



THE NATIONAL CENTER ON  
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## **Homelessness Among U.S. Youth**

**Christina Murphy**, Director of Communications

**The National Center on Family Homelessness at the American  
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## Homelessness Among U.S. Youth

Homelessness among youth in the United States is an alarming problem. Estimates of the number of unaccompanied youth experiencing homelessness for at least one night each year range from 500,000 to 1.7 million.<sup>1,2</sup> Homelessness is a devastating experience that has a significant negative impact on well-being, functioning, development, physical and mental health, and life trajectory.

In 2010, the U.S. Interagency Council on Homelessness (USICH) released the *Federal Strategic Plan to Prevent and End Homelessness* that sets the goal of ending homelessness for youth by 2020.<sup>3</sup> Systems of care serving youth who are homeless or at risk can provide and connect services among programs to support long-term stability and well-being while working to prevent and end homelessness for youth in the system. It also is important to prevent youth experiencing homelessness from becoming chronically homeless.

The goal of this brief is to build the capacity of systems of care programs and providers serving youth who are homeless or at risk. This brief outlines the challenges and needs of youth who are homeless, discusses a trauma-informed approach to providing services, offers strategies for developing individual service plans, and provides additional resources for further study. When discussing youth who are homeless, this brief includes those who are homeless without a parent, guardian, or spouse, including those who have children of their own.

### Challenges Experienced by Homeless Youth

Youth face multiple challenges before and during the experience of homelessness that increase their vulnerability. They often experience traumas that can affect their stability and their short- and long-term well-being. Over time, ongoing exposure to traumatic stress can become toxic and have an impact on physiological, emotional, and cognitive functioning as well as identity formation.<sup>4</sup> These experiences can seriously compromise the ability of youth to transition into adulthood successfully. Some of these challenges and traumas are specific to the adolescent developmental period and therefore require tailored responses different from responses for single adults and families with children.

Youth become homeless for a variety of reasons, including running away or being kicked out of the home. While homeless, youth float from place to place—staying with friends and strangers (also known as couch-surfing); sleeping in cars, abandoned buildings, other makeshift shelters, parks, woods, and campgrounds; and entering homeless- and youth-focused programs. About 25 percent of the youth who age out of foster care and exit corrections systems report experiencing homelessness.<sup>5,6</sup> Approximately 15 percent of youth who are homeless have lived on the streets for more than six months,<sup>7</sup> and 5,000 youth who are homeless die each year.<sup>8</sup>

While homeless, youth are at greater risk for engaging in survival sex and being sexually assaulted and bullied. Some youth who are homeless are forced to exchange sex for basic needs, such as food, clothing, and housing. Between 40 percent and 60 percent of youth who are homeless report experiencing physical abuse, and between 17 percent and 35

percent report experiencing sexual abuse.<sup>9,10</sup> One in three youth are approached or recruited by a pimp or exploiter within the first 48 hours of being on the street. According to one study, 70 percent of youth on the street eventually become victims of commercial sexual exploitation, and 30 percent of youth living in shelters also fall victim to this exploitation, some being recruited by other shelter residents.<sup>11</sup>

Research shows a high prevalence of depression, anxiety and mood disorders, suicide thoughts and attempts, post-traumatic stress disorder, and other mental health challenges among youth who are homeless.<sup>12,13</sup> Approximately 75 percent of youth who are homeless use illicit drugs.<sup>14</sup> Chronic physical health conditions, substance abuse disorders, engagement in risky behaviors, involvement in the juvenile justice system, and histories of academic difficulties—including school suspension and expulsion—are also common.<sup>15</sup> A study of youth experiencing homelessness found that two-thirds had not obtained a high school diploma or a GED certificate when they entered a homeless shelter.<sup>16</sup>

Approximately 48 percent of youth living on the streets have either experienced a pregnancy or report having impregnated someone.<sup>17</sup> About 33 percent of youth living in shelters have experienced a pregnancy,<sup>18</sup> and 10 percent of youth who are homeless are pregnant.<sup>19</sup> Some youth are parents themselves and may have their children with them while homeless; in these cases, their children tend to be young.<sup>20</sup>

