YOUTH, HOMELESS

Homelessness among young people in the United States is a serious and complex problem. The population of homeless youth, which is large and widespread, seems to have disproportionately high rates of medical, emotional, and behavioral problems. Homelessness also can interrupt education and normal socialization of youth; such interruption will likely diminish their ability to live independently in the future.

LIMITATIONS OF LITERATURE

Literature on homeless youth is sparse and much less rigorous than literature on homeless adults or families. Most research on homeless youth comes from large urban areas; such research may not generalize to rural areas or smaller cities. Although recent researchers have begun studying the strengths and competencies of homeless youth, most of the professional literature has focused on the problems and deficits of homeless youth.

Capturing a complete and accurate picture of homeless youth is difficult, and the profile changes, depending on how studies are conducted. Contradictory findings about homeless youth often result, depending on whether one studies formerly homeless or currently homeless youth. Formerly homeless youth can be identified from among a sample of housed youth in the general population. This approach is useful to create minimum estimates of population size, and it presents a more complete profile of the larger homeless youth population and of likely risk factors for homelessness. Unfortunately, it underrepresents youth who have longer histories of homelessness or institutional stays who are less likely to be included in household surveys.

In contrast, studies of currently homeless youth are the most common and provide a sort of “snapshot” of homeless youth on a given day. Because cross-sectional samples of currently homeless youth represent the potential service population, such samples are useful for assessing needs and planning services. Unfortunately, these studies tend to produce a profile that overrepresents youth who have more chronic histories of homelessness, and, as a consequence, findings overstate or exaggerate the levels of problems in the general homeless youth population. In addition, despite their utility, findings from cross-sectional samples often present inconsistent or contradictory results among themselves, depending on the source of the samples. Youth who are drawn from shelters are often younger and less likely to have previous histories of homelessness. Youth who are drawn from non-shelter or “street” locations generally yield a much more “deviant” profile, especially if they include those who are eighteen or older. Youth
seeking treatment in medical clinics or other treatment settings are often different from other homeless youth, depending on the condition for which they seek treatment.

Nevertheless, despite its limitations, recent literature suggests that homeless youth constitute a large and diverse population.

DEFINITIONS

Defining “homeless youth” may seem fairly straightforward, but it is, in fact, a rather complicated task. Most researchers studying homeless persons tend to focus on those who are literally homeless. Here the term homeless youth refers primarily to youth who have spent at least one night either in an emergency shelter or “on the streets”—that is, in places outdoors or in improvised shelters without parental supervision. Whereas an unknown number of youth experience homelessness as part of a homeless family (i.e., with one or more parents), the term homeless youth used here includes only youth “on their own,” without supervision of a parent or legal guardian.

Age is another important factor in defining homeless youth. Across the literature, ages have varied widely. Here the term homeless youth will generally refer to those between the ages of twelve and seventeen, although many studies have included young adults up to ages twenty-one or twenty-four. However, to the extent that studies of homeless youth include persons who are eighteen and older, the profile of homeless youth becomes more similar to the profile of homeless adults.

The term homeless youth represents all youth who have spent at least one night literally homeless, regardless of the conditions under which they separated from their most recent residence.

Homeless youth are a heterogeneous group that includes youth described with a variety of terms in research and popular literature. These terms include runaways, who have left home without permission of parents or guardians; throwaways, who have been forced to leave home by their parents or guardians; institutional youth, who have extensive histories of foster care, group home, or other institutions; and street youth, who have spent at least some time living on the streets. Whereas some homeless youth have experienced only a single episode of homelessness for only a few days, others have experienced long or repeated episodes of homelessness that can last for a year or longer.

The research literature documents significant numbers of youth actually living “on the streets” (i.e., not in shelters), primarily in certain large metropolitan areas on the east and west coasts. Although street youth have been studied in areas such as Los Angeles, San Francisco, Seattle, and New York City, such youth have rarely been studied in midwestern and southern communities. Although street youth may represent an unknown proportion of all homeless youth, this subgroup is of obvious concern, and much research has focused on it. Street youth generally show the most complex histories of life disruptions and personal problems. This subgroup also often has longer histories of homelessness and is less likely to use traditional social services.

The history of homelessness varies, depending on whether youth are sampled from shelters or from the streets. Most homeless youth in shelters have been homeless for relatively short periods of time and have not experienced prior homeless episodes. In contrast, street youth usually demonstrate patterns of episodic (i.e., multiple episodes adding up to less than one year) or chronic (i.e., being homeless for one year or longer) homelessness.

HOW MANY HOMELESS YOUTH ARE THERE?

