA. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. U.S. Department of Health and Human Services.  
[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/samhsa\\_trauma\\_concept\\_paper.pdf](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/samhsa_trauma_concept_paper.pdf)
- Tree of Life Zimbabwe. (n.d.). <https://treeoflifezimbabwe.org>
- UNICEF. (2022). *Global multisectoral operational framework for mental health and psychosocial support*. <https://www.unicef.org/media/109086/file>
- Wiewel, B., & Hernandez, L. (2022). Traumatic stress and homelessness: A review of the literature for practitioners. *Clinical Social Work Journal*, 50(2), 218–230. <https://doi.org/10.1007/s10615-021-00824-w>