



# **Unaccompanied and Homeless Youth Review of Literature (1995- 2005)**

Author

Jan Moore, Assistant Program Specialist

**National Center for Homeless Education**

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## **Description of the Project**

This project is based on a review of 1995 to 2005 literature on issues concerning unaccompanied youth experiencing homelessness. It provides an overview of the challenges these young people face and includes research about why they leave their homes, how they live after leaving, and what interventions are being used to assist them. It is broken down into sections on history, definitions, estimates, research, legislation, education, and interventions. Studies mentioned are predominantly those with larger numbers of participants who are fairly representative of the actual population of homeless youth.

The information should be especially helpful for advocates who disseminate information to increase community awareness of pertinent issues and strategies to serve unaccompanied youth, service providers and policymakers interested in effective programs and where they may focus their efforts to serve unaccompanied youth, and researchers who want to identify gaps in the knowledge base.

## **History**

Homelessness among youth in the U.S. dates back as far as the country's earliest history. While the country was being settled and expanding westward, adolescents struck out on their own seeking adventure and economic opportunity. During the 1800s, there was widespread homelessness among poor immigrant youth who were unwanted and unneeded in the workforce. The Great Depression years brought another wave of homeless

youth, but because large segments of the overall population were homeless, issues related specifically to youth homelessness were ignored. The 1960s ushered in a new group of homeless youth labeled runaways who, unlike their predecessors, left middle- and upper-class homes, rejected their parents' values, and focused on self-exploration and self-expression (Smollar, 1999).

In the 1970s and 1980s, there was a constant increase in the number of young people who were forced out of their homes, abandoned, or living on the street with their parents' consent. The families of many of these youth were plagued with substance abuse, violence, and other family conflict. In the 1990s, family dysfunction remained the principal reason for youth homelessness. It has become increasingly difficult for these youth to successfully integrate into a modern, industrialized society. As a result, most children and adolescents who run away or are forced to leave their homes today end up living with others, in shelters, or on the street (Smollar, 1999).

## **Definitions**

The term *homeless youth* is often used as an umbrella term for a large variety of young people including unaccompanied youth, runaways, throwaways, street youth, and systems youth. Therefore, homeless youth are not a homogeneous population. Many different definitions and criteria are used to describe these young people, and there is frequent overlap among the groups. In the existing literature, the age range has varied widely. The range is most commonly between ages 12 and 21, but many studies of homeless youth have also included young adults up to age 24.

Researchers investigating the backgrounds of homeless youth have found different pathways toward homelessness based on the throwaway, runaway, or systems categories. Many youths have separate occurrences of both running away and being thrown away, and many individual episodes include both runaway and throwaway components with the category determined by who provided the information; youths are more likely to stress the throwaway aspects of an incident, and parents or other caretakers usually concentrate on the runaway aspects (Hammer, Finkelhor, & Sedlak, 2002). Because most agencies don't distinguish between the different categories, data collection and interpreting research results are often very difficult (van Wormer, 2003). A few of the distinctions that have been established are:

- U.S. Department of Health and Human Services considers a runaway to be a youth who is away from home without permission of his or her parents or legal guardian at least overnight and a homeless youth as one who has no place of shelter and is in need of services, etc. (Bass, 1995)

- The Runaway and Homeless Youth Act defines a homeless youth as one who is “not more than 21 years of age...for whom it is not possible to live in a safe environment with a relative and who has no other safe alternative living arrangement” (42 U.S.C. 5732a.). The regulations accompanying this act define a runaway as someone “under 18 years of age who absents himself or herself from home or place of legal residence without the permission of parents or legal guardians” (45 CFR 1351.1(l)).
- The National Law Center on Homelessness and Poverty uses the term *unaccompanied youth* to refer to “young people under the age of 18, who are living apart from their parents or legal guardians in unstable or inadequate living situations” (2004, May. p. 4)
- The McKinney-Vento Homeless Education Assistance Improvements Act of 2001 applies to students eligible for public education services under state and federal law and defines unaccompanied youth as “those who are not in the physical custody of a parent or guardian” (42 U.S.C. 11431 et seq.). This can include “runaways living in runaway shelters, abandoned buildings, cars, on the streets, or in other inadequate housing; children and youth denied housing by their families (sometimes referred to as ‘throwaway children and youth’); and school-age unwed mothers living in homes for unwed mothers because they have no other housing available” (Popp, Hindman, & Stronge, 2004).

There is no official definition of a throwaway (or thrownaway) youth, but it is generally understood to be a young person who either is asked to leave home by a parent or other adult in the household and is away overnight or is away from home overnight and prevented from returning home (Hammer, et al., 2002). A more limited definition includes only those who have been kicked out for inappropriate behavior, and a broader definition includes those who have been abandoned and deserted (Ringwalt, Greene, & Robertson, 1998).

One study found that nearly half of youth living in shelters and on the street had had a throwaway experience and that throwaways were significantly older than runaways with female throwaways more likely to live in shelters and males more likely to live on the street. In addition, those with throwaway experiences were three to six times as likely as youth without a throwaway experience to have spent a night away from home because of family conflict, abuse, neglect, or because they felt unwelcome or unwanted (Ringwalt, Greene, & Robertson, 1998).

The term *street youth* has been used to refer to those who reside in high-risk, nontraditional locations, such as under bridges, in abandoned buildings, etc. The U.S. government defines street youth as those who run away or who are indefinitely or intermittently homeless and spend a significant amount of time on the street or in other areas that increase their risk for sexual abuse, sexual exploitation, prostitution, or drug abuse (Missing, Exploited, and

Runaway Children Protection Act, P.L. 106- 71, Section 387, 2000). In some studies, definitions of street youth relate to the places where they sought shelter. For example, Moon, Binson, Page-Shafter, and Diaz (2001) define street youth as those who stayed on the street or in a park, a car, or some other transient quarters for at least 2 days of the last 30 days. Still, other definitions of street youth center on the types of activities they engage in, such as involvement in the sex or drug trade or panhandling, along with a lack of stable housing (Auerswald & Eyre, 2002).

Systems youth are generally considered to be those who have been involved in government systems, such as juvenile justice and foster care, due to abuse, neglect, incarceration, or family homelessness. When a systems youth becomes homeless on his or her own, it is usually because they have run away from an out-of-home placement (Chapin Hall for Children, 2005) or because their transition out of placement did not result in stable living situations (Homes for the Homeless, 1997).

## **Estimates**

As difficult as it is to define homeless youth, their hidden, transient nature makes accurately counting them even more problematic (Raleigh-DuRoff, 2004). Most are not in the child welfare, juvenile justice, or mental health systems, so according to Maria Garin-Jones, Director of Youth Services for the Child Welfare League, they are “lost in the shuffle” (Slavin, 2001, p. 1). Not only are there tremendous barriers to accurately estimating the size of such a mobile and changing population, but the majority of methods for developing such estimates are flawed (Link, Phelan, Breshahan, Stueve, Moore, & Susser, 1995). Compared to homeless adults and families, homeless youth have fewer shelters available (Wilder, 2005), and this is where many studies have been based. Many avoid shelters and other service providers, and those who live on the street often avoid researchers whom they may mistake for victimizers or representatives of the police or social services (Robertson & Clark, 1995; Ringwalt, Greene, & Robertson, 1998; Taylor, Lydon, Bougie, & Johannsen, 2004). Issues with confidentiality also affect counts as educators and other concerned adults join the youth in refusing to give information that could lead to the involvement of social services (Kidd & Scrimenti, 2004). These are only some of the reasons that can account for the substantial variation among estimates of the runaway and homeless youth population.