The methodological problems in estimating the number of homeless persons in the United States have been widely debated. Notwithstanding these debates, studies consistently estimate that the size of the homeless youth population is substantial and widespread. For example, based on a survey of youth in U.S. households in 1992 and 1993, researchers estimated that more than 1 million youth ages twelve to seventeen (or 5 percent of that age group) experienced literal homelessness during the previous year. The prevalence of homelessness was higher for males than females, but the rates did not otherwise
vary significantly by sociodemographic factors, family poverty status (determined by the parent’s reported income), or geographic area. Youth with a history of recent homelessness were found throughout the nation and across urban, suburban, and rural areas. Nevertheless, homeless youth appear to be most concentrated and visible in major cities.

**CHARACTERISTICS OF HOMELESS YOUTH**

No typical homeless youth exists, and youth homelessness has no single cause. The literature offers varied explanations for why youth become homeless in the first place or why they may remain so. Only with difficulty can we determine the degree to which any particular characteristic or experience might be a primary cause or a contributing factor to youth homelessness.

Generally, young males are significantly more likely than young females to experience homelessness. Shelters tend to include more females or even numbers of males and females. In contrast, street youth tend to include more males. The vast majority of homeless youth appear to be age thirteen or older, although several studies have identified small numbers of homeless youth on their own who are as young as age nine.

In the 1992–1993 national household survey of formerly homeless youth, no significant differences by race or ethnicity were found. Nevertheless, some local studies suggest that members of certain racial or ethnic minorities (especially African-Americans and Native Americans) are overrepresented relative to the local communities.

The rates of gay or bisexual orientation among homeless youth vary across studies and communities. In several studies, 3 to 10 percent of youth have reported their sexual orientation as gay, lesbian, or bisexual. However, studies that include older youth, more men (who generally have higher rates than women for gay or bisexual orientation), or youth who came from areas with significant concentrations of gay or bisexual persons in the larger community (such as Hollywood, San Francisco, or New York City) have reported higher rates of gay or bisexual orientation (16 to 38 percent).

Many homeless youth have had interrupted or difficult school histories, and many are currently not attending school. In several studies, 25 to 35 percent of youth reported being held back a year in school, and in two studies of California street youth, about 25 percent reported participation in special education or remedial classes. One study found a high rate (28 percent) of attention deficit disorder. Although a history of school problems is prominent in the literature, its contribution to youth homelessness is unclear. School problems are often hypothesized to be a precipitant of family conflict that results in a runaway response. Other scholars suggest that school difficulties are merely symptoms of more pervasive family problems.

Many homeless youth report disrupted family histories, which may contribute to the risk for homelessness. Many youth have parents who have divorced or never married, and in some cases youth report never actually knowing their own fathers or their own mothers. Many grow up in single-parent or blended families, and many have been formally placed outside of the home by officials or have lived with relatives other than their parents for substantial periods of time.

Again, the profile of homeless youth depends on the source of the sample. According to a national household survey, formerly homeless youth are not
Selection from Oliver Twist: Oliver Escapes to London

Oliver Twist is perhaps the most famous literary tale about a homeless youth. In the excerpt below, Oliver escapes from the miserable conditions of the workhouse where he lives as an orphan and escapes to London in hopes of better fortune.

Oliver reached the stile at which the by-path terminated; and once more gained the high road. It was eight o'clock now. Though he was nearly five miles away from the town, he ran, and hid behind the hedges, by turns, till noon; fearing that he might be pursued and overtaken. Then he sat down to rest by the side of the milestone, and began to think, for the first time, where he had better go and try to live.

The stone by which he was seated, bore, in large characters, an intimation that it was just seventy miles from that spot to London. The name awakened a new train of ideas in the boy's mind. London!—that great large place! nobody—not even Mr. Bumble—could ever find him there!

He had often heard the old men in the workhouse, too, say that no lad of spirit need want in London, and that there were ways of living in that vast city, which those who had been bred in country parts had no idea of. It was the very place for a homeless boy, who must die in the streets unless someone helped him. As these things passed through his thoughts, he jumped upon his feet, and again walked forward.

He had diminished the distance between himself and London by full four miles more, before he recollected how much he must undergo ere he could hope to reach his place of destination. As this consideration forced itself upon him, he slackened his pace a little, and meditated upon his means of getting there. He had a crust of bread, a coarse shirt, and two pairs of stockings, in his bundle. He had a penny too—a gift of Sowerberry's after some funeral in which he had acquitted himself more than ordinarily well-in his pocket. 'A clean shirt,' thought Oliver, 'is a very, comfortable thing; and so are two pairs of darned stockings; and so is a penny; but they are small helps to a sixty-five miles' walk in winter time.' But Oliver's thoughts, like those of most other people, although they were extremely ready and active to point out his difficulties, were wholly at a loss to suggest any feasible mode of surmounting them; so, after a good deal of thinking to no particular purpose, he changed his little bundle over to the other shoulder, and trudged on.

