

Housing and Parental Care Instability

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Cumulative Adversity Profiles Among Youth Experiencing Housing and Parental Care Instability

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Housing and Parental Care Instability

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Housing and Parental Care Instability

Abstract

This study applies cumulative adversity and stress proliferation theories to examine risk and protective resource profiles of youth with three different levels of housing and parental care instability. Data derive from a state representative sample (n=27,087) of school-based adolescent students. ANCOVA analyses identified significant differences in sociodemographic and psychosocial functioning variables for youth with 0, 1, or 2 forms of housing and parental care instability, with more deleterious functioning being observed among youth with greater levels of instability. Those experiencing either or both housing and parental care instability are more represented by males, sexual minorities, and youth of color; psychosocial risk and protective factors demonstrated consistent differences between instability groups. Dimensions of cumulative adversity operate with social marginalities (e.g., race, sexual minority status) relative to instability, with higher frequency of victimization, lower grades, diminished self-regulation capabilities and school engagement, weakened psychological health, and strained family and peer relationships. The paper discusses theorized mechanisms through which cumulative adversity conveys effects as well as implications for social work prevention and resilience-fostering strategies in schools and other youth-serving settings.

Keywords:

homeless youth, cumulative adversity, instability, housing insecurity, victimization, adolescent development

Highlights:

- Youth instability in either housing or parental care is a growing concern in the U.S. and poses serious developmental risk.
- LGBT youth and youth of color experience housing and parental care instability at higher rates.
- Youth experiencing greater instability are distinguished by significantly poorer psychosocial and health functioning.
- Youth experiencing greater instability report poorer academic performance and less prosocial involvement and reinforcement opportunities.

Housing and Parental Care Instability

Cumulative Adversity Profiles Among Youth Experiencing Housing and Parental Care Instability

Experiencing instability during childhood can have far-reaching negative effects on health and well-being. Childhood instability inhibits healthy development and learning and undermines adaptive capacities. Youth need safety and stability in multiple domains, such as housing, secure relationships with parental caregivers, safe and supportive learning environments, and adequate nutrition. This study tests, within a state representative sample, for differences across youth with varying levels of housing and parental care instability relative to three domains of risk and protective factors key to psychosocial health and functioning. Childhood instability refers to experiencing substantial negatively-directed changes in individual or familial circumstances (Sandstrom & Huerta, 2013). It can be influenced by statuses of social inequality and experiences of atypical adversity or maltreatment that rarely occur as isolated events. Instability in childhood can precipitate a “domino effect,” in which instability in one sphere creates or heightens instability in other domains (Evans, Li, & Whipple, 2013). High levels of instability can overwhelm coping, as ongoing stress from instabilities and adverse life experiences build up. (Cutigli, Montgomery, Evan-Chase, & Culhane, 2013; Oppenheimer, Nurius, & Green, 2016). Exposure to one stressor often leads to secondary stressors (Pearlin, 2010). Instabilities experienced during key developmental stages in life such as childhood and adolescence can result in a chain of negative experiences and responses that are additive in nature (Slopen, Koenen, & Kubzansky, 2014). These cumulative impacts, both cross-sectionally and over time, can constrict young people’s potential to achieve healthy developmental outcomes, form strong adaptive capabilities, and experience healthy social relationships (Aneshensel, 2009; Thoits, 2010).

Housing and Parental Care Instability

A cumulative adversity framework offers a theoretical foundation for examining the impact of instability, describing the augmented negativity of the combination of instabilities, traumas, and social marginalities that shape developmental contexts. Cumulative adversity theories have been examined within cross-sectional snapshots of youth (e.g., Nurius, Prince, & Rocha, 2015), within cross-sectional assessments of adults (e.g., O’Rand & Hamil-Luker, 2005; Nurius, Green, Logan-Greene, & Borja, 2015), and within longitudinal data (Seery, Holman, & Silver, 2010). Cumulative adversity scholarship underscores the importance of early interventions to reduce adversity exposure and strengthen protective resources. Stability plays a crucial role as a developmental antecedent to long-term socioeconomic and social well-being (Hatch, 2005). Among the most fundamental needs for youth are housing stability and secure, nurturing relationships with parental caregivers.

