

CHILDREN LIVING IN STRESSFUL ENVIRONMENTS: A RESOURCE KIT

VI.j. Children Who Are Homeless

Note: Some of the content in this document appeared in an information summary on homelessness included in the November 2005 *Prevention Works! Substance Abuse and Other Problems Resource Kit*, available to National Prevention Network (NPN) members at a password-protected Web site (<http://pw4nnp.net>) maintained for their use only.

“Strategies to prevent and end homelessness among people with serious mental illnesses or co-occurring disorders must be based on a strong foundation of knowledge about who these individuals are, why they are susceptible to homelessness and what has been done to learn more about their characteristics and service needs. Much of what we know attests to both the extreme vulnerability and the remarkable resilience of this disadvantaged and disenfranchised group. We also know that people with serious mental illnesses and/or co-occurring substance use disorders who are homeless can and do recover.”

Blueprint for Change: Ending Chronic Homelessness for Persons With Serious Mental Illness and/or Co-Occurring Substance Use Disorders, Substance Abuse and Mental Health Services Administration (SAMHSA) 2003¹

Discussion

Of an estimated 800,000 Americans believed to be homeless on any given day, about 200,000 children² have no place to live.³ Predictably, the impact of homelessness on the health of children is particularly severe. In emergency shelters, their rate of chronic disease is double that of children who are not homeless. They are subject to most of the same health problems as homeless adults, have emotional and developmental problems, and are unlikely to do well in

¹ SAMHSA, Center for Mental Health Services. (2003). *Blueprint for Change: Ending Chronic Homelessness for Persons with Serious Mental Illnesses and Co-Occurring Substance Use Disorders*. U.S. Department of Health and Human Services (HHS) Pub. No. SMA-04-3870. Rockville, MD: SAMHSA. Retrieved March 25, 2008, from <http://download.ncadi.samhsa.gov/ken/pdf/SMA04-3870/SMA04-3870.pdf>.

² *Note:* As discussed in the 2007 *Promising Strategies to End Youth Homelessness: A Report to Congress* referenced elsewhere in this document, studies of the prevalence of homeless youths generally do not include youths aged 18 and older, making it difficult to estimate the actual number of homeless people who are below age 21, an important consideration in substance abuse prevention.

³ National Center on Family Homelessness. (n.d.). *America's homeless children*. Newton, MA: National Center on Family Homelessness. Retrieved March 25, 2008, from www.familyhomelessness.org/pdf/fact_children.pdf.

school.⁴ For most individuals, homelessness is a stressful event; for children and adolescents with even fewer legal means and other resources with which to cope with such a traumatic experience, being homeless results in higher rates of depression and anxiety, low self-esteem, conduct disorders, and post-traumatic stress disorder,⁵ placing them at elevated risk for substance abuse and mental health problems. According to a 2005 study among those entering alcohol/drug treatment programs, persons who were chronically homeless had more difficulty benefiting from treatment than those who were homeless only briefly, regardless of the severity of their addictions.⁶

The relationship between substance abuse and homelessness is interactive; substance abuse is both a precipitating factor and a consequence of homelessness. Although neither is necessarily a cause of the other, each is likely to increase the severity of the other. Substance abuse is a preexisting factor contributing to homelessness for many individuals; for others, it develops as a consequence of being homeless.⁷

Parents may become homeless—and their children with them—for a variety of reasons that may or may not involve substance abuse. Some studies show that many homeless mothers report having been victims of domestic violence. Reported past or current abuse by a partner is very high among homeless women. Substance abuse is often a cofactor in all forms of violent behavior. But whether a parent’s homelessness is related to substance abuse, the experience of homelessness itself creates numerous stresses and health risks for their children.⁸

Children also become homeless independently of parents who still maintain their homes; many are runaways, others are “throwaway kids.” Among homeless youths, leaving home to escape violence may be one contributing factor to their homelessness, while for some, family rejection is a contributing factor. Several studies have estimated, for example, that between 20 and 40 percent of adolescents living on the streets are lesbian and gay, many of them thrown out of their original homes.⁹ SAMHSA’s 2003 report, *Blueprint for Change*, notes that research indicates

⁴ La Roche, P. (n.d.). *Effects of homelessness on the individual*. Los Angeles: University of California at Los Angeles, School of Public Affairs. Retrieved March 25, 2008, from www.spa.ucla.edu/dup/projects/HomelessWebPage/Effects.html.