Oliver walked twenty miles that day; and all that time tasted nothing but the crust of dry bread, and a few draughts of water, which he begged at the cottage-doors by the road-side. When the night came, he turned into a meadow; and, creeping close under a hay-rick, determined to lie there, till morning. He felt frightened at first, for the wind moaned dismal over the empty fields; and he was cold and hungry, and more alone than he had ever felt before. Being very tired with his walk, however, he soon fell asleep and forgot his troubles.

He felt cold and stiff, when he got up next morning, and so hungry that he was obliged to exchange the penny for a small loaf; in the very first village through which he passed. He had walked no more than twelve miles, when night closed in again. His feet were sore, and his legs so weak that they trembled beneath him. Another night passed in the bleak damp air, made him worse; when he set forward on his journey next morning, he could hardly crawl along.


more likely to come from impoverished families. In contrast, local studies of currently homeless youth suggest that disproportionate numbers of homeless youth may come from lower-income or working-class families and neighborhoods. These findings suggest that although family poverty may not be related to homelessness among youth per se (given findings from the national household survey), family poverty may be related to repeated or more chronic homelessness among youth (given local studies).

Youth consistently report family conflict as the primary reason for their homelessness. Sources of conflict vary but tend to include conflicts with parents over issues such as the youth's relationship with a stepparent or a parent's partner, sexual activity or sexual orientation, pregnancy, school problems, and alcohol or drug use.

Many homeless youth report neglect and physical or sexual abuse in their former homes, and they often report that such maltreatment precipitated separations either because the youth left to avoid abuse or because the authorities removed them from the home. Across studies of homeless youth, rates of sexual abuse range from 17 to 35 percent, and phys-
ical abuse ranges from 40 to 60 percent. Compared to housed youth, homeless youth have also reported that their parents were more physically and verbally aggressive toward them and that they were more verbally aggressive toward their parents.

For many youth, homelessness appears to be part of a long pattern of residential instability. Consistently, homeless youth report repeated moves during their lifetimes. Studies report that many homeless youth have repeated contacts with public social service systems, many of which occurred at early ages. Across several studies, rates of placement in foster care or group homes have ranged from 21 to 53 percent. In addition, many youth have been hospitalized for mental health or emotional problems.

Some evidence suggests that youth in residential placements (such as foster care or group homes) or in institutional settings (such as juvenile detention) are at higher risk for homelessness. Also, youth who “age out” of the foster care system can experience homelessness if appropriate supports are not in place.

HEALTH PROBLEMS

Homeless youth appear to have a wide range of health and behavior problems, including medical, mental, and alcohol or drug use problems. Whereas some of these problems appear to be long-standing, others are probably worsened by the stressful experiences of homelessness.

Like homeless adults, homeless youth appear to be at greater risk than their housed counterparts for a variety of medical problems, and their health often deteriorates while they are homeless. They suffer disproportionately from traumatic injury from accidents or physical or sexual assault, skin infections, sexually transmitted diseases and other infectious diseases, nutritional disorders, and other conditions. In particular, youth on the street often sleep too little, and when they do, it is often in an unsafe, unclean, or overcrowded environment. They usually have little money and eat poorly. Among health professionals who treat homeless youth, a specialization in “street medicine” has developed because of the patient mix and the concentration of health problems that are less common in conventional pediatric practices.

The literature reveals high rates of sexual activity among homeless youth. They seem to be more sexually active than housed youth and tend to have initiated sexual activity at a younger age.

Studies suggest that many young women who experience homelessness have been pregnant at least once (from 27 to 44 percent), and many of these have reported giving birth (6 to 22 percent). As many as 10 to 20 percent of homeless young women are pregnant at the time of interview. Young women who are pregnant while homeless are at risk for low-birth-weight babies and high infant mortality because they are unlikely to get prenatal care and may not have adequate health and dietary habits.

Homeless youth present a high-risk profile for human immunodeficiency virus (HIV) infection (and other blood-borne infections such as hepatitis B and C). Specific high-risk sexual and drug use behaviors include having multiple sex partners and high-risk sexual partners, engaging in survival sex, using condoms minimally, engaging in intranasal and injection drug use, sharing syringes or other paraphernalia, and having sex while high. Risk behaviors for HIV exposure appear to be more common among youth who are older, who have been homeless longer, and who are not staying in shelters. Despite knowledge about HIV transmission modes, many homeless youth do not use protection against exposure. Recent seroprevalence studies (those that include drawing blood to test) in clinical samples suggest that HIV is already a widespread health problem among homeless youth and young adults in some urban areas with high HIV rates in the general population.