Between 20 percent and 40 percent of homeless unaccompanied youth identify as gender and sexual minorities<sup>21</sup>—a disproportionate representation compared to their number in the general population.<sup>22</sup> Homeless youth who are lesbian, gay, bisexual, and transgender (LGBT) are at high risk for numerous negative experiences and outcomes because of the challenges they face due to the rejection, social exclusion, and housing instability associated with their sexual/gender identity.<sup>23</sup> African and Native Americans are represented disproportionately among LGBT homeless youth.<sup>24</sup>

Between the ages of 15 and 25, youth experience a significant developmental period of growth when the brain is open to adaptation and learning; this is the second most significant period of brain growth over the life course.<sup>25</sup> (Ages 0–5 is the greatest.<sup>26</sup>) Executive functioning skills (e.g., planning, organizing, controlling impulses, delaying gratification, problem solving, decision making), which are believed to be fundamental characteristics of resilient adults, are refined and optimized during this important period of life.<sup>27</sup> Positive and negative events can influence how well these key skills are developed and refined. The quality of these skills significantly impacts long-term outcomes, such as the ability to learn, work, and cope with and adapt to challenges. The traumatic experiences many youth endure before and during homelessness can have a devastating impact on their development. However, nurturing, enriching, and positive experiences can foster stability and well-being and enable youth to develop healthy skills and strategies that can support successful transitions into adulthood.

## The Needs of Homeless Youth

As evidenced by the multitude of challenges outlined previously, the needs of youth who are homeless are varied. Because of the diversity of youth who experience homelessness and their histories as well as the need to prevent youth from becoming chronically homeless, no one-size-fits-all approach will support long-term stability and well-being. However, the USICH has identified the following four core goals for youth who are homeless:

1. Stable housing
2. Education and employment opportunities
3. Social-emotional well-being
4. Permanent connections<sup>28</sup>

First and foremost, **stable housing** that is safe is essential for youth experiencing homelessness. When possible, youth should remain living with their families or be reunited with their families while receiving supports and services. There may be times when living with family is not safe or possible. In these cases, other housing options for youth include the following: shelters (best for emergencies and early interventions but not for the long term), host-family homes (a model that has been effectively utilized in rural areas), transitional living programs, group homes (including those for pregnant and parenting youth), permanent supportive housing programs (funded by the U.S. Department of Housing and Urban Development for a small percentage of youth with severe needs), and community-based apartments with or without roommates.<sup>29</sup> Because of the many challenges faced by youth who are homeless, housing alone is not likely to be sufficient. Developmentally appropriate services are critical to addressing youth homelessness and to supporting youth in meeting the remaining three core goals.

Second, **education and employment** are essential for youth to maintain housing and prevent future episodes of homelessness. Without education and training, stable employment that earns a living wage is difficult to find and maintain. Youth may need services and supports to enroll in and complete high school, GED, technical, and postsecondary education programs; training and skill-building activities to increase job readiness; and internships and career planning to gain work experience.<sup>30</sup> Without education and training in basic life skills, youth may not be able to obtain and maintain employment and independently support themselves. Youth may need additional support in learning about creating a budget, money management, self-care, and interpersonal and parenting skills.<sup>31</sup>

Third, **social-emotional well-being** is supported in youth by fostering behavioral, emotional, and social skills that build a healthy understanding and successful navigation of the world. To promote social-emotional well-being, which is necessary for maintaining long-term stability, youth who have experienced homelessness may need case management (e.g., assessment, planning, goal setting, and referrals), mental health services (e.g., individual counseling, group therapy, suicide prevention, post-trauma treatment), physical health services (e.g., access to doctors and medical care, substance abuse prevention and treatment), and community supports (e.g., positive school cultures

and peer experiences, trusting relationships with significant adults and mentors, and activities to learn and practice social skills and emotional management). For those youth for whom remaining or reuniting with family is a viable option, evidence-based support, counseling, and intervention services to encourage well-being that include all members of the youth's family are necessary.<sup>32</sup>

Finally, **permanent connections** to positive family, adults, friends, peer networks, and educational and other community services and programs (e.g., schools, religious institutions, physical and social activities, family support groups)—both formal and informal—also are important for maintaining long-term stability. One of the fundamental building blocks for well-being is healthy attachment to supportive parents and other family members. As articulated earlier, it may not always be possible for youth to maintain contact with family members. However, whenever possible and regardless of whether youth are living with family, supporting youth in maintaining connections with the people in their immediate and extended family networks will contribute to stability and well-being. Friends and peer networks provide a variety of important supports and can be a safety net to help prevent future homelessness; the same holds true for school and other community programs.<sup>33</sup>