⁵ National Coalition for the Homeless (NCH). (August 2007). *Homeless youth*. NCH fact sheet #13. Retrieved March 25, 2008, from www.nationalhomeless.org/publications/facts/youth.html.

⁶ Kertesz, S. G., Larson, M. J., Horton, N. J., Winter, M., Saitz, R., and Samet. (June 2005). Homeless chronicity and health-related quality of life trajectories among adults with addictions. *Medical Care*, 43(6), 574-585.

⁷ Zerger, S. (June 2002). *Substance abuse treatment: What works for homeless people? A review of the literature*. Nashville, TN: National Health Care for the Homeless Council. Retrieved March 25, 2008, from www.nhchc.org/Publications/SubstanceAbuseTreatmentLitReview.pdf.

⁸ National Center on Family Homelessness. (n.d.). *America’s homeless children*. Newton, MA: National Center on Family Homelessness. Retrieved March 25, 2008, from www.familyhomelessness.org/pdf/fact_children.pdf.

⁹ SAMHSA, Center for Substance Abuse Treatment. (2001). *A provider’s introduction to substance abuse treatment for lesbian, gay, bisexual, and transgender individuals*. Rockville, MD: SAMHSA. HHS Publication No. SMA-01-3498. Retrieved March 25, 2008, from <http://kap.samhsa.gov/products/manuals/pdfs/lgbt.pdf>.

lesbian, gay, and bisexual youths are more likely than other youths to leave home, be victimized, use addictive substances, experience pathology, and have more sex partners.¹⁰

Following conflict and violence at home, the next two major reasons for children to become homeless on their own are: 1) being in the foster care system and 2) being involved with the juvenile justice system. While adolescents in foster care are “released” at age 18, many run away at younger ages. From the limited available data, an estimated 28 percent to 46 percent of teens seeking shelter have histories of incarceration.¹¹

Not surprisingly, substance abuse and mental illness—separately and together—occur at substantially higher rates among the homeless than in the general population. Estimates vary, but alcohol and other drug problems, often accompanied by mental illness, exact an exceptional toll in this population.

In 2002, SAMHSA estimated that 1.6 million youths aged 12 to 17 years old ran away from home and slept on the street during the study year. These youths were more likely to have used alcohol, marijuana, or an illicit drug other than marijuana in the past year than youths who had not run away. Fifty percent reported alcohol use, for example, compared with only 33 percent of those who had not left home.¹² Drug dealing, “survival sex” prostitution, violence and victimization, and association with troubled peers are common among homeless youths, further heightening their risks for substance abuse.¹³

The U.S. Department of Housing and Urban Development’s (HUD’s) 2005 Annual Homeless Assessment Report estimated that 415,000 Americans were in emergency shelter or transitional housing on a single January day, while HUD’s Continuums of Care estimated that another 338,781 persons were unsheltered on the same day. Of the 415,000 sheltered homeless, nearly one-quarter were age 17 or younger. For all age groups, HUD estimated that 45 percent of homeless persons were unsheltered.¹⁴

Reports of serious parental substance abuse are common among homeless youths. In one study, one-quarter of homeless youths said they left home because of physical and verbal violence brought on by parental alcohol use. Close to half (44 percent) of homeless youths in another

¹⁰ SAMHSA, Center for Mental Health Services. (2003). *Blueprint for Change: Ending Chronic Homelessness for Persons with Serious Mental Illnesses and Co-Occurring Substance Use Disorders*. HHS Pub. No. SMA-04-3870. Rockville, MD: SAMHSA. Retrieved March 25, 2008, from <http://download.ncadi.samhsa.gov/ken/pdf/SMA04-3870/SMA04-3870.pdf>.

¹¹ HHS, Administration for Children and Families, Family and Youth Services Bureau. (June 27, 2007). *Promising strategies to end youth homelessness: A report to Congress*. Retrieved March 25, 2008, from www.acf.hhs.gov/programs/fysb/content/docs/reporttocongress_youthhomelessness.pdf.

¹² SAMHSA, Office of Applied Studies. (July 2, 2004). *The NSDUH report: Substance use among youths who had run away from home*. Retrieved March 25, 2008, from www.oas.samhsa.gov/2k4/runAways/runAways.htm.