As with homeless adults, the assessment of mental health status among homeless youth is difficult. Only with difficulty can we determine whether an emotional problem at any given point in time is more causally associated with an underlying emotional or mental disorder, the demands of homelessness, chronic stresses such as family violence or parental substance abuse, the youth’s own use of alcohol or other drugs, or combinations of these.

In any event, a number of studies have documented higher rates of emotional and mental health problems among homeless youth compared to housed youth. Rates of serious disorders (such as
depression, mania, and psychosis) assessed with standardized diagnostic instruments range from 19 to 50 percent. Other disorders have been documented as well, including posttraumatic stress disorder. Homeless youth consistently report high rates of lifetime suicide attempt (16 to 48 percent). The co-occurrence of substance abuse disorders and serious mental health problems has also been documented.

A range of conduct problems is common among homeless youth, and rates of conduct disorder range from 48 to 93 percent. Although many such problems seem to have predated initial homelessness, some may develop or become worse as a result of experiences while homeless.

Consistently, homeless youth report greater use of alcohol and other drugs compared to their housed counterparts, and the majority seem to have used alcohol or illicit drugs before their first experience of homelessness. Whereas many youth report only occasional drug or alcohol use, others cycle in and out of more hard-core alcohol or drug use, which can complicate any intervention effort.

Rates of substance use seem to vary dramatically by history of homelessness, with street youth showing the highest rates, followed by sheltered youth and then housed youth. As with the U.S. general population of youth, rates of substance use and abuse by homeless youth increase with age.

Many studies suggest that parental alcohol or other drug use may be a significant contributor to youth homelessness. Some youth report leaving home because their parent or stepparent had an alcohol or drug problem that led to arguments or physical violence.

SURVIVAL WHILE HOMELESS

After they are on their own, homeless youth face extraordinary economic problems. Many youth have difficulty meeting basic needs. Shelters can provide a safe place to spend the night and can serve as sites from which to mount special programs and therapeutic interventions. However, some homeless youth and young adults never use shelters or use them only intermittently. At times, appropriate and accessible shelter beds for youth are not available. In addition, shelter staff sometimes exclude youth who are most in need of intervention because staff members lack adequate training or appropriate facilities to deal with youth who have special needs. Anecdotal reports suggest that youth most likely to be excluded from shelters are those who pose a threat to institutional routine or safety, that is, those who are intoxicated, suicidal, actively psychotic, or those with HIV. In addition, many youth may choose not to use shelters because there are too many demands on their behavior or the programs are too structured.

Many homeless youth have reported spending the night in abandoned buildings (squats) or in places such as doorways, alleys, parks, under bridges, on rooftops, and in crawl spaces under houses. Some street youth form groups in which individuals take turns staying awake overnight to keep guard. Some youth also report pooling scarce cash resources to share a rented room for the night.

Homeless youth often get their food from shelters or free-meal programs or from panhandling. Yet, many street youth report difficulty getting adequate food, and some have days with nothing to eat. Many have trouble finding a place to clean up, to obtain medical care, or to find clothing. Youth often report little if any income, which comes from legal sources such as odd jobs or family gifts and from illegal sources, such as having sex for money and selling drugs.

In studies of street youth, many report illegal behaviors. However, some of these behaviors may be strategies for survival. Some illegal behaviors provide basic needs directly (for example, breaking into an abandoned building for a place to stay), whereas others generate income to meet basic needs (for example, selling drugs). Many homeless youth (both males and females) have reported trading sex for money, drugs, or necessities such as food or a place to stay.

LONG-TERM OUTCOMES

The few longitudinal studies suggest that homeless youth may experience more serious negative outcomes over the long term, including higher rates of divorce, arrest, mental disorders, alcohol and drug
INTERVENTION STRATEGIES

Homeless youth in the United States are a large and diverse population. No typical homeless youth exists, and no single cause for youth homelessness exists. Although the majority return to their homes within a short period of time, an unknown number do not.

The high rates of medical and mental health problems, substance abuse, and other special needs among homeless youth suggest a great need for services. However, homeless youth face many barriers to services. Most homeless youth are survivors of difficult situations, and many are skeptical and distrustful toward adults, including health professionals. In particular, some street youth may be unwilling to come into formal service sites or to eventually return to a family or foster home in which they could lose a great deal of control over their everyday lives. In addition, interventions may have to take place in the context of a youth’s mental health, substance use, or behavior problems.

Strategies are needed to reduce the amount of harm a youth encounters while homeless. For the diverse population of currently homeless youth, an array of appropriate emergency and transitional services is needed. For the longer term, however, strategies are also needed to reduce the numbers of youth who become homeless.

—Marjorie J. Robertson

See also Children, Education of; Children, Impact of Homelessness on; Family Separations and Unifications; Foster Care

Further Reading