It is easy to see why estimates of the number of youths who run away or are homeless in the United States vary widely. They range from 733,000 (Ringwalt, Greene, Robertson, & McPheeters, 1998) to as many as 2.8 million per year (Administration on Children, Youth, and Families, 1995) although most estimates are somewhere between 1.5 and 2 million (Rew, Taylor-

Seehafer, Thomas, & Yockey, 2001). The latest estimates include the following:

- Every day in 2004, an estimated 1.3 million youth lived on the streets of America (National Runaway Switchboard, n.d.).
- National Health Interview Study (NHIS) estimated the national prevalence of homelessness among youth to be 7.6 percent or 1.6 million youth per year (Robertson & Toro, 1998).
- Research Triangle Institute estimated 2.8 million homeless youth in 1995 (Administration on Children, Youth, and Families, 1995).
- The Office of Juvenile Justice and Delinquency Prevention estimated that nearly 1.7 million youth had a runaway/throwaway episode in 1999 (Hammer, et al., 2002).
- The National Network for Youth (2003) suggests that approximately 1 to 1.3 million young people run away from home each year.
- A U.S. Mayors' report lists unaccompanied youth as accounting for 2% of all homeless people (Hunger, Homelessness on the Rise in Major U.S. Cities, 2002).

To estimate the number of youth who are living “doubled-up” (temporarily staying with friends), a U.S. General Accounting Office report multiplied the number of sheltered homeless youth by 2.7 (U.S. General Accounting Office, 1989). Based on a figure of 68,000 youth in shelters in the U.S., there are an estimated 186,000 in shared housing at any given time (National Coalition for the Homeless, 1999, *Homeless Youth*; Wilder Research Center, 2001).

Most homeless estimates are based on point prevalence methods that rely on a count done during a specified time interval, such as a day. These estimates are biased toward describing the chronically homeless, but since youth homelessness is usually more periodic, “estimates of annual prevalence and incidence are biased downward” (Ringwalt, Greene, Robertson, & McPheeters, 1998, p. 1326). No matter what estimates are used, it is accepted that homelessness among youth is substantial and widespread throughout the nation (Robertson & Toro, 1998; Ringwalt, Greene, Robertson, & McPheeters, 1998).

## **Research Background**

Despite the continued increase of homelessness, relatively little valid research is available. The homeless remain an understudied segment of society, and homeless adolescents living on their own comprise a subgroup on which the least research is available (Cauce, Paradise, Ginzler, Embry,

Morgan, Lohr, et al., 2000). The transient nature of these youths and their distrust of adults and institutions makes it logistically difficult to find, survey, and interview them. The scarcity and skewed findings of the empirical evidence is due to these challenges along with other issues such as contradictory definitions of homelessness (Ensign & Bell, 2004), an absence of standard methodology (Ringwalt, Greene, Robertson, & McPheeters, 1998), an over-reliance on data from shelters and agencies (Thompson, Pollio, Constantine, Reid, & Nebbitt, 2002), the youths' inability to consent for participation in studies (Rew, Taylor-Seehafer, & Thomas 2000), and a lack of comparison groups (Ensign, 2003; Robertson & Toro, 1998).

Most studies have been based on small sample sizes or in a single location with the majority of the information coming from surveys of social service providers or from youth in shelters. In some cases, what is known about a particular characteristic of homeless youth may be based on a single study. In addition, much of the existing research on homeless youth is even less rigorous than research on homeless adults or families (Robertson & Toro, 1998) despite the fact that some studies report 12–17-year-olds are at more risk of homelessness than are adults (Ensign & Bell, 2004). The results are findings too limited to be generalized (Ringwalt, Greene, & Robertson, 1998). And, where multiple studies are available, findings are often contradictory. Understandably, it is difficult to acquire a realistic picture of unaccompanied youth experiencing homelessness (Robertson & Toro, 1998).

One major barrier to effective research is the legal requirement for parental consent (English, 1995). Rew, Taylor-Seehafer, and Thomas (2000) say that since many potential subjects are homeless because of past family abuse, obtaining parental consent may compromise their safety therefore discouraging their participation. They advocate processes to allow parental consent to be waived for adolescents involved in research that involves no more than minimal risk and that directly impacts their health care. To ensure the minor is protected, they advise that researchers weigh the need for the study and its impact on the adolescents' future health care against any risks associated with lack of parental consent.

### **Why They Leave**

There seems to be no typical unaccompanied youth or a single cause for their homelessness, although most of the reasons given can be grouped into three broad, inter-related categories: family problems (which include the behaviors of both parents and youth), economic problems, and residential instability (National Coalition for the Homeless, 1999; van Wormer, 2003; Wilder Research, 2005). This understanding led the Chicago Coalition for the Homeless (2001) to conclude that the best way to prevent youth homelessness is to stabilize families.

**Family Problems.** Family conflict is central for youth because they are usually financially, emotionally, and legally dependent on their families. In addition, unlike adults who have often lived independently prior to experiencing homelessness, most unaccompanied youth have never lived on their own. Some studies show that those with poor family relations have difficulty forming relationships with service providers which makes it difficult or impossible to access all the existing services that could support them in transitioning to a more stable lifestyle (Kipke, Palmer, LaFrance, & Palmer, 1997).

The prevalence of family problems among homeless youth is well documented. Research has shown that the majority of those who leave home prematurely do so either to escape dysfunctional or abusive family situations (including physical, sexual, or psychological abuse), or they are coerced into leaving by their parents or other adults in their household (National Coalition for the Homeless, NCH Fact Sheet #11, 1999; Powers, Eckenrode, & Jaklitsch, 1990; Whitbeck & Simons, 1990; 1993; Wilder Research, 2005). There is a clear relationship between physical and sexual abuse of youth and their subsequent homelessness (Bao, Whitbeck, & Hyot, 2000). In addition to violence and abuse, other family-related factors that influence young people to leave home include neglect, parental substance abuse (Hagan & McCarthy, 1997; Rotheram-Borus, Parra, Cantwell, Gwadz, & Murphy, 1996; Whitbeck & Hoyt, 1999), and recurring arguments and parental control issues (Whitbeck & Hoyt, 1999). Many also report leaving as a result of conflict with parents or guardians over sexual orientation, sexual activity, or pregnancy (Ringwalt, Greene, & Robertson, 1998; Finkelhor, et al., 2002).

**Economic Problems.** For some youth, economic problems may lead to homelessness. There is a high incidence of parental unemployment (Hagan & McCarthy, 1997). One study of over 1,200 homeless youth reported that about 40 percent of them were from families that received public assistance or lived in public housing (Administration for Children and Families, 1995). Also, low minimum wages make it difficult or impossible to earn an amount sufficient to pay the monthly expenses which leads some families to ask their children to leave the home (van Wormer, 2003).

**Residential instability** is another factor contributing to the homelessness of youths (Hagan & McCarthy, 1997; Wright, Caspi, Moffitt, & Silva, 1998). Wright et al. (1998) say homelessness is a stage of residential instability that is often preceded by living in doubled-up housing. They consider youth to be living in doubled-up housing when they have no other place to go and are temporarily taken in by others. The results of their study indicated that seven factors significantly predicted a doubled-up living situation and that four of these factors were related to the family. Because of the strong connection between doubled-up housing and homelessness, they propose that knowing who is likely to become doubled-up may be an important indication of who ultimately becomes homeless.



An increasing number of homeless youths have spent time in foster care or treatment facilities. Multiple foster home and other out-of-home placements are also linked with subsequent homelessness partly because those leaving care to live on their own rarely have anyone to turn to for help during difficult times (Administration for Children and Families, 1995; Cauce, Paradise, Ginzler, Embry, Morgan, Lohr, et al., 2000; Roman & Wolfe, 1997; Robertson & Toro, 1998). As many as 70 percent of homeless young people have spent time in a foster home, group home, or other residential facility (Administration for Children and Families, 1995; Wilder Research, 2005), and over 22 percent with foster care experience are homeless for one day or more after the age of 18 (Casey Family Programs, 2005).

