Outline

This document contains high-level information on the following topics related to youth and young adults experiencing homelessness:

    I.   Introduction to Youth Homelessness
    II.   Causes of Youth Homelessness
    III.   Implications of Homelessness in Youth
    IV.   Interventions: Recommendations from Leading Scholars

Introduction to Youth Homelessness

During any given year in the United States, it is estimated that at least 1 in 30 adolescent minors (ages 13-17), and 1 in 10 young adults (ages 18-25), experience some form of homelessness, which is primarily reported as "explicit" homelessness, but can also include unstable living situations such as couch surfing (Morton, Dworsky, and Samuels, 2017; Morton et al., 2018). This means roughly 700,000 youth and 3.5 million young adults experiencing homelessness each year in the US (Morton, Dworsky, and Samuels, 2017; Morton et al., 2018).
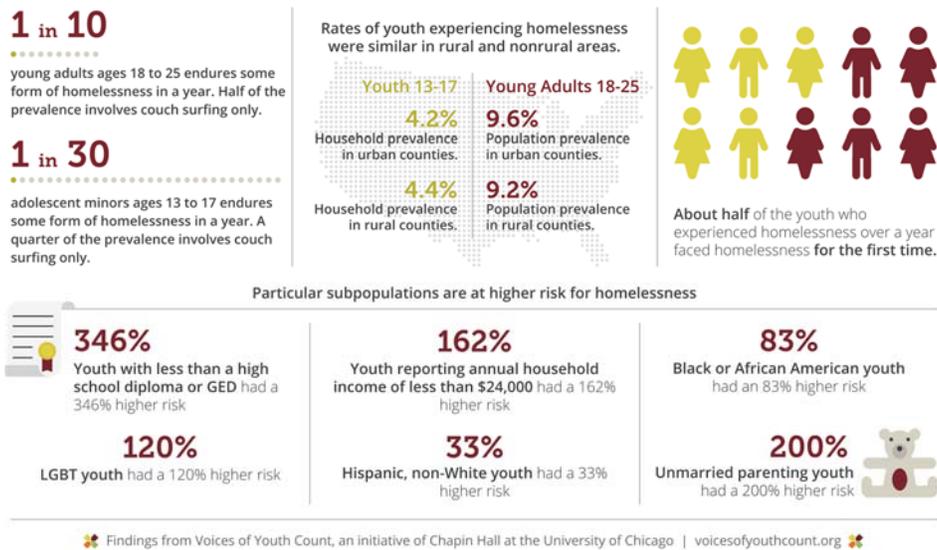

Range of Homelessness Experiences of Youth and Young Adults[1]

Youth and young adults with marginalized identities and facing societal disadvantages experience disproportionately high rates of homelessness. Native American, Alaskan Native, Black, and Latinex youth, as well as LGBTQ youth, are far more likely to experience homelessness than White youth who identify as cisgender and heterosexual. Further, young people who lack a high school diploma and those with histories of child welfare and/or juvenile or criminal justice systems involvement (where racial and ethnic minorities are also disproportionately represented) are at a much greater risk of experiencing homelessness (Morton, Dworsky, & Samuels, 2017; Morton et al., 2018).

---

[1] Voices of Youth Count; Morton, M. H., Dworsky, A., & Samuels, G. M. (2017). Missed opportunities: Youth homelessness in America. National estimates. Chicago, IL: Chapin Hall at the University of Chicago. Retrieved from voicesofyouthcount.org

1 in 10

young adults ages 18 to 25 endures some form of homelessness in a year. Half of the prevalence involves couch surfing only.

1 in 30

adolescent minors ages 13 to 17 endures some form of homelessness in a year. A quarter of the prevalence involves couch surfing only.

Rates of youth experiencing homelessness were similar in rural and nonrural areas.

	Youth 13-17	Young Adults 18-25
Household prevalence in urban counties.	4.2%	9.6% Population prevalence in urban counties.
Household prevalence in rural counties.	4.4%	9.2% Population prevalence in rural counties.

About half of the youth who experienced homelessness over a year faced homelessness for the first time.