Housing and Parental Care Instability Among Youth

According to the National Center for Homeless Education (2016), during the 2015-16 academic year, there were 1,304,803 homeless students enrolled in K-12 public schools in the United States (National Center for Homeless Education, 2016). Many U.S. children are being raised by adults other than their parents or are living without adult supervision. Nationally, about 2.8 million children (approximately 4%) are not living with their parents (Child Stats, 2017). Of these children, over three-quarters live with grandparents or other relatives. Less than a quarter live with nonrelatives (Child Stats, 2017). Morton and colleagues (2018) found that roughly 4% of U.S. households with a 13- to 17-year-old had a youth experiencing housing instability—including both explicit homelessness and ‘couch surfing’ without stable parental care (Morton, Dworsky, Matjasko, Curry, Schlueterd, Chávez, & Farrell, 2018). Housing instability can include

Housing and Parental Care Instability

doubling-up or couch surfing in addition to more visible homelessness such as living in cars, shelters, and on the street, either alone or with family.

Developmental Health and Psychosocial Functioning

Instability in housing and parental care is often associated with worsening psychological, social and behavioral health (Labella, Narayan, McCormick, Desjardins, & Masten, 2017). Youth experiencing either of these forms of instability have higher rates of suicidality and poorer mental health than their same-age peers (Rice & Tan, 2017). Barnes, Gilbertson, and Chatterjee (2018) surveyed over 60,000 U.S. 8th through 12th graders and found that 4% in their sample reported experiencing housing instability. Roughly 30% of these youth reported self-harming behaviors. About 20% reported suicidal ideation. A little over 9% reported suicide attempts in the previous year (Barnes et al., 2018). The Department of Health and Human Services (DHHS), Family and Youth Services Bureau (2014) reported that over 60% of housing-unstable youth reported depression. Over 70% reported being victims of physical or sexual abuse. Almost 80% experienced post-traumatic stress disorder symptoms (Family and Youth Services Bureau, 2014). A recent study of school-attending homeless students found higher rates of depression, suicidal ideation, victimization, and feeling unsafe in school than their housing-stable peers (Moore, Benbenishty, Astor, & Rice, 2018). Loss of or low levels of consistent parental care are associated with impairments in health, greater behavioral risk, and vulnerability for psychopathology (Engert, Efanoy, Dedovic, Dagher, & Pruessner, 2011; Maughan & McCarthy, 1997; Tyrka, Wier, Price, Ross, Anderson, Wilkinson, & Carpenter, 2008). Engert et al.'s (2011) study found that participants with low levels of parental care during childhood or adolescence reported higher rates of depression, anxiety and low self-esteem. These participants perceived normal, everyday hassles as stressful. The majority of adults in Tyrka et al.'s (2008) study who

Housing and Parental Care Instability

reported low levels of parental care during childhood or adolescence experienced high levels of “compound stressors” such as poverty and childhood maltreatment. These compound stressors exacerbate the risk of psychosocial problems later in life. These findings emphasize the additive nature of multiple instabilities and demonstrate their antithesis to healthy long-term development and well-being.

The diversity and frequency of U.S. youths’ experiences of instability in housing and parental care, and its myriad adverse effects, heightens the importance of examining how these particularly impactful forms of instability are experienced as adversities which build up for youth to create cumulative disadvantage. In addition to diminished health and psychosocial functioning, these instabilities present significant risks to the school experience, such as diminished involvement, commitment, and performance (Howland, Chen, Chen, & Min, 2017).

The Present Study

This study focuses on housing and parental care instability as key developmental experiences of adversity. The study assesses differences across adolescents in three domains of psychosocial performance (individual, family, and school) as a function of the cumulative level or “dose” of exposure to these adversities (none, one, both forms). These domains include multiple forms of adversity as well as protective resources that help establish profiles of the social ecology of youth at risk. We consider the importance of housing and parental care instability as portals to identifying disadvantages and vulnerabilities in navigating various aspects of the social environments of young people. We hypothesize that higher levels of instability experiences will be associated with more frequent experiences of other forms of adversity such as food and sleep insufficiency and multiple forms of victimization, which add to their cumulative adversity burden. We also anticipate that greater instability will be associated

Housing and Parental Care Instability

with lower levels of protective resources such as family and school support and opportunities, reducing the likelihood of needed stress buffering and resiliency. Finally, we anticipate that demographic characterization of youth with greater instability exposure will reflect further marginalizing statuses, such as racial/ethnic minority youth and those who do not identify as heterosexual.