## **A Trauma-Informed Approach to Assisting Homeless Youth**

As previously articulated, before and while homeless, many youth experience or witness violence or significant events that are outside the realm of usual or ordinary experiences—this is called trauma.<sup>34</sup> Traumatic events leave people feeling sad, angry, out of control, vulnerable, overwhelmed, helpless, and fearful.<sup>35</sup> Youth who have experienced trauma may feel as if the world is unsafe; have difficulty trusting other people (including service providers and other adults in positions of authority); anticipate continued crises, danger, and loss; and have a hard time believing in themselves, their self-worth, and capabilities. The traumatic experiences that many youth who are homeless endure can have a devastating impact on brain development. Traumatic experiences accumulate over a lifetime—particularly from an early age—and if unaddressed, they can become toxic and result in long-term mental and physical health challenges.

However, nurturing, positive experiences (e.g., relationships with caring adults and mentors, exposure to enriching experiences, participation in sports, involvement in church and community activities and youth groups) can foster stability and well-being and enable youth to develop healthy coping strategies and protective factors.<sup>36</sup> It may take time, but with the right supports and services, recovery from trauma is possible. A critical way to support healing for youth who are homeless is to adopt a **trauma-informed approach**. This approach includes several dimensions: developing an understanding of how trauma and its impact affects youth; promoting safety; adopting a strengths-based philosophy; implementing culturally and linguistically competent strategies; and supporting empowerment, choice, and autonomy.<sup>37</sup> Comprehensive assessments can identify those who may benefit from more intensive, clinical interventions to treat diagnosed post-trauma responses and symptoms of post-traumatic stress disorder.

Trauma-informed approach is a way of providing care and services where system and program policies, practices, structures, and values are grounded in **knowledge and understanding of trauma**. Providers and staff at all levels and in all roles become trauma-informed by learning how traumatic experiences can impact ways youth who are homeless think, feel, respond, and cope. Systems, programs, and providers that do not provide trauma-informed care are at risk for inadvertently retraumatizing vulnerable youth.<sup>38</sup> Without understanding the connection between trauma and behaviors, service providers may label a youth as manipulative, oppositional, lazy, or unmotivated when these behaviors are better understood as survival responses. Youth who are further traumatized within systems become increasingly wary of and triggered by the efforts of others to help. Consequently, youth who are homeless and who have negative experiences within systems may develop difficulties trusting service providers and other adults in positions of authority, which could lead them to drop out of programs and services.

A trauma-informed approach focuses on **physical, psychological, and emotional safety**. The experience of trauma violates one's fundamental sense of safety and security. Many youth who are homeless have lived in chaotic, unpredictable, and violent environments. As a result of their traumatic experiences, they may be living in a perpetual state of fear and distress. The more safe youth feel, the better they can heal.<sup>39</sup>

**Focusing on strengths** as opposed to deficits is an important aspect of a trauma-informed approach. Youth experiencing homelessness are likely to have survived challenging circumstances and found ways to manage. Providers who ask about what strategies youth used to get where they are rather than talk about what is wrong with youth are following a core principle of a trauma-informed approach. Building new skills based on strengths that can be useful in the future is especially important when working with youth.<sup>40</sup>

Providing **culturally and linguistically competent** services is another important principle of a trauma-informed approach. Traumatic events happen across myriad racial, ethnic, religious, and social backgrounds; gender identities; and sexual orientations. Violence and trauma have different meanings across cultures. How a youth manages and expresses experiences of trauma and makes use of services is influenced by his or her culture. Healing also takes place within each youth's cultural context. Cultural and linguistic competency among service providers, programs, and systems increases the likelihood of positive outcomes for youth who are homeless. Culturally and linguistically competent services involve these facets:

- Respecting youth, their families, cultures, traditions, rituals, and preferred languages
- Integrating cultural knowledge, values, and beliefs into services, policies, and programs
- Recruiting and retaining a multicultural and multilingual workforce
- Providing training, coaching, supervision, and support on cultural and linguistic competence for the workforce

- Addressing system elements, such as regulations, rules, policies, performance appraisal measures, budgets/funding, and other avenues, to reflect the diverse cultural and linguistic needs of both the youth accessing services and the workforce<sup>41</sup>

It is essential that youth who are recovering from trauma have control over the direction of their lives. Relationships where systems, programs, and service providers are in control can recreate traumatizing relationships. Within a supportive system, **empowerment, choice, and autonomy** involve making sure that youth and others are well-informed about the system or program, outlining expectations, encouraging youth to make choices for themselves, and respecting basic human rights and freedoms that others outside of the system would expect.<sup>42</sup> Youth also can make valuable contributions by participating in the development of their own service plans and by informing programs and services for all. When youth are empowered to be involved and have the opportunity for meaningful participation through strategies such as **youth-guided care** (a core principle of systems of care), they can share important insights based on their personal experiences that can improve outcomes for themselves and others.