Particular subpopulations are at higher risk for homelessness

346%
Youth with less than a high school diploma or GED had a 346% higher risk

162%
Youth reporting annual household income of less than $24,000 had a 162% higher risk

83%
Black or African American youth had an 83% higher risk

120%
LGBT youth had a 120% higher risk

33%
Hispanic, non-White youth had a 33% higher risk

200%
Unmarried parenting youth had a 200% higher risk

Findings from Voices of Youth Count, an initiative of Chapin Hall at the University of Chicago | voicesofyouthcount.org

Causes of Youth Homelessness

The most common reason that youth cite as the cause of their homelessness is **familial breakdown** (Hyde, 2005; Samuels et al., 2019; Reeg, 2003; Zufferey, 2017). For many youth, this revolves around familial conflict, including unsafe or volatile home environments that eventually lead to youth being rejected, kicked out, or choosing to flee (Samuels et al., 2019). Youth commonly report high rates of trauma and abuse prior to their experience of homelessness (Coates & McKenzie-Mohr, 2010; Ferguson, 2009; Haber & Toro, 2009; Reeg, 2003; Tyler, Cauce & Whitbeck, 2004; US DHHS, 2009; Zerger, Strehlow & Gundlapalli, 2008). Research has suggested a bidirectional relationship between trauma and/or abuse and youth homelessness: homelessness may precipitate, or be a consequence of, trauma and abuse among youth experiencing homelessness (Coates & McKenzie-Mohr, 2010). LGBT youth are particularly vulnerable to homelessness (Fowler, Toro & Miles, 2009; Ray, 2006), which is often due to being kicked out of their homes, asked to leave, or youth seeking a more supportive community.

However, familial instability can also lead to foster care, and youth who "age out" of foster care are at an increased risk of homelessness (Hyde, 2005; Fowler, Toro & Miles, 2009; Samuels et al., 2019; Tyler & Melander, 2010). Familial instability can also be reflective of early family homelessness—often due to economic hardships (U.S. Conference of Mayors, 2012; NCH 2009)—which is an additional pathway into youth homelessness (Samuels et al., 2019).

Implications of Homelessness in Youth

Adolescence and young adulthood are a significant developmental period, and thus the context of homelessness, instability, and exposure to related trauma can make this an extremely vulnerable period of time with long-term consequences on development (Johnson & Chamberlain, 2008). The longer that young people experience homelessness, the harder it is for them to escape this situation. In the absence of safe and stable housing as well as positive connections, youth are at a high risk of becoming further

entrenched in street culture and the social risks associated with instability (Johnson & Chamberlain, 2008). Further, youth homelessness is the single most common pathway into adult homelessness, pointing to the importance of early intervention with youth at risk of or currently experiencing homelessness (Chamberlain & Johnson, 2013).

A review of the research literature (Eddin et al., 2012) found that the short- and long-term detrimental effects of homelessness are consistently noted across multiple areas of research. These implications of homeless include: **impaired cognitive and academic functioning** (Farah et al., 2006; Crone, 2009; Romer et al., 2009; National Health Care for the Homeless Council, 2004; Parks, Stevens, & Spence, 2007; Buckner, Bassuk, & Weinreb, 2001; Rafferty, Shinn, & Weitzman, 2004); **financial instability** (Cauce et al., 2000; Ferguson et al., 2010; National Health Care for the Homeless Council, 2008; US Census Bureau, 2009); and **worse mental and physical health outcomes** (Achenbach, 1991; APA, 1987; Busen & Engebretson, 2008; Cochran et al., 2002; Desai et al., 2003; Johnson et al., 1996; Kamienicki, 2001; O'Connell, 2004; Parks, Stevens, & Spence, 2007; Robertson & Toro, 1999; Salomonsen-Sautel et al., 2008; Slesnick & Prestopnik, 2005; Smollar, 1999; Wrate & McLoughlin, 1997; Yu et al., 2008).

Interventions: Recommendations from Leading Scholars

Based on a review of the intervention literature, Slesnick and colleagues (2009), suggested the following:

1. **More research is needed on comprehensive interventions which target the varied and interconnected needs of youth and families** (as opposed to isolated interventions focused only on one problem), as well as study designs that increase reliability and validity of findings.

