Youth Experiencing Homelessness: General Overview

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

Youth and young adults with marginalized identities and facing societal disadvantages experience disproportionately high rates of homelessness. Native American, Alaskan Native, Black, and Latinx 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).

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.
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- **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.

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**References**


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