## **Strategies for Developing Individual Service Plans for Homeless Youth**

Systems, programs, and service providers are critical in achieving the four core goals and outcomes for youth experiencing homelessness and in preventing youth from becoming chronically homeless. Within a trauma-informed context, an effective way to promote stability and well-being for youth is to develop individual service plans that address each of the following: risk and protective factors; brain-based interventions; and the development of relationships, secure attachments, and social-emotional competencies.

Service providers working with youth experiencing homelessness are well positioned to develop individual service plans for such youth that **limit risk factors and enhance protective factors**. The Adverse Child Experiences Study found that adults with seven or more risk factors as children are three times more likely to experience significant health problems (e.g., cardiovascular disease) as adults.<sup>43,44</sup> A risk factor is a characteristic, condition, or behavior that increases the chance of negative outcomes. A protective factor increases the chance of positive outcomes and can counteract the effects of risk factors. For many youth who are homeless, risk factors could include any combination of the following: family separation, lack of social support, time spent in foster care or juvenile justice systems, experiences of significant trauma, lack of access to health care and mental health care, risk-taking activities (e.g., substance abuse, sexual experimentation), and early pregnancy and parenting. Protective factors could include secure attachments with adults, social connections with peers, positive school experiences, regular health care and mental health care, safe neighborhoods, and concrete supports (e.g., transportation, clothes, books, supplies).

To build protective factors for youth, service providers should focus on goals known to enhance resiliency and identify concrete steps to achieve these goals in individual service plans. For example, for a youth with no family ties, an important goal could be to develop a relationship with a caring adult by identifying a mentor or a big brother/big sister. For a

youth with few peer connections, an important goal could be to build social networks by identifying interests and areas he or she is invested in and supporting him or her in doing so (e.g., joining a club or sports team for peer support or a church group for community support). To limit risk factors, a service provider should identify the risk (e.g., substance abuse) and provide intervention as part of the individual service plan (e.g., treatment, access to AA programs for teens).

Next, it is possible to **strengthen brain development** in young adults—an important component of individualized service plans during this critical stage when the brain is adapting and growing. Under normal circumstances, it takes time for a young adult’s brain to mature. Some cognitive capacities that lead to more mature social-emotional functioning include incorporating different perspectives into one’s understanding of a situation, assessing risks and consequences, planning and decision making, and organizing and managing multiple demands.<sup>45</sup> To facilitate development of these cognitive capacities, young adults need repeated experiences to learn and consolidate skills.<sup>46</sup>

Encouraging youth to create their own goals and take control of their lives and futures is a brain-based intervention that builds executive functioning skills. For example, service providers can teach youth how to think about a situation; problem-solve; consider alternatives; and make plans based on concrete, realistic goals instead of telling them what to do or doing it for them. Case management meetings focused on life skill development, including identifying goals, breaking goals down into actionable steps, and concretely planning a strategy to achieve each step while considering potential obstacles, also strengthens executive functioning.<sup>47</sup> Learning life skills is like any other type of learning. It must be frequent and consistent so that more adaptive skills can begin to take the place of old, trauma- or survival-driven habits.<sup>48</sup>

Further, it is important that service plans for youth who are homeless include strategies to **nurture relationships and secure attachments**. Early relationships shape brain development. Secure attachments with a consistent, caring adult in the early years are associated later in life with better academic grades, better mental health and behaviors, more positive peer interactions, and increased ability to cope with stress. Social networks can be important sources of information, advice, and emotional support. Strong social networks also can create a sense of belonging and community, and they can provide an effective buffer against trauma and stress.<sup>49</sup> Strong social networks are protective and enhance resiliency.<sup>50</sup> Many youth who are homeless lack access to family members, friends, or networks that can offer assistance in times of need. They may depend on friends and family members who are equally depleted and unable to sustain long-term support.<sup>51</sup> Without these relationships and connections, youth can live precariously and often are unable to weather crises.<sup>52</sup> Youth in these situations require extra support and strategies to build other kinds of attachments and networks.