Other influences to leave stem from problems outside the family, e.g., difficulties with school, teachers, peers, delinquency, pregnancy or parenthood, sexual orientation, and behavioral or mental health issues (Hagan & McCarthy, 1997; Rotheram-Borus, Parra, et al., 1996). Some studies have found a high rate of Attention Deficit Hyperactivity Disorder (ADHD) diagnosed among homeless youth (Cauce, et al., 2000; National Health Care for the Homeless Council, 2002; Stanford, Sandford, Helvie, Royal-Stanford, & McLaughlin, 1999; van Wormer, 2003). The ADHD may be a result instead of a cause of the homelessness, or it could be that when schools fail to meet the needs of students with ADHD, they are more prone to failure and dropping out which then leads to poverty and a greater possibility of homelessness (van Wormer, 2003).

## **On the Streets**

Estimates are that one in seven youths will leave home by the age of 18 (National Runaway Switchboard, 2001). For many, running away is not limited to one episode; they may run many times. What begins with an initial run to a friend's house may lead to a chronic runaway pattern.

Once on the street, the youth are often in places where criminal activity occurs (Biehal & Wade, 1999) and so can be either voluntarily involved in violence and crime or become victims of those who are involved. They are ideal targets for offenders because they rarely report crimes committed against them (Baron, 1997) and are at a high risk for victimization, self-medication, suicide, and delinquent behavior (Greene, Ringwalt, & Iachan, 1997). "Every year, assault, illness, and suicide claim the lives of approximately 5,000 runaway and homeless youth" (The National Runaway Switchboard, 2001, p. 2).

Young people on the streets find it very difficult to meet their basic needs, so they may also resort to survival sex to provide for themselves

(Administration for Children & Families, 1995). “Survival sex refers to the selling of sex to meet subsistence needs” (Greene, Ennett, & Ringwalt, 1999, p. 1406). This includes exchanging sex for shelter, food, drugs, or money and is one of the most damaging consequences of homelessness. Adopting deviant strategies such as survival sex, selling drugs, and prostitution can place adolescents at an even greater risk for life-threatening victimization (Eugene, 1997). These behaviors may be a result of their victimization (Administration for Children and Families, Research Triangle Institute, 1995).

According to the Office of Juvenile Justice and Delinquency Prevention, more than half of all runaways are girls (Hammer, et al., 2002). The National Network for Youth (2003) reports that most homeless youth living on the streets are boys. Boys are more likely to be kicked out and girls more likely to run away—possibly because boys are more likely to engage in deviant behaviors that cause parents to kick them out and girls are more likely to experience sexual abuse that prompts them to run away. The same abuse continues on the streets as girls are more likely to be raped and boys are more likely to be physically assaulted (Cauce, et al., 2000; MacLean, Embry, & Cauce, 1999).

Throwaway youth have more conflict and violence in their family home than other homeless youth and then participate in more high-risk behavior while living on the street. Limited job skills and unwillingness to trust social service workers for assistance probably leads them to more involvement in illegal sex and drug activities and other criminal behavior to meet their basic needs. They also tend to be quite a bit older and have more serious alcohol problems (Ringwalt, Greene, & Robertson, 1998).

Although youth homelessness is prevalent in urban, suburban, and rural areas, it is most visible in major cities. It has not been determined whether this is because there are actually more homeless youth in urban areas or whether the urban concentration of researchers can be linked to an over-representation of homeless youth in those areas. At least one large study found that the prevalence of homelessness did not vary significantly by socio-demographic or geographic factors (Ringwalt, Greene, Robertson, & McPheeters, 1998). Several studies found that there is no appreciable difference in rates of victimization and behavioral problems based on the size of the urban area where the youth are homeless (Cauce, et al., 2000; Whitbeck, et al., 1997).

Ensign and Bell (2004) found the average length of homelessness differed significantly according to whether the youth lived in a shelter or on the streets. For those living in shelters, the average length of homelessness was four months (range one to nine months), but the average length for those on the streets was three years (range one month to eight years). One in eight youth under 18 will leave home and become a street person in need of services (Raleigh-DuRoff, 2004), and 40 percent do not return home (Kurtz,

Lindsey, Jarvis, & Nackerud, 2000). Involvement in the street life of drugs and prostitution leads these youths deeper and deeper into situations from which it is hard to return (van Wormer, 2003).

## **Health**

The transition to adulthood is a challenging time for youth under the best of circumstances. It is a time when they are learning how to establish their independence and identity. These psychological changes occur simultaneously with rapid physiological changes (e.g., increased brain development) that influence cognitive processing and behavior. So, homeless adolescents not only have to make new decisions about how and where to live but they also must make these decisions when their decision-making and problem-solving skills are still developing (National Alliance to End Homelessness, 2005). They lack the economic, social, and emotional resources to adequately provide for their own needs, and this can lead to dangerous consequences. Many homeless youth have multiple overlapping issues. While some of these problems presented before leaving home, they are probably worsened by the high-risk lifestyle of street living that is so often accompanied by the threat of victimization (MacLean, et al., 1999).

Therefore, it is not surprising that all this, in addition to irregular sleep and diet and exposure to the elements, would lead to disproportionately higher rates of problems with their health, emotions, behaviors, and substance use than that experienced by their non-homeless peers (van Wormer, 2003). Homelessness itself potentially poses health risks to youth and can interrupt normal socialization and education, which likely affects a young person's future ability to live independently (Cauce, et al., 2000; Rew, 1996).

A number of the studies dealing with homeless youth center around health issues and substance abuse. Quite a few of these studies have documented that health risks are significantly higher for homeless youth than for their housed counterparts—especially risks related to their sexual behavior, such as AIDS, other sexually transmitted diseases, (Rew, 1996; Taylor, et al., 2004), and teen pregnancies (Kipke, Montgomery, Simon, Unger, & Johnson, 1997). Over half of homeless adolescent females report having been pregnant at least once, with more than a quarter reporting two or more pregnancies (Halcon & Lifson, 2004).

Considering their backgrounds and lifestyles, it should be expected that in addition to much higher rates of acute and chronic physical health problems, homeless youth also exhibit high rates of psychological symptoms such as depression, anxiety, conduct disorders (MacLean, et al., 1999; Thompson, et al., 2002), post-traumatic stress, poor school adjustment, delinquent acting out, and aggressive behaviors (Cauce, et al., 2000). Up to 24 percent of

females and 16 percent of males could have post-traumatic stress disorder (PTSD) (Cauce, et al., 2000). One of the most common and serious problems of youth homelessness is low self-esteem (Pearce, 1995; Pears & Noller, 1995). Feeling rejected and abandoned can lead to extreme loneliness and hopelessness (Rotherham-Borus, Parra, Cantwell, Gwadz, & Murphy, 1996).

Maltreated young people may remove themselves from harm at home by running away, but they also expose themselves to other—and possibly greater—risks (Cauce, et al., 2000). Once on the streets, homeless youth are often faced with situations of being violated and victimized that are similar to or worse than the family situations they have tried to escape (Kipke, et al., 1997; Noell, Rohde, Seeley, & Och, 2001). Their lifestyles and routines expose them to dangerous people and locations and create greater potential for victimization (Tyler, Hoyt, Whitbeck, & Cauce, 2001), especially aggravated and sexual assault (Terrell, 1997).

High levels of domestic violence in the family are significantly associated with runaways being mistreated on the street (Sullivan & Knutson, 2000; Whitbeck et al., 1997). Many researchers have found high rates of victimization among street youth with reports of abuse ranging as high as 81 percent (Baron, 2003). Being the victim of one type of abuse, particularly sexual abuse, increases the likelihood of being the victim of another type of abuse (Craig & Hodson, 1998). These youths endure so many different types of maltreatment it is difficult to establish a clear-cut link between one type of maltreatment and a specific behavior, but most who experience physical and sexual abuse suffer the same problems as those who experience one or the other, only to a greater extent (Baron, 2003).

