



Homeless Youth: Out of Sight, Out of Mind

Lack of Data and Resources Leaves This Group Extremely Vulnerable

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Homelessness services tend to focus primarily on the needs of older, chronically homeless singles and to a lesser extent families with young children. Falling between the cracks are unaccompanied homeless youth, an especially vulnerable group. Because homeless youth are notoriously difficult to study and perceived as delinquent runaways, data and services for this group are severely lacking. Instead of receiving the supports necessary to develop the social and emotional skills required for independent living and productive adulthood, homeless youth are often left to fend for themselves on the street or to “couch surf.” The combination of an unstable childhood and lack of safe alternatives leaves homeless youth at greater risk of physical and sexual victimization, mental and physical health problems, and substance-abuse issues than their housed peers. Given the lack of awareness of, data for, and resources available to unaccompanied youth and the acute vulnerabilities specific to this group, meeting the federal goal of ending youth homelessness by 2020 will require a stronger commitment at the state and federal levels to provide more dedicated youth shelters and supportive services, as well as youth-specific nationwide censuses.

Hiding in Plain View: Lack of Knowledge Hinders Effective Solutions

The extent of youth homelessness remains elusive. For one thing, lack of a standard definition of “youth” makes surveys and data comparison difficult. Researchers tend to either limit their study to homeless youth under the age of 18 or choose an arbitrary age range. Meanwhile, many data-collecting youth-specific programs choose to serve children and young adults up to age 24, recognizing that while 18 legally defines individuals as “adults,” developmental adulthood is attained later in life. These programs realize that persons who have not reached their mid-20s cannot be assumed to function successfully in a homelessness-service environment or society at large. Youth at this stage in life have not yet reached full brain maturation, need to develop the life skills necessary for independent living, and are often still in the process of finishing their education and vocational exploration.

In 2011 youth facilities funded under the Runaway and Homeless Youth Act (RHYA) served a total of 44,173 homeless children, youth, and young adults up to age 24, and outreach personnel made 750,905 contacts with youth on the street (Figure 1). Only 3.4% of contacts resulted in shelter

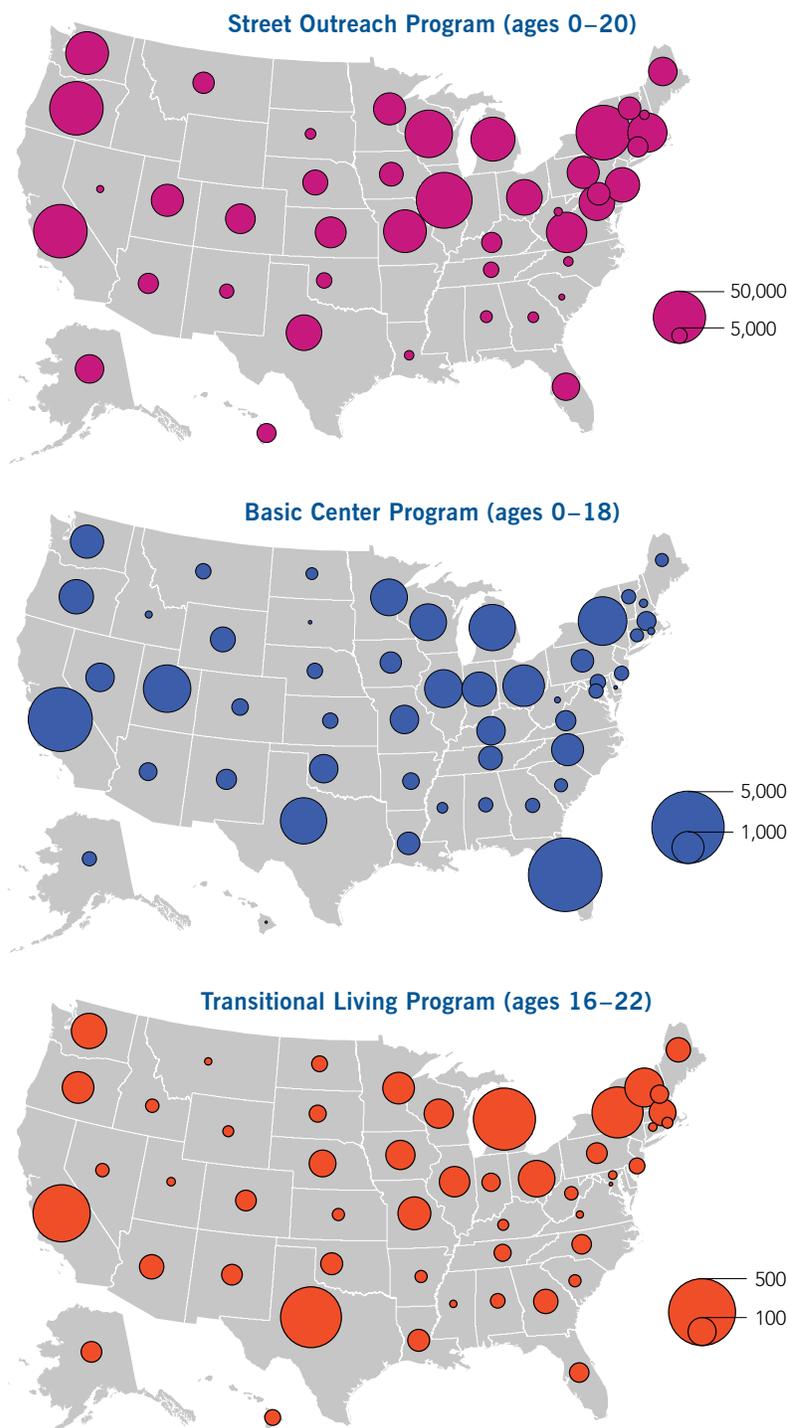
entry. To compare, data compiled through the Homeless Management Information System (HMIS), which restricts the definition of “youth” to unaccompanied individuals under 18, enumerated a mere 14,678 sheltered youth in 2010, one-third (32.4%) less than in 2008. The nation’s school system, which employs a broader definition of homelessness, identified 65,317 homeless youth in the 2009–10 school year, a number that has increased by half (51.3%) since 2007–08 (Figure 2).