Providers should work to understand who is in each youth’s support network and the nature of support provided as well as how a particular youth can build additional supports into his or her life. For youth with limited or no social supports, providers can help

identify relevant community supports (e.g., church groups, recreational centers, parent groups) or activities and places to develop healthy peer relationships.<sup>53</sup>

Last but not least, **fostering social-emotional skills** is an important aspect of service planning for youth who are homeless. During the adolescent developmental period, building social-emotional capacity includes learning coping, life, social, and stress management skills. Youth experiencing homelessness may need assistance as they face the hard realities of homelessness and work to fully adopt adult responsibilities. Guidance, coaching, and dedicated case management meetings focused on skill building enhances the ability of youth to cope on their own.<sup>54</sup>

In everyday interactions with youth, service providers can work actively with youth to develop coping, life, social, and stress management skills to build resilience and reduce reliance on unhealthy coping behaviors. Service providers can help youth develop vital coping and life skills: tracking spending for groceries; addressing child care needs; coordinating transportation; cooking; doing laundry; managing health and medication needs; and navigating agreements with cell phone companies, creditors, student loan offices, and landlords. Social skills are critical to successful employment and relationships, effective communications, conflict resolution, being part of a team, and positively contributing to a work environment or community. Service providers can teach young adults skills such as how to listen to other points of view, accept feedback, use a nonjudgmental tone, and articulate concerns without yelling or escalating. In addition, service providers can help youth manage stress and cope with emotional triggers and trauma by teaching a range of healthy coping skills, including learning how to reframe an issue; substituting negative thinking with positive, self-affirming thoughts; performing relaxation exercises (e.g., deep breathing, listening to music, meditating); engaging in creative activities (e.g., art, journal writing); engaging in prayer and spiritual practices; exercising; playing with children; and talking to supportive friends and family.<sup>55</sup>

## Summary

Too many youth are homeless in the United States each year. Youth experiencing homelessness face many challenges and traumas during a significant developmental period; these challenges and traumas could have an effect on brain growth and skill development and have lasting repercussions. Four core goals for youth who are homeless are stable housing, education and employment opportunities, social-emotional well-being, and permanent connections. These goals are best supported by systems, programs, and service providers through a trauma-informed approach and the development of individual service plans that address risk and protective factors, brain-based interventions, relationships and attachments, and social-emotional skills. Incorporating these key strategies will help increase stability and well-being for youth who are homeless and at risk, and these approaches can help prevent youth from becoming chronically homeless.

## Additional Resources

The following organizations and materials provide more information about issues affecting youth who are homeless:

U.S. Interagency Council on Homelessness	
Website	<a href="http://www.usich.gov">www.usich.gov</a>
Key Resources	<a href="#">Opening Doors: Federal Strategic Plan to Prevent and End Homelessness</a> <a href="#">USICH Framework to End Youth Homelessness</a>

  

SAMHSA Homelessness Resource Center	
Website	<a href="http://www.homeless.samhsa.gov">www.homeless.samhsa.gov</a>
Key Resources	<a href="http://homeless.samhsa.gov/Channel/Youth-31.aspx">http://homeless.samhsa.gov/Channel/Youth-31.aspx</a> <a href="#">Best Practices for Providers: Trauma-Informed Care</a> <a href="#">Best Practices for Serving LGBTQI2-S Youth Experiencing Homelessness</a>

  

Runaway and Homeless Youth Networks of Support	
Key Resources	<a href="#">Runaway and Homeless Youth Training and Technical Assistance Center</a> <a href="#">National Runaway Safeline</a> <a href="#">National Clearinghouse on Families and Youth</a>

  

The National Center on Family Homelessness	
Website	<a href="http://www.familyhomelessness.org">www.familyhomelessness.org</a>
Key Resources	<a href="#">Trauma-Informed Organizational Toolkit for Homeless Services</a> <a href="#">Understanding Traumatic Stress in Children</a>

  

Technical Assistance Partnership for Child and Family Mental Health	
Website	<a href="http://www.tapartnership.org">www.tapartnership.org</a>
Key Resources	<a href="#">Ending LGBT Youth Homelessness Webinar</a>

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