¹³ HHS, Administration for Children and Families, Family and Youth Services Bureau. (June 27, 2007). *Promising strategies to end youth homelessness: A report to Congress*. Retrieved March 25, 2008, from www.acf.hhs.gov/programs/fysb/content/docs/reporttocongress_youthhomelessness.pdf.

¹⁴ HUD, Office of Community Planning and Development. (February 2007). *The annual homeless assessment report to Congress*. Retrieved March 25, 2008, from www.huduser.org/Publications/pdf/ahar.pdf.

study reported that one or both parents had received substance abuse or mental health treatment.¹⁵

Youths who are homeless also report high rates of substance abuse problems of their own both prior to and after they became homeless, another indicator of the connection between these problems. Rates of mental illness, suicide, and exposure to both domestic and street violence are also significantly higher among homeless youths than among youths in the general population. Homeless teens have more health problems overall than others and higher rates of unplanned pregnancy, HIV/AIDS, and other sexually transmitted diseases (STDs).¹⁶

It is not yet clear whether the high rates of emotional and mental health problems found among homeless youths arise from the effects of being homeless, are traceable to abuse experienced at home and being exposed to domestic violence, or are due to their more frequent use of alcohol and drugs. A combination of factors may be at work, but what is known is that they drink and use drugs at much higher frequencies than do youths who still live at home.¹⁷

Facts

- In 2002, SAMHSA estimated that 1.6 million youths aged 12 to 17 years old ran away from home and slept on the street during the study year. They were more likely to have used alcohol, marijuana, or an illicit drug other than marijuana in the past year than youths who had not run away.¹⁸
- More than half of youths in shelters and on the street were either kicked out or told their parents they were leaving and the parents did nothing to stop them.¹⁹
- An estimated 1.6 million youths are homeless each year in the United States. Some may stay away from home for only one or two nights, while approximately 200,000 youths each year live permanently on the street.²⁰

¹⁵ HHS, Health Resources and Services Administration, Bureau of Primary Health Care. (January 24, 2001). *The health center program. Program assistance letter: Understanding the health care needs of homeless youth.* Retrieved April 1, 2008, from www.ich.gov/library/HHS-HCHguidance_2001.pdf.

¹⁶ HHS, Health Resources and Services Administration, Bureau of Primary Health Care. (January 24, 2001). *The health center program. Program assistance letter: Understanding the health care needs of homeless youth.* Retrieved April 1, 2008, from www.ich.gov/library/HHS-HCHguidance_2001.pdf.

¹⁷ HHS, Administration for Children and Families, Family and Youth Services Bureau. (June 27, 2007). *Promising strategies to end youth homelessness: A report to Congress.* Retrieved March 25, 2008, from www.acf.hhs.gov/programs/fysb/content/docs/reporttocongress_youthhomelessness.pdf.

¹⁸ SAMHSA, Office of Applied Studies. (July 2, 2004). *The NSDUH report: Substance use among youths who had run away from home.* Retrieved March 25, 2008, from www.oas.samhsa.gov/2k4/runAways/runAways.htm.

¹⁹ National Runaway Switchboard. (n.d.). *Reporter's sourcebook on runaway and homeless youth.* Chicago, IL: National Runaway Switchboard. Retrieved April 1, 2008, from www.1800runaway.org/sourcebook/contents.html.

²⁰ HHS, Health Resources and Services Administration, Bureau of Primary Health Care. (January 24, 2001). *The health center program. Program assistance letter: Understanding the health care needs of homeless youth.* Retrieved April 1, 2008, from www.ich.gov/library/HHS-HCHguidance_2001.pdf.

- Mental Health America estimates that 1.2 million children will be homeless on any given night and that families account for 40 percent of the Nation's homeless population.²¹
- Substance abuse rates among runaway youths have been reported as nearly double those for housed youths attending school.²²
- In one study, street youths reported the highest rate of substance use, followed by sheltered youths, runaways and housed youths. Another study found that 48 percent of homeless youths reported significant alcohol use, compared to 19 percent of other youths, and 26 percent of homeless youths reported injection drug use; about one-fifth reported that drug use contributed to their leaving home.²³
- About 5,000 homeless teenagers each year wind up in unmarked graves either because they are unidentified or unclaimed.²⁴

Federal Resources

Kids Next Door: Help the Homeless

www.hud.gov/kids/hthsplsh.html

This HUD Web site for young children section asks and answers the question: "Did you ever see homeless people on the street and wonder who they are and how you can help them?"