Most national studies attempting to estimate the total number of youth who experience at least one episode of homelessness each year have restricted their samples to include minors only, leading the commonly cited yearly figures in the 1.6–1.7 million range to understate the actual size of the population. Adding youth aged 18–24 could bring the number up by 204,000–406,000, or to a potential maximum of 2.1 million. These estimates do not account for repeat runaway and homelessness episodes over the course of a youth’s adolescence and young adulthood. While researchers indicate that a large portion of the 1.6–1.7 million homeless minors return home relatively quickly, youth homelessness tends to be episodic rather than chronic. One longitudinal study conservatively estimated that runaway youth ran away 3.2 times on average by age 18, while 12.6% ran away more than five times.

Contributing to the lack of data is the challenge of identifying and tracking homeless youth. While homeless single adults and families tend to access shelter programs when available, unaccompanied youth often distrust and avoid adults, law enforcement, and service providers due to past negative experiences with adult caregivers and other authorities. In addition, a minor entering shelter or receiving medical attention is likely to require parental notification or consent, although laws vary by state. Minors suffer from the scarcity of youth programs nationwide and are shut out of adult shelters, while youth over 18 may feel intimidated by adult shelters or the older, chronically homeless singles staying in them. Homeless youth are therefore more likely either to reside doubled up with friends, live on the street, or be precariously housed in unusual and hard-to-access locations, seeking to blend in when possible. The often-transient nature of youth homelessness makes longitudinal studies particularly difficult to conduct. Because no in-depth national research on homeless youth exists, studies focused on homeless youth in a single state or city provide the only insights on the issues facing unaccompanied youth.

on the Homefront

Figure 1
NUMBER OF UNACCOMPANIED YOUTH SERVED BY
RHYA-FUNDED PROGRAMS
(2011)



Alaska is represented at half the scale of the other states.

Source: U.S. Department of Health and Human Services, *National Optimized Runaway and Homeless Youth Management System (NEO-RHYMIS)*, 2011.