2. **Runaway shelters show some short term benefits to homeless youth**, while long-term benefits have not yet been demonstrated. Further, there are **too few studies on drop in centers** to determine their effectiveness as an intervention, particularly because many drop-in centers serve different needs for youth experiencing homelessness.
   a. It is important to note that the predictors of homelessness or residing in a shelter differ from the predictors of exiting homelessness or returning home (Baker et al., 2003; Slesnick, Bartle-Haring, Dashora, Kang, & Aukward, 2008), and thus more research on the supports that youth need in order to successfully exit homelessness is crucial.

3. **Case management is a widely utilized intervention approach for homeless individuals** (Zerger, 2002) but little research is available to guide conclusions regarding its utility with homeless youth specifically.
   a. Case management alone may be insufficient to address issues of individuals experiencing homelessness; integrated, holistic supports (e.g., psychosocial treatment, housing) in addition to case management may have better potential.

4. **Brief, motivational interventions may not be effective with youth recruited from street locations or drop-in centers.**
   a. Since homeless youth may have difficulty developing trust with service providers, early intervention success likely depends upon the development of a trusting relationship. Trust

builds with time and possibly with more frequent contact than offered through a very brief intervention.

    b.   It is difficult for youth experiencing homelessness to benefit from such short-term interventions given the multitude and complexity of their problems.

5. **Interventions focused on HIV prevention or sexual risk alone do not appear to be effective in reducing risk behaviors** among shelter, street, or drop-in recruited youth.

    a.   Individual problems or risk behaviors among individuals experiencing homelessness cannot be treated apart from the needs of the whole person (Kraybill & Zerger, 2003)

    b.   Addressing one area in isolation of the other areas is not likely to be as effective as an intervention that addresses multiple and overlapping areas of need.

6. Qualitative studies converged on similar conclusions: **at least some experiences of homeless youth are relatively similar**, regardless of age, gender, ethnicity, shelter versus street recruited, or location.

    a.   In regards to interventions and use of service centers, most youth report the importance of trust, confidentiality, and not feeling judged.

    b.   Flexible, caring, tailored services that meet the needs of the youth are essential for successful engagement and maintenance into services.

7. **Runaway / homeless youth are diverse; flexible treatment is needed to address this diversity**.

    a.   Interventions need to consider the cognitive and emotional developmental stage of the individual.

    b.   Specific content or targets of intervention will vary based upon the youths' reasons for running away or for their experience of homelessness.

    c.   Homeless youth who hold minority identities (including race and/or sexual orientation) likely face more hurdles in efforts towards stabilization than non-minority youth.

    d.   Since homeless youth are at different points in homeless trajectory, any intervention chosen should be tailored to accentuating potential resources and protective factors available to the youth and/or their family.

Expanding on these general suggestions for interventions with youth experiencing homelessness, Kidd (2012) suggested that coherent strategies need to be utilized in response to youth homelessness. Specifically, he suggested that we need to advocate for targeted research inquiry and the development of best practices from policy to front-line intervention, and that doing so can facilitate a balanced perspective on youth homelessness, "one that resists a seemingly natural slippage into unicausal or totalistic explanations and responses" (Kidd, 2012).

The specific suggestions were organized into three levels:

- **Macro Level**: a substantive body of research linking macro-level factors with youth homelessness would assist in 1) improving the recognition that youth homelessness is in many instances a symptom of more fundamental social problems, and 2) would provide motivation for larger social responses.

- **Prevention -- Service Level**: inquiry could target the three types of institutions that have the most contact with youth before they become homeless: child protection, criminal justice, and education. As the interest in generating pathways for ''transitional aged youth'' and the creation of early intervention services increases in many sectors, providers and researchers might readily find support for implementing and evaluating service models that reduce the number of youth who end up homeless.

- **Intervention -- Service Level**: Taken in isolation, randomized trials of individual-level interventions carry the risk of neglecting systemic factors and youth agency. They are, however, essential to a strategic approach to addressing youth homelessness.
    - We need a better understanding of intervention effectiveness and the service structures in which combinations of interventions are assembled, particularly prevention and intervention strategies that are community-based and not a part of formal service structures.
    - Undertaking a more systematic study of service models would not only provide opportunities to propagate more effective interventions, it would also allow for a systematic study of the economic impacts of these programs.