Street youth often come from violent families. Research suggests that being the victim of violence increases violent behavior on the street because abusive families have trained their children in violent and anti-social behavior (Baron & Hartnagel, 1997, 1998; Cauce, et al., 2000; Paradise et al., 2001). Fleisher (1995) says abuse and rejection lead youth to develop a defensive, fear-based belief that people cannot be trusted and will not help them; this belief system makes youth more willing to use violence and intimidation. Homelessness destroys traditional ties and inhibitions and puts youth in more violence-prone situations (Baron & Hartnagel, 1998; Baron & Kennedy, 1998; Hagan & McCarthy, 1997). Other factors associated with increased violence are poverty, economic deprivation, and a perception of inequality (Baron, 2001; Baron & Hartnagel, 1997, 1998).

A national study comparing shelter and street youth found that throwaways are more likely to engage in risky and self-destructive behavior, e.g., suicide attempts, substance abuse, using needles to inject drugs, and participating in criminal activities (Ringwalt, Greene, & Robertson, 1998). Kids who have or develop intravenous drug habits to support are the most likely to become involved in crime and survival sex (Slavin, 2001).

Health problems are a major issue for homeless youth, and access to health care is also a tremendous barrier. Despite high levels of risk and increased need for health services, the youths' distrust of authority, along with issues of confidentiality, cost, and their status as minors, may dissuade them from accessing medical care. Few have a regular source of primary care and therefore rely on emergency room treatment. Transportation is often a problem, but once they get there, the majority of those under 18 say the major obstacle is being hassled about their ability to consent for care. Many others refuse treatment for fear their parents or social services will be contacted (Ensign & Bell, 2004). In addition, even though a large majority are in or near their hometowns, most are not familiar with local health care resources (Klein, Woods, Wilson, Prospero, Greene, & Ringwalt, 2000).

### **Social Networks**

Contrary to popular beliefs, Bao, Whitbeck, and Hoyt (2000) contend that many homeless youth have strong social supports and some even maintain family ties, particularly if abuse was not involved. Although it is commonly assumed that the social environment of youth living on the street encourages unsafe and criminal activities (Johnson, Aschkenasy, Hervers, & Gillenwater, 1996), the social networks of homeless youths can have both positive and negative impacts on those involved—both creating and minimizing risk. Some studies found that youths often end up with other homeless kids in a surrogate street family formed for the sake of survival and protection against violence (Fleisher, 1995; Hagan & McCarthy, 1997). The downside of this is that when homeless youth band together on the street they may no longer have the opportunity to benefit from positive influences outside their network (Fleisher, 1995).

On the other hand, some findings show that street youth are unlikely to form a close social group, instead spending their time with one or two others and the few close relationships they do have most likely preceded their homelessness (Baron, Kennedy, et al., 2001; Fleisher, 1995). The limited studies done on the social relationships that could enhance or constrain aberrant behavior do not allow a conclusion to be drawn as to whether the youths' behavior is a reflection of the group's influence or the youths' tendency to select friends with similar behaviors as themselves (Ennett, Bailey, & Federman, 1999).

Those without a network of support reported more current illicit drug use, multiple sex partners, and survival sex suggesting there is a protective effect of a network. But, networks where risky behavior is the norm and where there is pressure to engage in this behavior provide at the very least a supportive context for risky behavior. Street youth lean more toward violence

if they have received rewards by their peers for past violence and expect more rewards for future violent behavior (Baron, Kennedy, & Forde, 2001). The threat of punishment for violent behavior has little effect on street youths' violent tendencies; they are swayed far more by peer pressure than legal sanctions (Baron & Kennedy, 1998). Peer support reduces depression but may also increase peer pressure toward deviant behavior. This behavior may then lead to depression that counteracts the beneficial effects of their social support (Bao, Whitbeck, & Hoyt, 2000).

## **Legislation**

Since 1974, the Runaway and Homeless Youth Act (RHYA) has funded the Basic Center Program, the Transitional Living Program, and the Street Outreach Program. The Basic Center Program provides financial assistance to meet immediate needs. The Transitional Living Program supports residential services for 16- to 21-year-olds for up to 18 months. The Street Outreach Program funds private, nonprofit agencies' efforts help runaway and homeless youth transition off the streets (National Alliance to End Homelessness, 2003).

Combating homelessness was primarily a local battle until 1986 when, in response to a nationwide outcry from homeless advocates, the federal government introduced the Homeless Persons' Survival Act. Some portions of that proposed legislation were included when the Homeless Eligibility Clarification Act of 1986 was passed into law. The first act of its kind, this legislation removed barriers to accessing programs such as Supplemental Security Income, Aid to Families with Dependent Children, Food Stamps, and Medicaid (National Coalition for the Homeless, 1999. *The McKinney Act*).

## **Education**

One promising avenue in seeking to decrease the problems associated with homeless youth is through the school system. According to Rafferty (1995), homeless children want to go to school and think their education is very important. It is also a strong predictor of the ability to overcome poverty and become independent; without education, homeless children may never have the opportunity to acquire many critical life skills (Nunez, 1995). Some street kids survive by finding an oasis in the midst of the turmoil, and for some kids that is going to school (Slavin, 2001). Unfortunately, research also shows that up to three quarters of older homeless youths drop out of school (Cauce, et al., 2000). In one study, formerly homeless youth reported that leaving school was a turning point in their lives and that their situations worsened afterward (Lindsey & Williams, 2002).

Homelessness impacts children and youth in a variety of ways that affect their ability to enroll, attend, and succeed in school. Responding to these issues, several important pieces of legislation have been passed related to the education of homeless children and youth. In 1987, Title I of the Homeless Persons' Survival Act was passed as the Urgent Relief for the Homeless Act. It was later renamed the Stewart B. McKinney Homeless Assistance Act (PL 100-87) after the death of its chief Republican sponsor, Representative Stewart B. McKinney. This Act became the first federal legislation designed to comprehensively combat homelessness by covering housing, health, mental health, and substance abuse. Title VII-B of the Act established the Education for Homeless Children and Youth (EHCY) Program that authorized the appropriation of federal funds to states to ensure that children and youth in homeless situations receive a free, appropriate public education and required states to identify and eliminate barriers to the enrollment, attendance, and success of homeless children and youth in school. It also authorized grants to the states to ensure that all homeless children and youth have equal access to the same free, appropriate education provided to other children and youth. The states in turn provide competitive, needs-based grants to their local school districts.

Four amendments to the McKinney Act have expanded the scope and strengthened the provisions of the original legislation (National Coalition for the Homeless, 1999, *The McKinney Act*). The 1990 amendments called the McKinney Homeless Assistance Amendments Act of 1990 (Public Law 101-645) specified in greater detail the obligations of states and local educational agencies in ensuring the access of homeless children and youth to public education. It required states to revise all "laws, regulations, practices, or policies that may act as a barrier to the enrollment, attendance, or success in school of homeless children and youth" [Section 721(2)(B)]. It also required states to make grants to local educational agencies for the purpose of implementing the law. The original McKinney Act focused on removing residency requirements as a barrier to enrollment, but the amendments also concentrated on removing barriers to succeeding in school once children and youth are enrolled.

The 1994 amendments to the Education of Homeless Children and Youth program provided local educational authorities with greater flexibility in the use of funds, specified the rights of homeless preschoolers to a free and appropriate public preschool education, gave parents of homeless children and youth a voice regarding their children's school placement, and required educational authorities to coordinate with housing authorities.