Failed by the Adult World and Ill-prepared for Independent Living

Although the experiences of homeless youth vary, an unstable domestic environment often lies at the center. Physical and/or sexual abuse and neglect by a family member are common reasons why youth leave home. At Covenant House, the largest youth-service provider in the country, one-third (35.3%) of interviewed youth had experienced physical abuse and one-quarter (25.5%) had been victims of sexual violence. Half (49.7%) of youth aged 12–21 surveyed in Minnesota were homeless due to unsafe home environments (characterized by parents' substance abuse, violence, physical or sexual abuse, or neglect). In many cases, caretakers throw youth out due to family conflicts or financial difficulties. Twenty-nine percent of homeless New York City youth aged 13–24 had been thrown out of their homes.

Youth with a history of foster care are at higher risk of homelessness and become homeless at a younger age. Out-of-home placement serves as an indicator of a past problematic home; once placed in foster care, children and youth may be exposed to an abusive or otherwise challenging household environment, which can exacerbate existing mental-health or behavioral problems or create new ones. In Clark County, Nevada, half (48.0%) of homeless youth had a history of foster care; of those, over half (54.2%) had had negative experiences. Multiple placements can lead to developmental delays and lack of access to needed medical treatments. In some cases, foster-care youth turn to substance abuse as a method of coping with emotional and psychological stress. Once they exit the system, either through “aging out” at 18 or by running away, youth often lack the supportive networks and skills needed to live independently. A 2010 study found that two-fifths (39.4%) of foster-care youth aging out of the system in Illinois, Iowa, and Wisconsin had been homeless or couch surfed by the time they turned 23 or 24.

Among homeless youth, histories of incarceration are common. Over half (55.1%) of homeless youth in Nevada had spent time in juvenile detention or jail, while 38.0% had committed crimes in order to gain access to food or shelter. Youth exiting juvenile detention and other correctional facilities are often ill-prepared for independent living. Experiencing high rates of mental-health and substance-abuse problems, few youth receive services while in custody or after release that would aid their successful reintegration into society. Institutional stays among surveyed Minnesota youth were often preceded or followed by homelessness: 60.0% were homeless at entry and 55.8% exited without stable places to live. Two-thirds (66.7%) received no assistance in securing housing.

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The National Perspective

Victimization and Risk-taking: Barriers to Healthy Development

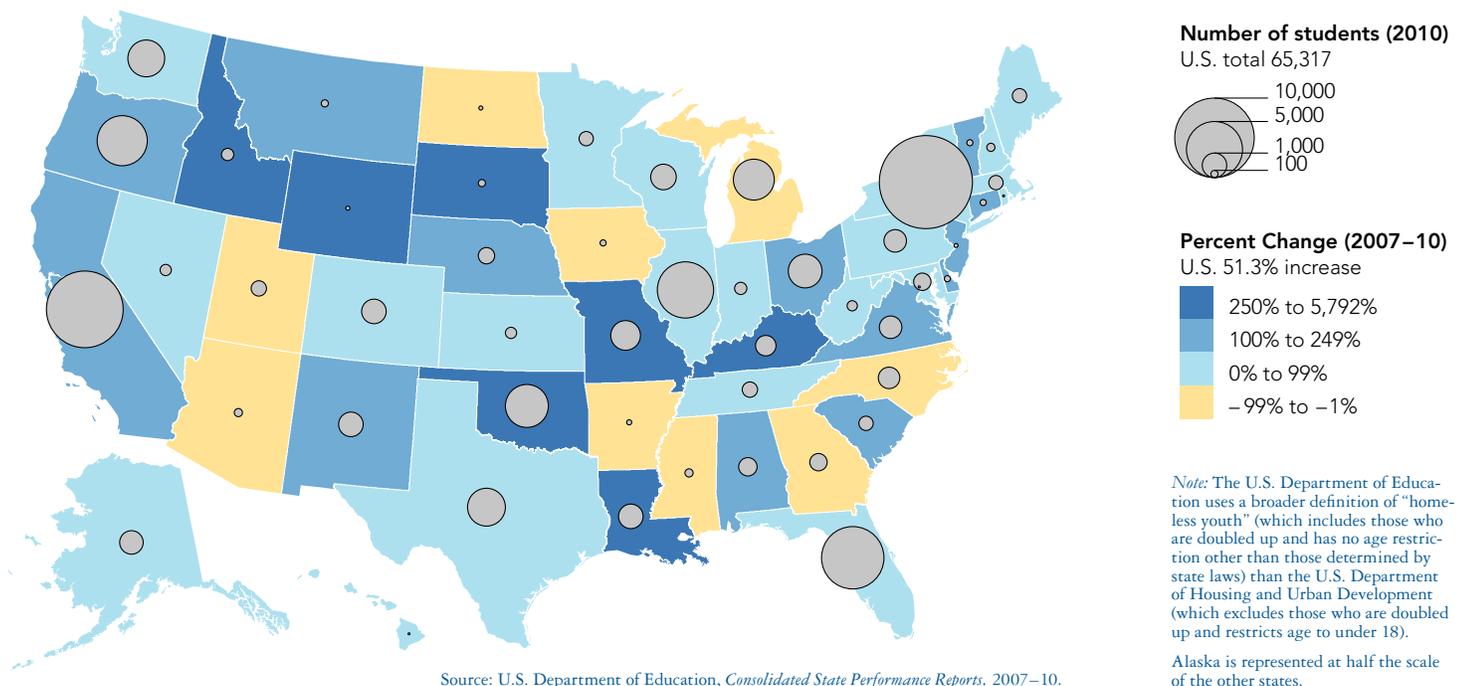
Studies show that homeless youth overall are exposed to dangers and challenges at higher rates than their stably housed peers, which can negatively affect developmental outcomes. Not all homeless youth are equally likely to engage in unhealthy practices or be exposed to risks. Shorter episodes of homelessness and positive connections with family and friends during homelessness have been found to affect outcomes favorably. Youth living on the street tend to experience homelessness more frequently and for longer periods of time. Street youth also have higher rates of substance abuse, mental and behavioral disorders, and risk-taking sexual behavior than sheltered homeless youth.