- **Need to develop a typology of homeless youths** that will be of diagnostic use in targeting interventions given the radical differences between subgroups (e.g., Martino et al., 2011).
    - Ongoing question: Where do they end up? This largely-unanswered question is a function of the challenges of longitudinal research with this population. In an integrated program of research, we would understand the factors involved with each of these trajectories and determine if some of these factors are amenable to intervention.

References

Achenbach, T.M. (1991). Manual for the youth self-report and 1991 profile. University of Vermont, Department of Psychiatry, Burlington.

Altena, A.M., Brilleslijper-Kater, S.N., & Wolf, J.L.M. (2010). Effective interventions for homeless youth: a systematic review. *American Journal of Preventive Medicine*, *3*, 637–645.

American Psychiatric Association. (1987). Diagnostic statistical manual of mental disorders, 3rd edn, Revised. APA, Washington.

Baker, A. J. L., McKay, M. M., Lynn, C. J., et al. (2003). Recidivism at a shelter for adolescents: First-time versus repeat runaways. *Social Work Research*, *27* , 84–93.

Buckner, J.C., Bassuk, E.L., & Weinreb, L.F. (2001). Predictors of academic achievement among homeless and low-income housed children. *Journal of School Psychology*, *39*, 45–69.

Busen, N.H. & Engebretson, J.C. (2008). Facilitating risk reduction among homeless and street-involved youth. *Journal of the American Association of Nurse Practitioners*, *20*, 567–575.

Cauce, A.M., Paradise, M., Ginzler, J.A., Embry, L., Morgan, C.J., & Lohr, Y., et al. (2000) The characteristics and mental health of homeless adolescents: Age and gender differences. *Journal of Emotional and Behavioral Disorders*, *8*, 230–239.

Christiani, A., Hudson, A.L., Nyamathi, A., Mutere, M., & Sweat, J. (2008). Attitudes of homeless and drug-using youth regarding barriers and facilitators in delivery of quality and culturally sensitive health care. *Journal of Child and Adolescent Psychiatric Nursing*, *21*, 154–163.

Coates, J. & McKenzie-Mohr, S. (2010). Out of the frying pan, into the fire: Trauma in the lives of homeless youth prior to and during homelessness. *Journal of Sociology and Social Welfare*, *37*, 65–96.

Cochran, B.N., Stewart, A.J., Ginzler, J.A., & Cauce, A.M. (2002). Challenges faced by homeless sexual minorities: Comparison of gay, lesbian, bisexual, and transgender homeless adolescents with their heterosexual counterparts. *American Journal of Public Health*, *92*, 773–777.

Crone, E.A. (2009). Executive functions in adolescence: inferences from brain and behavior. *Developmental Science*, *12*, 825–830.

Desai, R.A., Liu-Mares, W., Dausey, D.J., & Rosenheck, R.A. (2003). Suicidal ideation and suicide attempts in a sample of homeless people with mental illness. *The Journal of Nervous and Mental Disease*, *191*, 365–371.

Edidin, J. P., Ganim, Z., Hunter, S. J., & Karnik, N. S. (2012). The mental and physical health of homeless youth: A literature review. *Child Psychiatry and Human Development*, *43*(3), 354–375.

Farah, M.J., Shera, D.M., Savage, J.H., Betancourt, L., Giannetta, J.M., & Brodsky, N.L. et al. (2006). Childhood poverty: Specific associations with neurocognitive development. *Brain Research*, *1110*, 166–174.

Ferguson, K.M. (2009). Exploring family environment characteristics and multiple abuse experiences among homeless youth. *Journal of Interpersonal Violence*, *24*, 1875–1891.

Ferguson, K.M., Jun, J., Bender, K., Thompson, S., & Pollio, D. (2010). A comparison of addiction and transience among street youth: Los Angeles, California, Austin, Texas, and St. Louis, Missouri. *Community Ment Health Journal*, *46*, 296–307.