Method

Sample

In this state-representative cross-sectional study, we analyzed data collected from 8th, 10th, and 12th grade students via the 2016 Washington State Healthy Youth Survey (HYS). The HYS is based primarily on two national surveys: The Monitoring the Future Survey (Monitoring the Future, 2019) and the Youth Risk and Behavior Survey (Centers for Disease Control and Prevention, 2019). Additionally, some survey items incorporate measures developed by the Communities that Care survey and the Youth Tobacco Survey (Washington State Department of Health, 2018). HYS uses a clustered sampling design to randomly select schools and invites all students in participating schools to complete the survey. The HYS is segmented into subsets, of which we accessed Forms A and B ($n = 27,087$) that contained the variables of interest. These forms were interleaved in each classroom, resulting in half of the students completing Form A, and half completing Form B. Students were notified that the survey would secure the anonymity of their answers, and parents of the students were also informed that they could elect not to have their children participate in the survey. School participation rates among eighth, tenth, and twelfth graders ranged from 81%-90%.

Housing and Parental Care Instability

Instability Group Measures

Housing stability was based on the question “Where did you live most of the time in the last 30 days?” with responses including: in a house or apartment their family rents or owns, somebody else’s house or apartment with another family, a group home, a shelter, a car, park or campground, on the street, moved from place to place, and other. Responses were dichotomized, with all responses other than living in one’s family home indicating unstable housing.

Parental care was based on the question “Who did you live with most of the time in the last 30 days?” with possible responses including: Parent(s) and/or step-parent(s), Relatives – like a grandparent, an aunt, an older brother – but not your parents, Foster care parent(s), An adult friend(s) of your family, Friends of yours with no adults present, On your own,” and Other. Responses were dichotomized such that respondents indicating that they were living with anyone other than parents or step-parents were included as not living under parental care.

Consistent with the additive strain of cumulative adversity, these two dichotomized variables were combined to form three housing and parental care instability groups indicating having neither form of instability, one form, or both forms. Initial analyses found very little variation in either demographics or outcomes between individuals with housing instability only or parental care instability only. Thus, these two groups were merged to indicate having a single form of instability.

“Neither” instability youth (n=23,756, 91%) reported both housing and parental care stability. “Single” instability youth (n=1,588, 6%) reported one or the other form. “Both” instability youth (n=764, 3%) reported experiencing both housing instability and parental care instability within the past month. The three housing and parental care groups were comparable in both questionnaire forms A and B, and no significant differences were observed between form

Housing and Parental Care Instability

types in terms of demographics. Over ninety percent (91.8%) of students reported that they were stably housed, and nearly ninety percent (89.9%) of students reported stable parental care within the past 30 days.

Individual Domain Outcome Measures

Low self-regulation is a mean-based scale (R=0-3, M=.70, SD=.52) of four items ($\alpha=.70$) measuring respondents' level of agreement (“Strongly agree”=0 to “Strongly disagree”=3) with four statements reflecting the ability to regulate their behavior in emotionally challenging circumstances (e.g., finding ways to solve problems, thinking about possible consequences when making decisions, and understanding of how other people feel and think).

Poor quality of life is a mean-based scale (R=0-10, M=2.73, SD=2.24) of five items ($\alpha=.80$) from the Youth Quality of Life Instrument-Surveillance Version (Richardson, Bensley, & Hawkins, 2013). Respondents rated on a scale of zero (“not at all true”) to 10 (“completely true”) their agreement with five statements regarding optimism for the future, satisfaction with self and life, getting along with parents/guardians and not feeling alone. This Quality of Life Scale was then reverse coded so that higher values reflect poorer quality of life.

A mental health index (R=0-6, M=1.85, SD=1.73) was composed of the sums of six dichotomized (no/yes = 0/1) items divided into two subindices: internalizing symptoms and suicide, which each contained three items. *The internalizing symptoms index* assessed whether respondents [in the past 12 months]: ever felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, were bothered by feeling nervous, anxious, or on edge, or were not being able to stop or control worrying. These values were then summed (R=0-3, M=1.41, SD=1.15). *The suicide index* is based on summed responses to dichotomized queries of whether [in the past 12 months] the student ever seriously considered

Housing and Parental Care Instability

attempting suicide, made a plan for attempting suicide, or did actually attempt suicide (R=0-3, M=0.43, SD=.87).