The 12–25 age range is a period of substantial brain maturation, making youth both vulnerable to stressors and more prone to practicing risky behaviors. Abuse during childhood can alter brain development, predisposing maltreated children to engage in harmful behaviors when older. Consequently, rates of substance and alcohol use and abuse are often higher among homeless youth than among their stably housed peers. The substances used vary by study, but higher rates of usage have been observed among older youth and those with longer durations of homelessness. In Illinois, 87.6% of homeless youth reported drinking alcohol at some point in their lives. Three-quarters (74.0%) of surveyed Nevada youth had either tried marijuana or used

it regularly. Rates were lower for prescription painkillers (34.0%) and speed or methamphetamine (24.0%). In the general youth population, an estimated 10.3% and 4.3% are diagnosed with a substance- or alcohol-abuse disorder, respectively.

Rates of mental-health problems such as depression, suicidal ideation and/or attempts, and behavioral disorders are high among homeless youth, originating from both childhood abuse and neglect and negative experiences occurring during homelessness. Mental-health disorders typically emerge during childhood or adolescence in the general population; nationally, half of adults with lifetime mental, emotional, or behavioral disorders developed the conditions before age 14, and three-quarters had done so by 24. One-third (32.0%) of surveyed Nevada youth had been diagnosed with ADD/ADHD, compared with 4.5% of housed youth nationally. In Minnesota, diagnoses within the last two years of the homelessness survey included major depression (27.0%, compared with 5.2% nationally) and posttraumatic stress disorder (14.0%, versus 0.6% nationwide). Nearly one-third (31.5%) of respondents had considered suicide, of whom two-thirds (65.2%) made attempts. Meanwhile, homeless youth with mental-health issues often experience difficulties taking prescribed medications regularly and are the least likely to have access to needed services. For homeless Minnesota youth not taking prescribed medicines (23.1%), 81.5% of medications were to treat mental-health problems.

Figure 2
NUMBER (2010) AND PERCENT CHANGE (2007–10) OF UNACCOMPANIED YOUTH IDENTIFIED IN PUBLIC SCHOOLS



Source: U.S. Department of Education, Consolidated State Performance Reports, 2007–10.

on the Homefront

Beyond physical and sexual victimization occurring in the home, youth are vulnerable to continued violence and abuse once homeless. One-fifth (21.8%) of homeless youth in Minnesota had been physically or sexually attacked while homeless. One-third (30.2%) had stayed in abusive situations due to lack of housing options; that rate rose to 43.3% for females living in temporary housing arrangements or on the street. One-third (32.0%) of youth surveyed in Nevada reported being victims of crime while homeless, including robbery (43.8%) and assault (31.3%).