In 2001, a portion of the McKinney Act, the McKinney Education of Homeless Children and Youth Program, was reauthorized as the McKinney-Vento Homeless Education Assistance Improvements Act in the No Child Left Behind Act. One objective of the reauthorization was to make opportunities

for educational access and success of homeless youth more comparable to those who are housed.

Changes in educational legislation have spurred a steady rise in the number of homeless youths enrolled in school—from 52 percent in 1994, to 73 percent in 1997 and 2000, to 84 percent in 2003. Among homeless students, however, only 47 percent had stayed in the same school all year. (Wilder Research, 2005).

## **Interventions**

Most of the existing literature deals with factors that have influenced young people to leave home and on their experiences while homeless. Even though policies and legislation have been established, very little literature exists that empirically examines the success and limitations of these policies. There is also little research testing the outcomes of interventions used with this population.

Trust is a rarity among homeless youth. Their distrust of adults makes it unlikely that they will initiate contact with service providers who could help them. This distrust is often based either on prior experiences in their families or with social service agencies that placed them in foster homes, state hospitals, or detention centers based on the available resources instead of a desire to meet their needs. Many have spent years bouncing from one placement to another and have learned that they must look out for themselves. Since they rarely seek assistance, Pearce (1995) says street outreach programs offering a specific activity (she suggests recreation opportunities) are most effective. Once a relationship is established through that activity, workers may then have an opportunity to refer them to the appropriate social services to enable them to break out of the homeless pattern.

Baron (2003) offers several recommendations for deterring youth homelessness and providing improved services to them once they have become homeless. Some of his recommendations include:

- Programs focused on preventing physical and sexual abuse and domestic violence
- Parental child-rearing and conflict resolution training
- School programs including alternatives to running away
- More workers, safe houses, and drop-in centers to help youth get off the street
- Targeting difficult to reach street youth
- Multidimensional, comprehensive interventions
- Work and training opportunities for youth
- Affordable housing



Researchers have linked family abuse with homeless youth and have identified it as a contributing factor to their high-risk sexual behaviors (Johnson, Aschkenasy, Herbers, & Gillenwater, 1996), so Ringwalt, Greene, and Robertson (1998) advise service providers to expect a range of high-risk behaviors and family problems and to develop comprehensive counseling and treatment programs for substance abuse, mental and physical health issues, and family problems. If the goal is for youth to return home, many of them along with their family members may need intensive counseling. However, due to the high rate of abuse that has occurred in most of their families, it's to be expected that the majority of homeless youth will not successfully return to their homes. For these cases, Greene, Ennett, and Ringwalt (1999) tout independent living programs as being especially useful.

Cauce, et al. (2000) recommend taking into account gender and age when designing intervention programs. With girls who've experienced sexual abuse and depression, they recommend the service provider focus on establishing a trusting and supportive relationship. For boys whose previous physical abuse has led to conduct problems, interventions should be geared toward setting limits and impulse control. Ringwalt, Greene, Robertson, and McPheeters (1998) recommend that future research include questions about frequency, duration, and other details of each type of experience.

Homeless youth have their own unique ways of interacting with each other and with other people in their lives, including service providers (Barry, Ensign, & Lipke, 2002). There is an inconsistency between the priorities of agencies to serve homeless youth and what the youths' perceive as important. For example, studies show that youth are very concerned about health care services, but service providers often do not consider health care as an important element of their program's success. On the other hand, only 12 percent of youth in shelters use clinics and runaway youth programs for routine health care. It is imperative to gain a better understanding of how they view health care and how those views vary by age, gender, and sampling site so that health care interventions can be appropriately planned and evaluated.

Health care targeted to homeless youth rarely addresses all their needs despite the fact that an integrated service model is considered the best approach (Klein, Woods, Wilson, Prospero, Greene, & Ringwalt, 2000). Kurtz, Lindsey, Jarvis, and Nackerud (2000) advise that much more research related to adolescent health is necessary to produce effective interventions for homeless youth. They also maintain that understanding youth perceptions of which interventions are helpful and why is important not only for program planning but also for dealing with individual youths. This information can also be used when conferring with family members and friends of homeless youth to educate them in how to be most helpful. These researchers think it is vitally important to understand why adolescents find value in particular

interventions instead of assuming that what works for adults or younger children will also help youth.

Many homeless youth report missing their families during an illness and some even go back home on a short-term basis when they are sick (Auerswald & Eyre, 2002; Ensign & Bell, 2004). Ensign and Bell (2004) suggest developing programs to shelter and care for homeless youth while they are ill and link them with other services (e.g., substance abuse treatment, life skills classes, etc.) to help them transition out of homelessness. These programs could also help family members who agree to accept the youth back home during the recuperation period.

To better serve high-risk youth, it is not only imperative to link health care services with other programs but also for workers to understand and remove the barriers that cause low levels of utilization (Klein, Woods, Wilson, Prospero, Greene, & Ringwalt, 2000). Suggestions include the tremendous need to educate youth as well as health care providers about young people's rights concerning consent for health care and their right to have an adult available to help them navigate the complicated health care system (Ensign & Bell, 2004).

Ennett, Bailey, and Federman (1999) say their study showing the overall positive effect of youth networks suggests that helping young people form positive relationships with others would link them into a protective network. They also advocate involving an entire existing group in an intervention instead of just focusing on the individual.

Conversely, others caution against structuring research around specific types of groups because homeless groups and subgroups are so short-lived. For instance, they stress that risky behaviors must be examined in the context of daily practices (e.g., where, when, and with whom youth engage in these behaviors). It is important to understand how the different behaviors are linked to other activities and how they all interact to influence the lives of homeless young people. Recognizing, for example, that a youth is very socially engaged would lead a worker to use family and peer connections to steer the youth away from risky behavior. But, youth who are completely disconnected from home-based family and friends may be reached more effectively through an outreach effort conducted in the areas where they spend time (Mallett, Rosenthal, Myers, Milvurn, & Rotheram-Borus, 2003).

Van Wormer (2003) reports that the United States is not the only country to face the problem of youth homelessness. He found interesting the experimental programs that Canada, France, and Britain are using to deal with this issue. Canada's National Homelessness Initiative has expanded federal programs such as employment training for out-of-school youth. France and Britain have created a transitional housing program where youth 16–25 can live and receive job training and independent living skills. Van

Wormer points to a critical need for more transitional housing and emergency shelters for youth in this country. He recommends collaborative efforts between federal and state government similar to Canada's Youth Employment Strategy and National Homelessness Initiative to fill the need for more adequate housing and programming for homeless youth.

Very few outcome assessments have documented the effectiveness of interventions used with youth who sought assistance from shelters or other crisis services. One exception is a study by Thompson, Pollio, Constantine, Reid, and Nebbitt (2002) that assessed short-term (six weeks) outcomes among homeless youth using emergency shelters and crisis services and compared those with similar youth in long-term treatment situations. Of the 10 key outcome variables, there were no significant differences between the two groups. The researchers involved recommended further study to examine outcomes over a longer period of time to discern whether and how long effects continue. They also recommended systematically evaluating outcomes to document the interventions' effectiveness and to provide new directions for service providers.

There are economic factors relevant to assessing the current condition of homelessness in the United States. In addition to the utilization of health care resources, public funds are used to create and maintain government-sponsored youth shelters, street outreach programs, and substance abuse treatment centers. The significant costs associated with these indicate the importance of the issues among policymakers. The weight of the issues warrant a deeper examination of the factors leading to homelessness among adolescents and a more thorough understanding of the creation of relevant laws, the experiences of homeless adolescents, and the existing programs in place to address the needs of this vulnerable population.