The cumulative victimization index (R=0-11, 1.68, SD=1.89) was created from eleven items related to experiences of victimization and was composed as three subindices: maltreatment, peer victimization, and dating violence. All items were dichotomized (no/yes=0/1) to indicate any experience with each event and then summed to create the overall index and each subindex. *The maltreatment index* (R=0-4, M=0.93, SD=1.09) was created with four items: (1) whether they had seen an adult physically hurt another adult more than one time (not counting TV, movies, games, etc.); (2) had been intentionally hurt by an adult (pushed, slapped, hit, kicked, punched), had resultant marks, bruises or other injury; (3) had a parent or adult in their home swear at, insult, or humiliate them; or (4) had been in a situation where someone made them engage in kissing, sexual touch or intercourse they did not want. *The peer victimization index* (R=0-5, M=0.64, SD=.99) includes five items measuring experiences over the past 30 days: (1) whether they did not go to school because they felt unsafe there or en route, and two forms of being bullied, harassed, or intimidated at school or en route on the basis of: (2) race, ethnicity, or national origin; (3) sexual orientation; and (4) being cyber bullied. *The dating violence index* (R=0-2, M=.12, SD=.40) was created from responses to two dichotomized (no/yes=0/1) questions whether in the past 12 months, someone they were dating or going out with limited their activities, threaten or otherwise made them feel unsafe and whether they were physically hurt (hit, slammed, injured with object or weapon) on purpose by someone they were dating or going out with. Respondents who were not dating in the last 12 months were included as “no” responses.

Housing and Parental Care Instability

Sleep sufficiency (R=5-9, M=6.85, SD=1.19) assessed the average hours of sleep respondents reported getting each school night. The score represents the average number of hours reported: “5 hours or less”; “about 6 hours”; “about 7 hours”; “about 8 hours”; or, “9 hours or more.”

Food insufficiency (R=0-3, M=.30, SD=.78) was assessed by how often in the last year students had skipped meals or cut meal size because there was not enough money for food: 0 (never skipped or cut the size of meals), 1 (in 1 or 2 months), 2 (some months but not every month), or 3 (almost every month).

Family Domain Outcome Measures

Two family-domain scales examined were originally created for the Communities That Care Youth Survey (CTC-YS) (Arthur, Hawkins, Pollard, Catalano, & Baglioni, Jr., 2002; Richardson et al., 2013).

Family management (R=0-3, α =.85; M=2.21, SD=.58) is a mean-based scale formed by respondents' level of agreement (NO!=0, no=1, yes=2, and YES!=3) with eight statements and questions relating to parental supervision and rules in the home, such as “The rules in my family are clear” and “Would your parents know if you did not come home on time?” Higher values reflect better family management.

Family opportunities for prosocial involvement is a mean-based scale (R=0-3, α =.78, M=1.95, SD=.75) formed by the average of three items reflecting their parental relationship: parents give them chances to do fun things with them, ask what they think before most family decisions affecting them are made, and, they could ask a parent for help with a personal problem. Response options for all items included: NO!=0, no=1, yes=2, and YES!=3. Higher values reflect more family opportunities for prosocial involvement.

Housing and Parental Care Instability

School Domain Outcome Measures

School commitment (R=0-4, M=2.56, SD=.68) is a mean of seven questions ($\alpha=.77$), such as “How important do you think the things you are learning in school are going to be for you later in life?” (Very Important=4; Quite Important=3; Fairly Important=2; Slightly Important=1; and, Not Important at all=0). Higher values reflect higher levels of school commitment.

Opportunities for prosocial involvement is a mean-based scale (R=0-3, M=1.89, SD=.49) including five statements ($\alpha=.67$), such as “Teachers ask me to work on special classroom projects,” for which respondents provided their level of agreement (NO!=0, no=1, yes=2, and YES!=3). Higher values reflect greater opportunities for prosocial involvement.

Prosocial reinforcement is a mean-based scale (R=0-3, M=1.54, SD=.59) based on four statements ($\alpha=.72$), such as “I feel safe at my school” and “My teachers praise me when I work hard in school” for which respondents provided their level of agreement: (NO!=0, no=1, yes=2, and YES!=3; or, Definitely NOT true=0; Mostly not true=1; Mostly true=2; and, Definitely true=3).

Grades were based on students’ reporting of their grades the past year on average being Mostly As (4) to Mostly Fs (0) (R=0-4, M=3.08, SD=1.00).

Demographic Measures

Gender. Survey respondents were asked how they describe themselves: “male” or “female.”

