

The Long-Term Effects of Homelessness on Children

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EXECUTIVE SUMMARY

Each year, between 930,000 and 1.35 million homeless children are exposed to numerous risks that jeopardize their future wellbeing. Homeless children are more likely to be victims of physical or sexual abuse, be diagnosed with mental illness, suffer from behavioral or emotional problems, exhibit educational disabilities, and experience emotional stress stemming from separation from a parent, inadequate housing, or frequent moves. A substantial body of epidemiological research has linked these adverse childhood with higher adult incidence of substance use, mental illness, attempted suicide, criminal activity, later victimization, risky sexual behavior, and homelessness.

Still, recent public policy has directed homelessness funds to programs serving the chronically homeless (rather than homeless families and children), a decision that will have tremendous societal and financial costs long-term. While the future consequences of child homelessness cannot always be numerically predicted, the research has proven that these kids are more likely to require a number of costly government services including special education, increased Medicare payments, substance abuse treatment programs, psychiatric care, and incarceration. This does not consider the significant costs faced in the more immediate future, such as hospital visits for asthma brought on by abhorrent living conditions and the high price of foster care for the 30 percent of homeless children who will end up there. Providing a homeless child with housing and supportive services averages only \$4,967 and would doubtless be less expensive for the government than later providing the services discussed above.

INTRODUCTION

The Department of Education conservatively estimates that 930,200 American children are homeless in the course of a year.¹ Various advocacy organizations (National Coalition for the Homeless, National Center on Family Homelessness, etc.) assert that this number is closer to 1.35 million.² Regardless of the number, homeless children are exposed to numerous risks that jeopardize their future wellbeing. For instance, sexual abuse, physical abuse, and out-of-home placement (three standbys of the childhood homeless experience) have all been identified as key risk factors that thwart childhood development.³ A substantial body of epidemiological research has linked adverse childhood experiences (particularly physical and sexual abuse) with negative psychiatric outcomes in adulthood. This paper will seek to explore the problems that face homeless children, the long-term consequences of these events, and the increased future governmental costs associated with this growing need.

Such a study is vitally necessary given the Department of Housing and Urban Development's current division of homeless funding. In the Notice of Funding Availability (NOFA) process used to award funds, additional points are given to those programs that serve the chronically homeless. The definition of chronic homelessness

¹ United States Department of Education, Office of Elementary and Secondary Education, "Education for Homeless Children and Youth Program Report to Congress Fiscal Year 2000" (2000) 9. While the Department of Education released an updated report in 2006, the 2006 report did not estimate the total number of homeless children but rather reported the number of homeless children enrolled in school between 2003 and 2004. While more precise, this number ignores a large percentage of homeless children.

² These organizations use numbers from two 1996 surveys of homeless providers. The February estimate indicates that 3.5 million people are homeless each year, while the October estimate reports that 2.3 million people are homeless each year. The October survey that 38% are children, while the February survey found that 39% are children.

³ Laura E. Blankertz, Ram A. Cnaan, and Erica Freedman, "Childhood Risk Factors in Dually Diagnosed Homeless Adults," *Social Work* 38.5 (Sept. 1993) 587, EBSCOhost, Duke University, 13 Dec. 2006 <<http://web.ebscohost.com/ehost/pdf?vid=3&hid=117&sid=8fc8d1c7-39c3-4243-a08d-47560893d8da%40sessionmgr109>>.

used by the Department of Housing and Urban Development mandates that, in addition to the individual being an unaccompanied person who has been on the street for a year or more or four time times in three years, the individual must also have a disabling condition (i.e. mental illness or substance abuse).

As a result of the government's eagerness to care for the ever expensive chronically homeless population, family homelessness and domestic violence have seen drastic budget cuts. However, as this paper will prove, short-shifting homeless children will lead to tremendous societal and financial costs long-term, and significant shifts in public policy are required to avoid this danger.