SAMHSA's Center for Mental Health Services' (CMHS') Homeless Programs Branch

<http://mentalhealth.samhsa.gov/publications/allpubs/KEN95-0015/default.asp>

The SAMHSA/CMHS Homeless Programs Branch serves the treatment, support services, and housing needs of homeless persons with mental illnesses. The branch administers programs to assist States and localities in helping homeless persons gain access to mental health treatment, primary health care, substance abuse treatment, legal assistance, access entitlements, and other supports.

SAMHSA's Homelessness Resource Center

<http://homeless.samhsa.gov/>

A service of SAMHSA's CMHS, the Homeless Resource Center disseminates state-of-the-art knowledge and promising practices to prevent and end homelessness through training and

²¹ National Mental Health Association (NMHA). (n.d.). *Fact sheet: Children without homes*. Alexandria, VA: NMHA. Retrieved April 1, 2008, from www1.nmha.org/homeless/childrenandHomelessness.pdf.

²² Bender, K. A., and Thompson, S. (January 14, 2006). *Alcohol use among a national sample of runaway/homeless youth*. Paper presented at the Society for Social Work and Research Annual Meeting, San Antonio, TX. Retrieved April 1, 2008, from <http://sswr.confex.com/sswr/2006/techprogram/P3958.HTM>.

²³ HHS, Health Resources and Services Administration, Bureau of Primary Health Care. (January 24, 2001). *The health center program. Program assistance letter: Understanding the health care needs of homeless youth*. Retrieved April 1, 2008, from www.ich.gov/library/HHS-HCHguidance_2001.pdf.

²⁴ HHS, Health Resources and Services Administration, Bureau of Primary Health Care. (January 24, 2001). *The health center program. Program assistance letter: Understanding the health care needs of homeless youth*. Retrieved April 1, 2008, from www.ich.gov/library/HHS-HCHguidance_2001.pdf.

technical assistance, publications and materials, online learning opportunities, and networking and collaboration. The Web site knowledge base is searchable within more than two dozen main topics (e.g., children, welfare reform, prevention).

U.S. Department of Education: Education for Homeless Children and Youths (EHCY) Program

www.ed.gov/programs/homeless/index.html

This Federal program is charged with the administration and oversight of the McKinney-Vento Act's Education for Homeless Children and Youths program.

Private Organizations

National Center for Homeless Education (NCHE)

www.serve.org/nche/

NCHE is funded by the U.S. Department of Education as a national resource center of research and information to help communities address the needs of homeless children and youths and their families. NCHE products include posters, parent brochures, the Local Homeless Education Liaison Toolkit, the State Coordinators' Handbook, and the National Association for the Education of Homeless Children and Youth listserv.

National Center on Family Homelessness (NCFH)

www.familyhomelessness.org/

NCFH is a national nonprofit organization committed to: (1) building a knowledge base on homelessness and poverty; (2) creating model programs, service demonstrations, and technical assistance products; and (3) disseminating information to increase public awareness and improve national, State, and local policies and programs.

National Law Center on Homelessness and Poverty (NLCHP)

www.nlchp.org/

NLCHP monitors and enforces compliance with the McKinney-Vento Act and provides technical assistance to attorneys, service providers, parents, and educators to ensure that homeless children gain access to public school. The NLCHP Web site includes a self-advocacy kit, a flowchart for determining homelessness, reproducible question and answer booklets, and other materials.

National Network for Youth (NN4Y)

www.nn4youth.org/

NN4Y is dedicated to ensuring that young people can be safe and lead healthy and productive lives. The organization provides education, networking, training, materials, and policy work with Federal, State, and local lawmakers to help meet the needs of runaway, homeless, and other disconnected youths.

United States Conference of Mayors

www.usmayors.org/

Since 1982, the United States Conference of Mayors has conducted surveys about homelessness at regular intervals. The December 2006 *Hunger and Homelessness: A Status Report on Hunger and Homelessness in America's Cities* survey reports findings from 23 U.S. cities:

www.mayors.org/uscm/hungersurvey/2006/report06.pdf.