Sexual orientation. Survey respondents were asked how they identified their sexual orientation with four different options: Heterosexual, Gay or Lesbian, Bisexual, or Not Sure; the latter of which was labeled as questioning.

Housing and Parental Care Instability

Race/Ethnicity. HYS provided eight race/ethnicity options: White, Black or African-American, Hispanic, Asian or Asian-American, American Indian or Alaskan Native, Native Hawaiian Pacific Islander, Multiracial, or Other.

Analysis Plan

Analysis of Covariance (ANCOVA) tests were conducted to assess differences among the three housing and parental care groups on health and psychosocial functioning measures, after controlling for the effects of gender and race/ethnicity. Gender and race/ethnicity covariates were included in the analyses in order to assess differences among demographic groups likely to experience unequal concentrations of social inequality that might impact the health and psychosocial functioning measures tested.

Bonferroni posthoc pairwise tests were conducted in order to determine statistically significant differences between each housing and parental care instability group across these measures. Analyses were conducted using Stata Survey Analysis, which adjusted for the HYS survey design in order to ensure accuracy in the standard errors.

Results

Proportion of Students Experiencing Instability

Table 1 shows the demographic distribution of respondents in the sample and each instability group. Males are overrepresented in the both instability group, as are non-heterosexual identified youth, racial/ethnic minorities (with the exception of Asian or Asian-American youth), and youth receiving free or reduced-price school lunch. This descriptive analysis suggests that instability, particularly both forms of instability, is disproportionately experienced in higher disadvantage groups.

Housing and Parental Care Instability

Group Comparison across Psychosocial Functioning Domains

Table 2 shows the mean differences in health and psychosocial functioning measures across the three domains. As indicated in the table, all associations between these measures and instability groups demonstrated statistically significant differences across instability groups. For example, “Low self-regulation” is a mean-based scale ranging from zero to three, with an overall sample mean of .70 (SD .52) that indicates the extent to which a youth reported struggling managing his or her emotions. Among the both instability group, the mean score (.92) is significantly higher than the mean scores of the neither and single instability groups, .67 and .78, respectively.

Results shown in Table 2 suggest indicators that comprise the health and psychosocial functioning domains trend as expected when youth experience higher levels of instability. Namely, youth experiencing housing and or parental care instability reported worse grades and school engagement, more experiences of problematic mental health symptomology, and more strained family and peer relationships. Moreover, Bonferroni posthoc pairwise test results demonstrate that, on the majority of the measures, statistically significant differences existed between each housing and parental care instability group. However, scores for single and both instability groups were comparable on internalizing symptoms, poor mental health, sleep sufficiency, or family prosocial opportunities with both significantly less favorable than youth with neither instability.

Discussion

Young people need stable housing and parental care. Lack of these undermines the ability to thrive socially, individually, and academically. Our study indicates that the additive effects of instability in housing and parental care are strongly associated with diminished healthy

Housing and Parental Care Instability

psychosocial functioning. Our study's tiered instability groups highlight broad-band dose-response patterns. They support theorizing positing that as instabilities add up for youth, the reverberations of these instability experiences substantially impact life domains in deleterious ways.

Disproportional Representation in Instability Groups

Demographically, our findings highlight how unjust social hierarchies, such as racial and sexual minority statuses, expose youth to instability. Structural inequalities intersect and frame youths' experiences of disadvantage. In 2016, among the general population, the federal poverty rate for minors was 19% (Kid's Count, 2017). Among Black and American Indian Alaskan Native youth (AIAN) the poverty rate was 34%. Compared to 13% among White youth. Similarly, among the 35,511 students identified as homeless in Washington State public schools during 2014-15, youth of color were dramatically overrepresented: 7.6% of Black and AIAN students experienced homelessness—well above the overall state average of 3.4%—and in stark contrast to 2.3% among White students. Youth of color also disproportionately experience food insufficiency at rates well above their White peers and the state average (Kid's Count, 2018). Black, Latino, and AIAN youth in Washington State experience less economic security. Our study's sample reflects this disproportionate rate of economic insecurity in the single and both instability groups. These findings highlight how economic insecurity is related to youths' exposure to experiences of trauma and stress, undermining relationships with family, peers, and schools (Kid's Count, 2018). Additionally, our findings suggest that youth who identify as gay, lesbian, or bisexual experience housing and parental care instability at significantly higher rates than their heterosexual identified peers. These trends are reflected in the national demographic distribution of housing and parental care instability. DHHS estimates that between 20% and 40%

Housing and Parental Care Instability

of homeless youth identify as sexual or gender minorities (Family and Youth Services Bureau, 2014). In our sample, gay and lesbian identified youth are over three times more frequently represented in the both instability group, and twice as frequently represented in the single instability group. In sum, a confluence of social inequalities increases youths' exposure to instability, stress, and cumulative adversity.