Fowler, P.J., Toro, P.A., & Miles, B.W. (2009). Pathways to and from homelessness and associated psycho-social outcomes among adolescents leaving the foster care system. *American Journal of Public Health*, *99*, 1453–1458.

Haber, M.G., & Toro, P.A. (2009). Parent-adolescent violence and later behavioral health problems among homeless and housed youth. *American Journal of Orthopsychiatry*, *79*,305–318.

Haldenbury, A.M., Berman, H., & Forchuk, C. (2007). Homelessness and health in adolescents. *Qualitative Health Research*, *17*, 1232–1244.

Hudson, A.L., Nyamathi, A., Greengold, B., Slagle, A., Koniak-Griffin, D., Khalilifard, F., & Getzoff, D. (2010). Health-seeking challenges among homeless youth. *Nursing Research*, *59*, 212–218.

Hyde, J. (2005). From home to the street: understanding young people's transitions into homelessness. *Journal of Adolescence*, *28*, 171–183.

Johnson, T.P., Aschkenasy, J.R., Herbers, M.R., & Gillenwater, S.A. (1996). Self reported risk factors for AIDS among homeless youth. *AIDS Education and Prevention*, *8*, 308–322.

Kamieniecki, G.W. (2001). Prevalence of psychological distress and psychiatric disorders among homeless youth in Australia: A comparative review. *Australian and New Zealand Journal of Psychiatry*, *35*, 352–358.

Kidd, S. (2012). Invited Commentary: Seeking a Coherent Strategy in our Response to Homeless and Street-Involved Youth: A Historical Review and Suggested Future Directions. *Journal of Youth and Adolescence*, *41*, 533–543.

Kraybill, K., & Zerger, S. (2003). Providing treatment for homeless people with substance use disorders. Nashville, TN: National Health Care for the Homeless Council.

Kulik, D. M., Gaetz, S., Crowe, C., & Ford-jones, E. L. (2011). Homeless youth's overwhelming health burden: A review of the literature. *Pediatric Child Health*, *16*(6), 43-47.

Maesen van der, L.J.G., & Walker, A.C. (2005). Indicators of social quality: Outcomes of the European Scientific Network. *European Journal of Social Quality*, *5*(1/2), 8-24.

Martino, S. C., Tucker, J. S., Ryan, G., Wenzel, S. L., Golinelli, D., & Munjas, B. (2011). Increased substance use and risky sexual behavior among migratory homeless youth: Exploring the role of social network composition. *Journal of Youth and Adolescence*, *40*, 1634-1648.

National Coalition for the Homeless. (2009). *Education of homeless children and youth*. Retrieved from: http://www.nationalhomeless.org/factsheets/education.html#footnotes.

National Health Care for the Homeless Council. (2004). Homeless young adults ages 18–24: Examining service delivery adaptation. Author, Nashville.

National Health Care for the Homeless Council. (2008). Child and youth homelessness: 2008 policy statements. Retrieved 12 November 2008, from http://www.nhchc.org/Advocacy/PolicyPapers/Child Youth2008.pdf

O'Connell, J.J. (2004) Dying in the shadows: the challenge of providing health care for homeless people. *Canadian Medical Association Journal*, *170*, 1251–1252.

Parks, R.W., Stevens, R.J., & Spence, S.A. (2007). A systematic review of cognition in homeless children and adolescents. *Journal of the Royal Society of Medicine*, *100*, 46–50.

Rafferty, Y., Shinn, M., & Weitzman, B.C. (2004). Academic achievement among formerly homeless adolescents and their continuously housed peers. *Journal of School Psychology*, *42*, 179–199.

Ray, N. (2006). Lesbian, gay, bisexual and transgender youth: an epidemic of homelessness. National Gay and Lesbian Task Force Policy Institute and the National Coalition for the Homeless, New York.

Reeg, B. (2003). The Runaway and Homeless Youth Act and disconnected youth. In: Levin-Epstein, J. & Greenberg, M.H. (eds). *Leave no youth behind: opportunities for congress to reach disconnected youth*. Center for Law and Social Policy, Washington, DC.