What Will It Take To End Homelessness?

www.urban.org/UploadedPDF/end_homelessness.pdf

What Will It Take To End Homelessness? is a September 2001 publication of The Urban Institute. It contains many statistics on homelessness and suggests ways to end homelessness in the United States.

Strategies/Programs

In the June 2007 *Promising Strategies to End Youth Homelessness: A Report to Congress*,²⁵ the Administration for Children and Families, Administration on Children, Youth, and Families, Family and Youth Services Bureau identifies four categories of “interventions” needed to end youth homelessness:

1. **Gateway Services**, less structured than shelters, to meet urgent, basic needs of youths, gain their trust, and move them toward other services;
2. **Services**, including family reunification or placement outside the family, to shelter and stabilize youths;
3. **Targeted Supportive Services** to address special needs, such as substance abuse, mental health, HIV/AIDS, or pregnancy; and
4. **Programs Supporting Youth Transition to Independence**, including longer-term housing and services to help youths who will not be returning to their families as they transition to independence.

What this report lists as principles for effective intervention practice will be familiar to those engaged in substance abuse prevention efforts:

- Strengthening and supporting families;
- Supporting positive youth development;
- Developing cultural competency;

²⁵ HHS, Administration for Children and Families, Family and Youth Services Bureau. (June 27, 2007). *Promising strategies to end youth homelessness: A report to Congress*. Retrieved March 25, 2008, from www.acf.hhs.gov/programs/fysb/content/docs/reporttocongress_youthhomelessness.pdf.

- Creating a continuum of integrated services; and
- Tailoring services to individual needs.

It should be noted that the focus of this 2007 report was on homeless youths who are unaccompanied by adult family members and did *not* address those who are members of intact homeless families.

A decade ago, HUD organized the 1998 Practical Lessons: The 1998 National Symposium on Homelessness Research,²⁶ for which several papers were written. The abstract for one of these, *Homeless Youth: Research, Intervention, and Policy* (<http://aspe.hhs.gov/progsys/homeless/symposium/3-Youth.htm>) by Marjorie J. Robertson, Ph.D., and Paul A. Toro, Ph.D., made these observations relating to possible prevention for homeless youths:

- “Few interventions with homeless youth have been formally evaluated. Careful program evaluation of services is sorely needed, especially based on rigorous experimental designs”; and
- “The limited literature suggests that comprehensive and tailored services are needed that address the immediate and long-term needs of homeless youth. Where appropriate, services should include assistance with meeting basic needs as perceived by youth as a gateway to other needed services. Other needed services include screening and treatment for health, mental health, and substance use problems, reconciling family conflict, and educational or vocational training. In addition to serving those already homeless, interventions designed to prevent homelessness among at-risk youth are needed.”²⁷

Commenting on their longitudinal study of homeless youths in Toronto and Vancouver, John Hagan and Bill McCarthy suggest that the sense of shame many homeless youths feel about their families’ circumstances, when combined with frequent arrests or contact with police, may trigger an angry chain reaction that can lead to crime and contempt for the kinds of employment that, in the view of these young people, is menial and demeaning. As a prevention strategy, Hagan and McCarthy propose “lessening contact with the police by offering youths refuge and by supporting them with needed services [that] may ease the pressures to commit crimes to survive, and set them on course for a more healthy transition to adulthood.”²⁸

²⁶ Fosburg, L. B., and Dennis, D. L. (Eds.). (August 1999). *Practical lessons: The 1998 symposium on homelessness research*. Washington, DC: HUD. Retrieved March 25, 2008, from <http://aspe.hhs.gov/progsys/homeless/symposium/toc.htm>.

²⁷ Robertson, M. J., and Toro, P. A. (August 1999). *Homeless youth: Research, intervention, and policy*. *Practical lessons: The 1998 symposium on homelessness research*. U.S. Department of Housing and Urban Development. Retrieved March 25, 2008, from <http://aspe.hhs.gov/progsys/homeless/symposium/3-Youth.htm>

²⁸ Hagan, J., McCarthy, B. (April 2005). Homeless youth and the perilous passage to adulthood. *Policy Brief: Network on transitions to adulthood*. Issue 25. Philadelphia, PA: MacArthur Foundation Research Network on Transitions to Adulthood and Public Policy, University of Pennsylvania. Retrieved March 25, 2008, from www.nhchc.org/homelessyouthperilouspassage.pdf.