Health and Psychosocial Functioning

Our findings suggest that across all three domains—individual, family, and school—instability groups trend predictably on multiple measures: more instability is significantly associated with poorer health and psychosocial functioning.

Individual domain. We find that youth in single- and both-instability groups have significantly poorer quality of life and mental health (internalizing and suicidality). This is supported by many studies indicating similar patterns related to the negative impact of housing instability (Barnes et al., 2018; Moore et al., 2018; Labella et al., 2017; Rice & Tan, 2017) and low levels of parental care (Engert et al., 2011; Maughan & McCarthy, 1997; Tykra et al., 2008). Instability and victimization experiences are often experienced concurrently and accumulate to amplify stress proliferation that impedes healthy development and creates substantial barriers to well-being (Family and Youth Services, 2014; Moore et al., 2018). Significant differences between the victimization experiences of students in each instability group spotlight these patterns, serving as a potent signal that these students are at greatly elevated risk. These findings offer a broad snapshot of how instability and adverse childhood experiences connect with poor physical and mental health. Our study shows how adversities add up and intersect with instability experiences, generating broader constellations of cumulative risk (Evans et al., 2013). Although we do not have available biomarker data to gauge stress embodiment, we do see less sleep and

Housing and Parental Care Instability

dysregulation in self-regulation skills, which is associated with higher levels of stress exposure (Murray, Rosanbalm, Christopoulos, & Hamoudi, 2015). We also see risk trends that affect health and development such as the ability to maintain sufficient nutrition and sleep. (Meldrum & Restivo, 2014).

Family Domain. Familial instabilities are often associated with poverty and mental health problems (Labella et al., 2017). Dealing with such problems concurrently can overwhelm parental capabilities, straining familial relationships (Bradley, McGowan, & Michelson, 2018). Our findings support cumulative adversity and stress proliferation theorizing regarding familial relationships. Abidin's (1992) parental stress model theorized that high-stress experiences influence the way parents conceptualize and manage their parental roles. Parents in families experiencing homelessness are often intensely aware of the social stigma that accompanies their family's ongoing stressors. This often undermines their self-conception and confidence as parents (Bradley, McGowan, & Michelson, 2018). The ecological model of family homelessness (Kilmer, Cook, Crusto, Strater, & Haber, 2012) provides a conceptual framework articulating how daily stressors associated with housing instability and associated difficulties for families often lead to "parental exhaustion" (Kilmer et al., 2017). These cumulative detrimental effects on parents are conveyed both directly and indirectly to children, decreasing family cohesion and healthy functioning (Bradley et al., 2018). Youth in single and both instability groups had fewer prosocial opportunities in their family lives and experienced poorer family management. This highlights how instabilities can set the stage for and reinforce other instabilities to the detriment of family well-being, and often reverberating in negative school experiences.

School Domain. Instability experiences in individual and familial circumstances can negatively affect young people's ability to perform in school (Howland et al., 2017). Our

Housing and Parental Care Instability

findings expand this understanding regarding homeless populations by showing significant differences within dual instabilities, using GPA as an indicator of academic success. Youth in single and both instability groups fare significantly worse on all available measures of school achievement. They are less likely to be engaged and committed to their school experiences. They report less involvement with their school communities, and they receive less encouragement and fewer opportunities to use their school environments as a foundation for prosocial development. This suggests that school experiences for youth experiencing instability may often amplify feelings of exclusion and disadvantage rather than serving as supports, and highlights an important opportunity for school communities to improve their outreach capacities for youth experiencing instability.