## **Summary**

It is very difficult to get a realistic picture of the everyday life of an unaccompanied and homeless youth. The numbers of homeless youth are increasing, but this subgroup of the homeless population remains one of the least understood, most vulnerable, and most difficult to reach. Most are homeless due to issues associated with family problems, economic difficulties, and residential instability. Once on the street, they are doubly victimized as they are exposed to dangers that equal or exceed the home situations they sought to escape.

Their most likely paths to homelessness include running away, being thrown away, or transitioning out of systems care without a stable placement. While many episodes of homelessness may be short in duration or located in relatively protective settings such as shelters other episodes are potentially more serious (e.g., spending the night outside or in an abandoned building, or

going home with a stranger). Living life on the street leaves adolescents very vulnerable to victimization, exploitation, substance abuse, and a multitude of other physical, mental, and emotional problems, many of which overlap.

In the last two decades, federal legislation has been enacted to remove not only educational barriers for these youth but also barriers to accessing financial assistance, medical care, and food. Despite new laws and policies, few attempts have been made to empirically examine their effects on the youth they were intended to assist. Also, far more research has been done to identify the reasons youth become homeless, the extent of the problem, and the perils they are exposed to than how they might best overcome the challenges and successfully transition into stable adults. Therefore, few results are known as to the effectiveness of laws, policies, and interventions aimed at homeless youth.

In addition to the humanitarian aspect of homelessness among young people, there are economic factors to consider. Besides providing physical and mental health care, public funds are also used for shelters and outreach programs. The significant human and financial costs make youth homelessness an important issue and call for a closer look and greater understanding of its causes and possible solutions.

## Bibliography

- Auerswald, C. L., & Eyre, S. L. (2002). Youth homelessness in San Francisco: A life cycle approach. *Social Science & Medicine*, 54, 1497–1512.
- Bao, W., Whitbeck, L., & Hyot, D. (2000). Abuse, support, and depression among homeless and runaway adolescents. *Journal of Health and Social Behavior*, 41, 408–420.
- Baron, S. (1997b). Risky lifestyles and the link between offending and victimization. *Studies on Crime and Crime Prevention*, 6, 53–72.
- Baron, S. (2003). Street youth violence and victimization. *Trauma, Violence, & Abuse*, 4(1), 22–44.
- Baron, S., & Hartnagel, T. (1997). Attributions, affect and crime: Street youths' reactions to unemployment. *Criminology*, 35, 409–434.
- Baron, S., & Hartnagel, T. (1998). Street youth and criminal violence. *Journal of Research in Crime and Delinquency*, 35, 66–192.
- Baron, S., & Kennedy, L. (1998). Deterring crime among street kids: An empirical test. *Canadian Journal of Criminology*, 40, 27–60.
- Baron, S., Kennedy, L., & Forde, D. (2001). Male street youths' conflict: The role of background subcultural and situational factors. *Justice Quarterly*, 18, 759–789.
- Barry P., Ensign J., & Lipke S. (2002). Embracing street culture: Fitting health care into the lives of street youth. *Journal of Transcultural Nursing*, 13(2), 145–152.
- Bass, D. (1995). Runaways and homeless youths. *Encyclopedia of social work* (19<sup>th</sup> ed.). Washington, DC: NASW Press.
- Berliner, B. (2002). Helping homeless students keep up. *Education Digest*, 68(1), 49–52.
- Biehal, N., & Wade, J. (2002). Going missing from residential and foster care: Linking biographies and contexts. *British Journal of Social Work*, 30, 211–225.
- Biggar, H. (2001). Homeless children and education: An evaluation of the Stewart B. McKinney Homeless Assistance Act. *Child and Youth Services Review*, 23(12), 941–969.

- Booth, R., Zhangb, Y., & Kwiatkowski, C. (1999, December). The challenge of changing drug and sex risk behaviors of runaway and homeless adolescents. *Child Abuse and Neglect*, 23(12), 1295–1306.
- Brooks, R., Milburn, N., Rotheram-Borus, M., & Witkin, A. (2004). The system-of-care for homeless youth: Perceptions of service providers. *Evaluation and Program Planning*, 27(4), 443–451.
- Casey Family Programs. (2005, March 14). *Improving family foster care: Findings from the Northwest Foster Care Alumni Study*. Retrieved April 11, 2005, from [http://www.casey.org/NR/rdonlyres/4E1E7C77-7624-4260-A253-892C5A6CB9E1/300/nw\\_alumni\\_study\\_full\\_apr2005.pdf](http://www.casey.org/NR/rdonlyres/4E1E7C77-7624-4260-A253-892C5A6CB9E1/300/nw_alumni_study_full_apr2005.pdf).
- Cauce, A., Paradise, M., Ginzler, J., Embry, L., Morgan, C., Lohr, Y., et al. (2000). The characteristics of mental health of homeless adolescents: Age and gender differences. *Journal of Emotional and Behavioral Disorders*, 8(4), 230–239.
- Chicago Coalition for the Homeless. (2001, September 30). *Youth on the streets and on their own: Youth homelessness in Illinois*. Retrieved May 20, 2005, from [http://www.usmayors.org/uscm/us\\_mayor\\_newspaper/documents/01\\_13\\_03/hunger.asp](http://www.usmayors.org/uscm/us_mayor_newspaper/documents/01_13_03/hunger.asp).
- Courtney, M., Skyles, A., Miranda, G., Zinn, A., Howard, E., & George, R. (2005). *Youth who run away from substitute care*. Chicago, IL: Chapin Hall Center for Children. Retrieved March 18, 2005, from [http://www.chapinhall.org/PDFDownload\\_new.asp?tk=1080764&ar=1384&L2=61&L3=130](http://www.chapinhall.org/PDFDownload_new.asp?tk=1080764&ar=1384&L2=61&L3=130).
- Craig, T., & Hodson, S. (1998). Homeless youth in London: Childhood antecedents and psychiatric disorder. *Psychological Medicine*, 28, 1379–1388.
- Dalton, M., & Pakenham, K. (2002). Adjustment of homeless adolescents to a crisis shelter: Application of a stress and coping model. *Journal of Youth and Adolescence*, 31(1), 79–89.
- English, A. (1995). Guidelines for adolescent health research: Legal perspectives. *Journal of Adolescent Health*, 17, 277–286.
- Ennett, S., Bailey, S., & Federman, E. (1999). Social network characteristics associated with risky behaviors among runaway and homeless youth. *Journal of Health and Social Behavior*, 40(1), 63–78.

- Ensign, J. (2003). Ethical issues of qualitative research with homeless youth. *Journal of Advanced Nursing*, 43(1), 43–50.
- Ensign, J., & Bell, M. (2004). Illness experiences of homeless youth. *Qualitative Health Research*, 14(9), 1239–1254.
- Ensign, J., & Gittelsohn, J. (1998, December). Health and access to care: Perspectives of homeless youth in Baltimore City, USA. *Social Science and Medicine*, 47(12), 2087–2099.
- Eugene, N. (1997, March). Street life: Aggravated and sexual assaults among homeless and runaway adolescents. *Youth & Society*, 28(3), 267–290.
- Fleisher, M. (1995). *Beggars and Thieves*. Madison: University of Wisconsin Press.
- Greene, J., Ennett, S., & Ringwalt, C. (1999). Prevalence and correlates of survival sex among runaway and homeless youth. *American Journal of Public Health*, 89(9), 1406–1409.
- Greene, J., Ringwalt, C., & Iachan, R. (1997). Shelters for runaway and homeless youths: Capacity and occupancy. *Child Welfare*, 76, 549–561.
- Greene, J., Ringwalt, C., Kelly, J., Iachan, R., & Cohen, Z. (1995). *Youth with runaway, throwaway, and homeless experiences: Prevalence, drug use, and other at-risk behaviors (Volumes 1 and 2, final report under contract no. 105-90-1703)*. Research Triangle Park, NC: Administration for Children & Families, Research Triangle Institute.
- Hagan, J., & McCarthy, B. (1997). *Mean streets: Youth crime and homelessness*. Cambridge, MA: Cambridge University Press.
- Halcon, L., & Lifson, A. (2004). Prevalence and predictors of sexual risks among homeless youth. *Journal of youth and adolescence*, 33(1) 71–80.
- Hammer, H., Finkelhor, D., & Sedlak, A. (2002). Runaway/throwaway children: National estimates and characteristics. *National Incidence Studies of Missing, Abducted, Runaway and Throwaway Children* (NISMART Bulletin Series). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. Retrieved January 12, 2005, from [www.ncjrs.org/pdffiles1/ojjdp/196469.pdf](http://www.ncjrs.org/pdffiles1/ojjdp/196469.pdf).
- Homes for the Homeless. (1997, April). *Homelessness: The foster care connection*. New York, NY: Author.