DANGERS TO WHICH HOMELESS CHILDREN ARE EXPOSED

Sixteen percent of all homeless families are found in shelters, while another fourteen percent use other community-based programs. Three percent live on the street, and six percent rely on soup kitchens.⁴ While locations of homeless children vary, each comes with its own set of risks.

PHYSICAL AND SEXUAL ABUSE

The National Resource Center on Homelessness and Mental Illness predicts that homeless children are abused at two or three times the national rate.⁵ Among children

⁴ Martha R. Burt, Laudan Y. Aron, Toby Douglas, Jesse Valente, Edgar Lee, and Britta Iwen, "Homelessness: Programs and the People They Serve," (Urban Institute: Aug. 1999) 27, 13 Dec. 2006 <<http://www.huduser.org/publications/homeless/homelessness/contents.html>>.

⁵ Lawrence Rickards, "Question #5: What about the needs of children who are homeless?" National Resource Center on Homelessness and Mental Illness 16 Dec. 2006 <http://www.nrchmi.samhsa.gov/facts/facts_question_5.asp>.

ages 3 months to 17 years, a Weinreb study of Worcester children found 11.6 percent had been physically or sexually abused.⁶

The long-term effects of abuse (both sexual and physical) can be divided into two categories of behavior: internal and external. Internal behaviors include anxiety, depression, and posttraumatic stress disorder (PTSD), while aggressive and delinquent behaviors are the hallmarks of externalized abuse.⁷ All have long-term consequences and may require lifelong treatment. Substance abuse disorders, a common effect of abuse, can be classified as self-medicating internal and/or external behavior.⁸

Less quantifiably but still important, “repeated trauma in childhood forms and deforms the personality,” notes Dr. Judith Lewis Herman, a psychiatrist at Harvard Medical School. In *American Dream*, his book on welfare and its recipients, Jason DeParle characterized sexual abuse as “a problem that gets no attention in the welfare literature but correlates with any number of problems that make it hard to keep a job.”⁹

⁶ Linda Weinreb, Robert Goldberg, Ellen Bassuk, and Jennifer Perloff, “Determinants of health and service use patterns in homeless and low-income housed children,” *Pediatrics* 102.3 (Sept. 1998) 556, [EBSCOhost](#), Duke University,

⁷ John C. Buckner, William R. Beardslee, and Ellen L. Bassuk, “Exposure to Violence and Low-Income Children’s Mental Health: Direct, Moderated, and Mediated Relations,” *American Journal of Orthopsychiatry* 74.4 (Oct. 2004) 413, [Ovid Buckner](#), Duke University, 14 Dec. 2006 <<http://gateway.ut.ovid.com/gw1/ovidweb.cgi?WebLinkFrameSet=1&S=IDNJHKOAI AHBLM00D&returnUrl=http%3a%2f%2fgateway.ut.ovid.com%2fgw1%2fovidweb.cgi%3f%26Full%2bText%3dL%257cS.sh.15.16.18.40%257c0%257c0000454-200410000-00002%26S%3dIDNJHKOAI AHBLM00D&directlink=http%3a%2f%2fgraphics.ovid.com%2fovftpdfs%2fidNJHKOAI AHBLM00D%2ffs046%2fovft%2flive%2fgv023%2f00000454%2f00000454-200410000-00002.pdf>>.

⁸ Buckner, Beardslee, et al. 413.

⁹ Jason DeParle, *American Dream: Three Women, Ten Kids, and a Nation’s Drive to End Welfare* (New York, NY: Viking, 2004) 218.

PHYSICAL ABUSE

Eight percent of homeless children of elementary school age have been physically abused, twice the national rate. During adolescence and adulthood, victims of abuse often exhibit the following behaviors: self-destructive behavior, runaway tendencies, poor social relationships, negative impulse control, depression, low self-esteem, hopelessness, and anxiety. Many of these characteristics often lead to substance abuse, mental illness, and suicide attempts.¹⁰

SEXUAL ABUSE

Eight percent of all homeless children (including preschool age) have been sexually abused, twice the rate of other children.¹¹ Among homeless youth (ages 5 to 17), 21 percent had been sexually abused,¹² compared to nine percent of their low-income housed peers.¹³

Because of the isolation that homelessness can produce, the children often develop inappropriate, overly “friendly” relationships with adults.¹⁴ Outcomes include

¹⁰ Blankertz et al. 587.