Importance of Schools in Supporting Youth Experiencing Instability

Due to the considerable amount of time spent in school—and schools being the principal site of social interactions at this developmental phase—school settings offer an important opportunity to identify and offer supportive resources to young people and their families. Recent studies have highlighted how important schools are for providing aid for students and families experiencing housing challenges (Jones, Bowen, & Ball, 2018; Moore et al., 2018). These studies show how positive school climates, proactive school administrators, and observant school staff can identify and connect youth to supportive services such as family housing programs, mental health services, and nutritional programs. Such programs link students and families with resources that extend beyond traditional school services. One of the central mechanisms for doing so is McKinney-Vento fidelity. The McKinney-Vento Education of Homeless Children and Youth Assistance Act is the principal federal law that provides funding and guidelines for public schools to support youth experiencing housing instability. But McKinney-Vento

Housing and Parental Care Instability

implementation is often uneven (Pavlakakis, 2018). Accessing services requires youths and their families to inform schools about their circumstances (which our findings indicate also captures a high percentage of parental care instability data). It may be stigmatizing to address these issues with school personnel, and there may be a lack of knowledge regarding the scope and accessibility of services. School staff are often not properly trained to identify and provide appropriate services (Pavlakakis, 2018). School administrators cultivating school environments in which McKinney-Vento services are prioritized and easily accessible is vital for youth experiencing fundamental forms of instability. Without positive school climates and supportive school staff, services for youth with housing and related instabilities may not reach them until they are already in deeply harmful circumstances. School staff are gatekeepers to supports for youth experiencing instability (Ausikaitis et al., 2015; Jones et al., 2018; Pavlakakis, 2018). Our findings should encourage schools to redouble their efforts to identify, support, and connect struggling youth to crucial services. The manner in which McKinney-Vento is implemented in schools is thus fundamental to shaping the experiences of students and families experiencing instability. Schools should focus on leveraging community assets and building partnerships with local anti-poverty and youth-serving institutions across a wide range of needs—such as mental health care and material supports (Pavlakakis, 2018). Schools can and should play a central role in addressing health, psychosocial functioning, and academic disparities by cultivating positive school climates. This study’s findings emphasize the importance of the readiness of schools to function as protective factors and support systems for vulnerable students.

Use of Surveillance Data and Limitations

Our study, using population-based state surveillance data, offers a cross-sectional snapshot of the experiences of public-school youth. Data from surveys such as this should inform

Housing and Parental Care Instability

practical strategies of improvement. We aim to develop population-representative examination of risk and protective factors affecting youth. This approach yields insights about general population youth that are value-added to more specialized samples regarding shelter and child welfare settings. Community-based surveillance findings are relevant to the development of effective prevention and resilience-building supports applied within school settings and by other youth-serving providers: primary care professionals, family and mental health services, other child and adolescent support services. We acknowledge limits to the use of this type of data. This study design is cross-sectional in nature and so interpretations of causality are constrained. Further research and longitudinal data are necessary to understand how these instability experiences build over time, as well as how they affect outcomes for youth as they transition into adulthood. That being said, our findings do offer a salient picture of ways that vulnerable youth in our communities are falling behind developmentally due a confluence of macro- and micro-level factors that appear to have consistent patterns with regard to their negative impacts. A second limitation relates to measurement availability within secondary analysis. Indicators available to represent the constructs pursued here, for example, are a circumscribed portion of those domains. For instance, nativity may be a relevant social determinant vis-à-vis instability, but HYS does not have this data available. Our use of multi-indicator indices, with items drawn from established national surveys, should serve to increase the stability of the measures and trends in the results. That said, caution is required regarding the extent of domain interpretation. Finally, population characteristics of Washington State will vary in some respects from some other states. The representation of racial/ethnic minority youth is about 47% in this sample, though the specific racial/ethnic composition may vary from that of other states given our Pacific

Housing and Parental Care Instability

Rim location. More diffuse diversity is a growing reality for many U.S. cities and states.

Racial/ethnic variations may or may not bear upon generalizability of the findings reported here.

Conclusion

Our findings support a cumulative adversity framework indicating that as instabilities increase for youth, instances of victimization are elevated, grades, self-regulation capabilities and school engagement worsen, experiences of problematic psychological health increase, and family and peer relationships become more limited and strained. These dimensions of cumulative adversity and health erosion operate in tandem with poverty and other social inequalities. Our study of the three housing and parental care instability groups also suggests patterns of healthy youth development across multiple life domains and shows how the adverse impact of experiencing instabilities during childhood and adolescence significantly undermines important developmental trajectories. It is vital for service providers in schools and other youth-serving organizations to be aware of how instabilities set the stage for myriad problems. Schools can be places where youth feel safe, included, and appreciated, and can function as locations to identify and provide services and support to struggling youth and their families. Young people in U.S. schools experiencing fundamental instabilities are falling behind their peers. Cumulative adversity can undermine healthy development and opportunity and may be implicated in developmental lags that hinder affected youths' ability to excel and achieve long-term health and success. Further innovative research on programs and pedagogic strategies that foster the ability of schools to serve as protective factors for youth is needed and must be paired with strong social policy that advances housing stability and economic security for all youth and families.