Reid, S., Berman, H., & Forchuk, C. (2005). Living on the streets in Canada: a feminist narrative study of girls and women. *Issues in Comprehensive Pediatric Nursing*, *28*, 237–256.

Robertson, M.J., & Toro, P.A. (1999). Homeless youth: research, intervention, and policy. In: Fosburg, L.B. & Dennis, D.L. (eds). *Practical lessons: the 1998 national symposium on homeless research, urban development, and the U.S. Department of Health and Human Services*. Washington.

Romer, D., Betancourt, L., Giannetta, J.M., Brodsky, M.L., Farah, M., & Hurt, H. (2009). Executive cognitive functions and impulsivity as correlates of risk taking behavior and problem behavior in preadolescents. *Neuropsychologia*, *47*, 2916–2926.

Salomonsen-Sautel, S., Van Leeuwen, J.M., Gilroy, C., Boyle, S., Malberg, D., & Hopfer, C. (2008). Correlates of substance use among homeless youths in eight cities. *American Journal on Addictions*, *17*, 224–234.

Samuels, G. M., Cerven, C., Curry, S., Robinson, S. R., & Patel, S. (2019). *Missed opportunities in youth pathways through homelessness*. Chicago, IL: Chapin Hall at the University of Chicago.

Slesnick, N., Bartle-Haring, S., Dashora, P., Kang, M. J., & Aukward, E. (2008). Predictors of homelessness among street living youth. *Journal of Youth and Adolescence*, *37*, 465–474.

Slesnick, N., Dashora, P., Letcher, A., Erdem, G., & Serovich, J. (2009). A review of services and interventions for runaway and homeless youth: Moving forward. *Children and Youth Services Review*, *31*(7), 732–742.

Tyler, K., Cauce, A.M., & Whitbeck, L.B. (2004). Family risk factors and prevalence of dissociative symp- toms among homeless and runaway youth. *Child Abuse and Neglect*, *28*, 355–366

Tyler, K.A. & Melander, L.A. (2010). Foster care placement, poor parenting, and negative outcomes among homeless young adults. *Journal of Child and Family Studies*, *19*, 787–794.

U.S. Census Bureau. (2009). Family status and household relationship of people 15 years and over, by marital status, age, and sex: 2009. Retrieved 22 September 2010, from http://www.census.gov/popu lation/www/socdemo/hh-fam/cps2009.html

U.S. Conference of Mayors. (2012). *Hunger and Homelessness Survey: A status report on hunger and homelessness in America's cities. A 25-city survey*. Washington, DC: Author

U.S. Department of Health and Human Services. (2009). Report to congress on the runaway and homeless youth programs of the family and youth services bureau for fiscal years 2008 and 2009. Retrieved 22 August 2011, from http://www.acf.hhs.gov/programs/fysb/content/docs/508-fysb- congress-0809.pdf

Voices of Youth Count; Morton, M. H., Dworsky, A., & Samuels, G. M. (2017). Missed opportunities: Youth homelessness in America. National estimates. Chicago, IL: Chapin Hall at the University of Chicago. Retrieved from voicesofyouthcount.org

Walsh, S.M. & Donaldson, R.E. (2010). Invited commentary: National safe place: meeting the immediate needs of runaway and homeless youth. *Journal of Youth and Adolescence*, *39*, 437–445.

Wrate, R. & McLoughlin, P. (1997). Feeling bad: The troubled lives and health of single young homeless people in Edinburgh. Primary Care Services, Lothian Health, Edinburgh.

Yu, M., North, C.S., LaVesser, P.D., Osborne, V.A., & Spitznagel, E.L. (2008). A comparison study of psychiatric and behavior disorders and cognitive ability among homeless and housed children. *Community Mental Health Journal*, *44*,1–10.

Zerger, S. (2002). Substance abuse treatment: What works for homeless people?: A review of the literature. Nashville, TN: National Health Care for the Homeless.

Zerger, S., Strehlow, A.J., & Gundlapalli, A.V. (2008). Homeless young adults and behavioral health. *American Behavioral Scientist*, *51*, 824–841.

Zufferey, C. (2017). *Homelessness and social work: An intersectional approach*. New York, NY: Routledge.