- Johnson, T., Aschkenasy, J., Herbers, M., & Gillenwater, S. (1996). Self-reported risk factors for AIDS among homeless youth. *AIDS Education and Prevention, 8*, 302–322.
- Kidd, S., & Scrimenti, K. (2004). Evaluating child and youth homelessness. *Evaluation Review, 28*(4), 325–341.
- Kipke, M., Montgomery, S., Simon, T., Unger, J., & Johnson, T. (1997). Homeless youth: Drug use patterns and HIV risk profiles according to peer affiliation. *AIDS and Behavior, 1*(4), 247–259.
- Kipke, M., Palmer, R., LaFrance, S., & O’Conner, S. (1997). Homeless youths’ descriptions of their parents’ child-rearing practices. *Youth & Society, 28*(4), 415–432.
- Klein, J., Woods, A., Wilson, K., Prospero, M., Greene, J., & Ringwalt, C. (2000). Homeless and runaway youth’s access to health care. *Journal of Adolescent Health, 27*, 331–339.
- Kurtz, D., Lindsey, E., Jarvis, S., & Nackerud, L. (2000). How runaway and homeless youth navigate troubled waters: The role of formal and informal helpers. *Child and Adolescent Social Work, 17*(5), 381–402.
- Lindsey, E., Kurtz, D., Jarvis, S., & Williams, N. (2000). How runaway and homeless youth navigate troubled waters: Personal strengths and resources. *Child and Adolescent Social Work, 17*(2), 115–139.
- Lindsey, E., & Williams, N. (2002). How runaway and homeless youth survive adversity: Implications for school social workers and educators. *School Social Work Journal, 27*(1), 1–21.
- Link, B., Phelan, J., Breshahan, M., Stueve, A., Moore, R., & Susser, E. (1995). Lifetime and five-year prevalence of homelessness in the United States: New evidence on an old debate. *American Journal of Orthopsychiatry, 65*, 347–354.
- MacLean, M., Embry, L., & Cauce, A. (1999). Homeless adolescents’ paths to separation from family: Comparison of family characteristics, psychological adjustment, and victimization. *Journal of Community Psychology, 27*(2), 179–187.
- Mallett, S., Rosenthal, D., Myers, P., Milvurn, N., & Rotheram-Borus, M. (2003). Practising homelessness: A typology approach to young people’s daily routines. *Journal of Adolescence, 27*, 337–349.
- Markward, M., & Biros, E. (2001). McKinney revisited: Implications for school social work. *Children and Schools, 23*(3), 182–188.



- McKinney-Vento Homeless Assistance Act 42 U.S.C. 11301 Sec.101.
- Missing, Exploited, and Runaway Children Protection Act, P.L. 106- 71, Section 387, 2000.
- Moon, M., Binson, D., Page-Shafter, K., & Diaz, R. (2001). Correlates of HIV risk in a random sample of street youths in San Francisco. *Journal of the Association of Nurses in AIDS Care*, 12(6), 18–27.
- National Alliance to End Homelessness. (2003). *Runaway and Homeless Youth Act*. Retrieved November 15, 2004, from <http://www.endhomelessness.org/pol/rhya.html>.
- National Alliance to End Homelessness. (2005). *Addressing homeless youth is a part of ending homelessness: Chicago sets an example*. Retrieved March 29, 2005, from <http://www.endhomelessness.org/pol/papers/youthplanning.pdf>.
- National Association of Social Workers. (1992). *Helping vulnerable youth: Runaway and homeless adolescents in the United States*. Washington, DC: Author.
- National Center on Family Homelessness. (1999). *America's homeless children*. Newton, MA: Author.
- National Coalition for the Homeless. (1999, April). *Homeless youth*. (NCH Fact Sheet #11). Washington, DC: Author.
- National Coalition for the Homeless. (1999, April). *The McKinney Act*. (NCH Fact Sheet #18). Washington, DC: Author.
- National Coalition for the Homeless. (2002, September). *How may people experience homelessness?* (NCH Fact Sheet #2). Washington, DC: Author.
- National Law Center on Homelessness and Poverty. (2004, May). *Legal tools to end youth homelessness*. Washington, DC: Author.
- National Law Center on Homelessness and Poverty. (2004, July). *Key data concerning homeless persons in America*. Washington, DC: Author.
- National Network for Youth. (2003, March). *How many young people run away from home each year?* Retrieved February 21, 2005, from <http://www.acf.dhhs.gov/programs/fysb/YP-runaway.htm>.

- National Runaway Switchboard. *News and research*. Retrieved March 4, 2005, from <http://www.nrscrisisline.org/news.asp>.
- National Runaway Switchboard. *Running away*. Retrieved February 28, 2005, from <http://www.menstuff.org/issues/byissue/runaways.html>.
- National Runaway Switchboard. (2001). *Runaway prevention curriculum*. Retrieved March 29, 2005, from <http://www.nrscrisisline.org/teacherguide1.pdf>.
- Noell, J., Rohde, P., Seeley, J., & Och, L. (2001). Maltreatment among runaway and homeless youth. *Child Abuse and Neglect, 25*(1), 137–148.
- Nunez, R. (1995). *An American family myth: Every child at risk*. New York: Homes for the Homeless.
- Paradise, M., Cauce, A., Ginzler, J., Wert, S. Wruck, K., & Brooker, M. (2001). The role of relationships in developmental trajectories of homeless and runaway youth. In B. Sarason & S. Duck (Eds.), *Personal relationships: Implications for clinical and community psychology* (pp. 159–179). New York: John Wiley.
- Pearce, K. (1995). Street kids need us too: Special characteristics of homeless youth. *Parks & Recreation, 30*(12), 16.
- Pears, J., & Noller, P. (1995). Youth homelessness: Abuse, gender, and the life on the streets. *Australian Journal of Social Issues, 30*(4), 405–424.
- Popp, P., Hindman, J., & Stronge, J. (2004). *Local homeless education liaison toolkit*. Greensboro, NC: National Center for Homeless Education at SERVE.
- Powers, J., Eckenrode, J., & Jaklitsch, B. (1990). Maltreatment among runaway and homeless youth. *Child Abuse and Neglect, 14*(1), 87–98.
- Raleigh-DuRoff, C. (2004). Factors that influence adolescents to leave or stay living on the street. *Child and Adolescent Social Work Journal, 21*(6), 561–572.
- Resnick, M., Bearman, P., Blum, R., Bauman, K., Harris, K., Jones, J., et al. (1997). Protecting adolescents from harm: Findings from the national longitudinal study on adolescent health. *Journal of the American Medical Association, 278*, 823–832.
- Rew, L. (1996). Health risks of homeless adolescents. *Journal of Holistic Nursing, 14*(4), 348–359.