Housing and Parental Care Instability

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Housing and Parental Care Instability

Table 1: *Percentage of sample by housing and parental care instability groups.*

	% Sample	% Neither N=23,756	% Single N=1,588	% Both N=764
<i>Gender</i>				
Female	51.1	51.4	50.8	39.8
Male	48.9	48.6	49.2	60.2
<i>Sexual Orientation</i>				
Heterosexual	82.4	83.5	72.7	66.4
Gay or Lesbian	3.2	2.8	5.5	10.5
Bisexual	8.6	8.1	13.8	14.2
Questioning	5.8	5.6	8.1	8.9
<i>Race / Ethnicity</i>				
White	53.0	54.3	40.6	36.8
Black or African American	3.7	3.5	5.8	7.5
Hispanic	22.5	22.3	23.7	26.1
Asian or Asian-American	6.2	6.2	6.9	4.9
Am. Indian or Alaskan Native	2.5	2.3	4.9	5.6
Nat. Hawaiian, Pac. Islander	1.6	1.4	3.2	2.9
Other	5.2	4.9	8.0	10.6
Multiracial	5.2	5.0	7.0	5.7

Housing and Parental Care Instability

Table 2: Mean differences among housing and parental care instability groups by psychosocial health and functioning.

	Sample		Neither	Single	Both	F
	Min	Max	M _{adj} (SE)	M _{adj} (SE)	M _{adj} (SE)	
<i>Individual Domain</i>						
Low Self-regulation ^{a b c}	0	3	.67 (.01)	.78 (.02)	.92 (.03)	56.28***
Poor Quality of Life ^{a b c}	0	10	2.86 (.03)	3.98 (.09)	5.38 (.11)	357.73***
Poor Mental Health ^{a b}	0	6	2.26 (.03)	2.84 (.07)	3.20 (.09)	92.28***
Internalizing Symptoms ^{a b}	0	3	1.74 (.02)	2.04 (.05)	2.23 (.06)	57.25***
Suicidality ^{a b c}	0	3	.52 (.01)	.76 (.03)	.98 (.04)	83.75***
Cumulative Victimization ^{a b c}	0	11	1.66 (.03)	2.64 (.08)	4.10 (.10)	401.09***
Maltreatment ^{a b c}	0	4	.93 (.02)	1.40 (.04)	1.90 (.06)	212.38***
Peer Victimization ^{a b c}	0	5	.61 (.01)	.97 (.04)	1.71 (.05)	312.34***
Dating Violence ^{a b c}	0	2	.13 (.01)	.27 (.02)	.49 (.02)	196.77***
Sleep Sufficiency ^{a b}	5	9	6.80 (.02)	6.55 (.05)	6.39 (.06)	37.32***
Food Insufficiency ^{a b c}	0	3	.24 (.01)	.57 (.03)	1.16 (.04)	342.01***
<i>Family Domain</i>						
Family Management ^{a b c}	0	3	2.28 (.01)	2.03 (.02)	1.74 (.04)	155.19***
Prosocial Opportunity ^{a b}	0	3	1.99 (.01)	1.65 (.03)	1.52 (.05)	115.06***
<i>School Domain</i>						
School Commitment ^{a b c}	0	4	2.57 (.01)	2.43 (.03)	2.23 (.04)	48.37***
Prosocial Involvement ^{a b c}	0	3	1.91 (.01)	1.83 (.02)	1.69 (.03)	34.42***
Prosocial Reinforcement ^{a c}	0	3	1.52 (.01)	1.49 (.02)	1.37 (.04)	9.37***
Grades ^{a b c}	0	4	3.37 (.01)	2.96 (.04)	2.63 (.05)	181.14***

Note: * $p < .05$, ** $p < .01$, *** $p < .001$ | ANCOVA controlled for gender and race/ethnicity.

Bonferroni posthoc test for pairwise comparisons resulted in significant difference: ^a Between neither and both; ^b Between neither and single; ^c Between single and both. M_{adj} = mean adjusted for covariates.

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