Homeless youth are more likely to engage in unsafe sexual behaviors than their housed peers and are vulnerable to commercial sexual exploitation. This places them at higher risk of poor mental- and emotional-health outcomes, sexually transmitted infection (STI) contraction, and pregnancy. Of the homeless youth surveyed in Nevada who were sexually active (68.0%), 17.6% reported having had sex for money, 14.7% had engaged in “survival sex” for food or shelter, and 6.0% had been forced to have sex while homeless. One-quarter (25.9%) of homeless female youth in Minnesota had been approached to work in the sex industry, 68.3% of whom were minors at the time. In New York City, 3.3% of youth indicated that they had spent nights during the previous month with sex-work customers; for transgender youth, the rate was 16.0%. According to one national study limited to female youth aged 14–17, nearly half (48.2%) of street youth and one-third (33.2%) of sheltered youth had ever been pregnant, compared with 7.2% of youth who had never experienced homelessness.

While homeless youth in general face adversity compromising their physical, emotional, and mental health, youth identifying as lesbian, gay, bisexual, transgender, or queer/questioning (LGBTQ) fare even worse. Studies estimate that between 15 and 40% of homeless youth identify as LGBTQ, compared with 3 to 10% of the general youth population. These assessments, which rely on self-reporting, most likely underestimate prevalence, as many are reluctant to disclose such information. LGBTQ youth are affected by homelessness risk factors to an even greater degree than other youth: family conflict and rejection linked to youths’ sexual orientation or gender identity; mental-health and behavioral issues caused or exacerbated by social stigma and discrimination; substance abuse; risky sexual behavior, including survival sex and prostitution; and physical or sexual victimization. In addition, the severe lack of shelter beds available to the overall youth population translates into even fewer youth beds accommodating the special needs of LGBTQ youth. Harassment by other residents and staff has been documented even inside shelters, highlighting the need for specific programs dedicated to supporting the well-being of homeless LGBTQ youth. Transgender persons are particularly at risk of homelessness and face heightened levels of discrimination and violence in society at large and within the shelter system.

Define and Commit: Steps to Better Serve Homeless and At-risk Youth

The consensus is that a considerable lack of data documenting the prevalence and nature of homelessness among unaccompanied youth hampers efforts to understand and address their needs. The absence of a single definition of “youth” shared by researchers, government agencies, and service providers complicates data collection and comparability. The 2008 reauthorization of RHYA sought to address these issues by requiring the U.S. Department of Health and Human Services to conduct a study every five years documenting the prevalence and characteristics of homeless youth aged 13 to 26. Although the first report was due in 2010, the research has yet to be conducted due to lack of funding. If fully implemented and financed, the study has the potential to establish the extent of youth homelessness, shed light on experiences and needs, and identify successful programs and policies.

Although the federal government has committed to ending youth homelessness by 2020, the effort mainly emphasizes the housing and health outcomes of youth aging out of the foster-care and juvenile-justice systems. While an amendment was proposed in June 2012 to include all unaccompanied youth in the plan, special attention also needs to be given LGBTQ youth, who experience the greatest risk factors associated with homelessness. Programs working to prevent youth homelessness, such as family counseling and reunification initiatives, could be especially effective for LGBTQ youth, who see high rates of family rejection prior to homelessness.

Homeless youth are woefully underserved, in dire need of age-appropriate shelters, preventative and supportive services, and affordable housing. Currently, the federal plan encourages shelters to reduce admission barriers preventing unaccompanied youth from seeking assistance, but overlooks the dearth of youth beds and services. Existing homelessness and mainstream programs created for adults do not meet the unique needs of homeless and at-risk youth and young adults, who often avoid authority figures and adult-dominated environments. To successfully engage homeless and at-risk youth in services, program staff and counselors need to be trained in youth development; recognize and respect youths as partners in decision making; and have the ability to build trusting, supportive, and long-term relationships. Important youth-program components include a low-barrier program model focused on harm reduction, opportunities for youth to explore educational and vocational goals, family reunification and counseling when appropriate, and life-skills training to prepare for adulthood and independent living. Adopting these policies along with a real commitment from the federal government would put us on a path toward providing solutions for our youth trying to survive without stable homes and family support to keep them safe. ■