- Rew, L., & Horner, S. (2003). Personal strengths of homeless adolescents living in a high-risk environment. *Advances in Nursing Science*, 26(2), 90–101.
- Rew, L., Taylor-Seehafer, M., & Thomas, N. (2000). Without parental consent: Conducting research with homeless adolescents. *Journal of the Society of Pediatric Nurses*, 5(3), 131–138.
- Rew, L., Taylor-Seehafer, M., Thomas, N., & Yockey, R. (2001). Correlates of resilience in homeless adolescents. *Journal of Nursing Scholarship*, 33(1), 33–40.
- Ringwalt, C., Greene, J., & Robertson, M. (1998). Familial backgrounds and risk behaviors of youth with throwaway experiences. *Journal of Adolescence*, 21, 241–252.
- Ringwalt, C., Greene, J., Robertson, M., & McPheeters, M. (1998). The prevalence of homelessness among adolescents in the United States. *American Journal of Public Health*, 88(9), 1325–1329.
- Robertson, M., & Toro, P. (1998). Homeless youth: Research, intervention, and policy. In L. Fosburg & D. Dennis (Eds.), *Practical lessons: The 1998 National Symposium on Homelessness Research*. Washington, DC: U.S. Department of Housing and Urban Development, U.S. Department of Health and Human Services.
- Rohde, P., Noell, J., Ochs, L., & Seeley, J. (2001). Depression, suicidal ideation and STD-related risk in homeless older adolescents. *Journal of Adolescence*, 24, 447–460.
- Roman, P., & Wolfe, P. (1997). The relationship between foster care and homelessness. *American Public Welfare Association*, Winter, 4-10.
- Rotheram-Borus, M. (1991). Serving runaway and homeless youths. *Family and Community Health*, 14(3), 23–32.
- Rotheram-Borus, M., Mahler, K., Koopman, C., & Langabeer, K. (1996). Sexual abuse history and associated multiple risk behavior in adolescent runaways. *American Journal of Orthopsychiatry*, 66, 390–400.
- Rotheram-Borus, M., Parra, M. Cantwell, C., Gwadz, M., & Murphy, D. (1996). Runaway and homeless youths. In R. J. DiClemente, W. B. Hansen, & L. E. Ponton (Eds.), *Handbook of adolescent health risk behavior* (pp. 369–391). New York: Plenum.

- Russell, L. (1998). *Child maltreatment and psychological distress among urban homeless youth*. New York: Garland.
- Ryan, K., Kilmer, R., Cauce, A., Watanabe, H., & Hoyt, D. (2000). Psychological consequences of child maltreatment in homeless adolescents: Untangling the unique effects of maltreatment and family environment. *Child Abuse and Neglect, 24*, 333–352.
- Shinn, M., & Weitzman, B. C. (1996). Homeless families are different. In J. Baumohl (Ed.), *Homelessness in America* (pp.109–112). Phoenix, AZ: Oryx Press.
- Slavin, P. (2001). Life on the run, life on the streets. *Children's Voice Magazine*. Retrieved February 11, 2005, from <http://library.adoption.com/print.php?articleid=3950>.
- Slesnick, N., Meyers, R., Meade, M., & Segelken, D. (2000). Bleak and hopeless no more: Engagement of reluctant substance-abusing runaway youth and their families. *Journal of Substance Abuse Treatment, 19*, 215–222.
- Smollar, J. (1999). Homeless youth in the United States: Description and development issues. *New Directions for Child and Adolescent Development, 85*, 47–58.
- Staller, K. (2004, July-September). Runaway youth system dynamics: A theoretical framework for analyzing runaway and homeless youth policy. *Families in Society, 85*(3), 379–390.
- Stanford, S., Sandrod, J., Helvie, C., Royal-Stanford, C., & McLaughlin, S. (1999). Attention deficit hyperactivity disorder among the homeless. Paper presented at the A.P.H.A. Conference, Chicago.
- Stronge, J., & Hudson, K. (1999). Educating homeless children and youth with dignity and care. *Journal for a Just & Caring Education, 5*(1), 7–18.
- Sullivan, P., & Knutson, J. (2000). The prevalence of disabilities and maltreatment among runaway children. *Child Abuse & Neglect, 24*(10), 1275–1288.
- Taylor, D., Lydon, J., Bougie, E., & Johannsen, K. (2004). “Street kids”: Toward an understanding of their motivational context. *Canadian Journal of Behavioural Science, 36*(1), 1–16.
- Terrell, N. (1997). Street life aggravated and sexual assaults among homeless and runaway adolescents. *Youth and Society, 28*(3), 267–291.

- Thompson, S., Pollio, D., Constantine, J., Reid, D., & Nebbitt, V. (2002). Short-term outcomes for youth receiving runaway and homeless shelter services. *Research on Social Work Practice, 12*(5), 589–603.
- Tyler, K., Hoyt, D., Whitbeck, L., & Cauce, A. (2001). The effects of high-risk environment on sexual victimization of homeless and runaway youth. *Violence and Victims, 16*, 441–455.
- United States Conference of Mayors. (2003, January 13). *Hunger, homelessness on the rise in major U.S. cities: Mayors' 25-city survey finds high housing costs, weak economy increase need*. Retrieved March 28, 2005, from [http://www.usmayors.org/uscm/us\\_mayor\\_newspaper/documents/01\\_13\\_03/hunger.asp](http://www.usmayors.org/uscm/us_mayor_newspaper/documents/01_13_03/hunger.asp).
- van Wormer, R. (2003). Homeless youth seeking assistance: A research-based study from Duluth, Minnesota. *Child & Youth Forum, 32*(2), 89–103.
- Westat. (1997). National Evaluation of Runaway and Homeless Youth. Washington, DC: U.S. Department of Health and Human Services (HHS), Administration on Children, Youth, and Families (ACYF); Caliper Associates. (1997). Analysis and Interpretation of New Information Concerning Runaway and Homeless Youth. Washington, DC: HHS, ACYF.
- Wilder Research Center. (2001, September). *Homeless youth in Minnesota: Statewide survey of people without permanent shelter*. Retrieved April 4, 2005, from <http://www.wilder.org/research/reports/pdf/homelessyouth9-01.pdf>.
- Wilder Research Center. (2005, February). *Homeless youth in Minnesota: 2003 statewide survey of people without shelter*. St. Paul, MN: Author.
- Wolfe, S., Toro, P., & McCaskill, P. (1999). A comparison of homeless and matched housed adolescents on family environment variables. *Journal of Research on Adolescence, 9*(1), 53–66.
- Wright, B., Caspi, A., Moffitt, T., & Silva, P. (1998). Factors associated with doubled-up housing – A common precursor to homelessness. *Social Service Review, 72*(1), 92–111.



The National Center for Homeless Education (NCHE) is a national resource center of research and information enabling communities to successfully address the needs of children and their families who are experiencing homelessness and unaccompanied youth in homeless situations. Funded by the U.S. Department of Education, NCHE provides services to improve educational opportunities and outcomes for homeless children and youth in our nation's school communities. NCHE is housed at SERVE, a consortium of education organizations associated with the School of Education at the University of North Carolina at Greensboro.

The goals of NCHE are the following:

- Disseminate important resource and referral information related to the complex issues surrounding the education of children and youth experiencing homelessness.
- Provide rapid-response referral information.
- Foster collaboration among various organizations with interests in addressing the needs of children and youth experiencing homelessness.
- Synthesize and apply existing research and guide the research agenda to expand the knowledge base on the education of homeless children and families and unaccompanied youth.

Website: [www.serve.org/nche](http://www.serve.org/nche)

HelpLine: 800-308-2145

Contact: Diana Bowman, Director  
NCHE at SERVE  
P.O. Box 5367  
Greensboro, NC 27435

Phone: 336-315-7453 or 800-755-3277

Email: [dbowman@serve.org](mailto:dbowman@serve.org) or [homeless@serve.org](mailto:homeless@serve.org)

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