¹¹ National Center on Family Homelessness, “Homeless Children: America’s New Outcasts,” 3, 14 Dec. 2006 <http://www.familyhomelessness.org/pdf/fact_outcasts.pdf>.

¹² John C. Buckner, Ellen L. Bassuk, Linda F. Weinreb, and Margaret G. Brooks, “Homelessness and Its Relation to the Mental Health and Behavior of Low-Income School-Age Children,” *Developmental Psychology* 35.1 (January 1999) 250, *Ovid Buckner* 13 Dec. 2006 <<http://gateway.ut.ovid.com/gw1/ovidweb.cgi>>.

¹³ Research suggests that the line between homeless and low-income housed is not as defined as might be expected. In the past year, half of all homeless families have lived in doubled-up housing, a condition considered homeless by the Department of Education numbers but not by Department of Housing and Urban Development numbers. Twenty-one percent of the housed have lived in doubled up housing in the past year. Additionally, 36 percent of low-income housed have been homeless in the past year (Downer 27).

¹⁴ Karol A. Reganick, “Prognosis for homeless children and adolescents,” *Childhood Education* 73.3 (Spring 1997) 134, *ProQuest*, Duke University, 13 Dec. 2006 <<http://proquest.umi.com/pqdlink?index=35&did=11125961&SrchMode=3&sid=1&Fmt=6&VInst=>

sexual disturbance or dysfunction, as abuse in general. Sexually abused children are also more likely to experience later revictimization, namely battering, sexual assault, or rape.¹⁵ Female victims are more likely than non-abused females to engage in criminal activities but are still less likely than sexually abused males, who are also at a higher risk for poor school performance and sexual risk taking.¹⁶

In chronic and extreme cases of sexual abuse, developmental and behavioral research provides overwhelming evidence that sexual abuse affects the brain and mental health development. “We know that these kids have severe emotional problems. If they have emotional problems, it means something happened to their brains because that’s where all the emotional stuff is going on,” wrote Dr. Jack Shonkoff, a pediatrician and dean of the Heller School for Social Policy and Management at Brandeis.¹⁷

Compounding this is the fact that, because of limited access to counseling services, a child from a deprived background is more likely to experience a lasting impact.¹⁸

[PROD&VType=PQD&RQT=309&VName=PQD&TS=1166152012&clientId=15020&aid=1>](#).

¹⁵ John T. Pardeck, “An exploration of child maltreatment among homeless families: implications for family policy,” *Early Child Development & Care* 175.4 (May 2005), 336, EBSCOhost, 13 Dec. 2006 <<http://web.ebscohost.com/ehost/pdf?vid=3&hid=109&sid=21752070-b304-4b1d-8828-9eb04d15c9f3%40sessionmgr102>>.

¹⁶ Regina Jones Johnson, Lynn Rew, and R. Weylin Sternglanz, “The Relationship Between Childhood Sexual Abuse and Sexual Health Practices of Homeless Adolescents,” *Adolescence* 41.162 (Summer 2006) 224, EBSCOhost, Duke University, 13 Dec. 2006 <<http://web.ebscohost.com/ehost/pdf?vid=3&hid=115&sid=eec85d94-9353-4907-aded-da896fe45f98%40sessionmgr107>>.

¹⁷ David K. Shipler, *The Working Poor: Invisible in America* (New York: Alfred A. Knopf, 2004) 224.

¹⁸ Jason DeParle, “Early Sex Abuse Hinders Many Women on Welfare,” *The New York Times* 28 Nov. 1999: 1, 16 Dec. 2006 <http://web.lexis-nexis.com/universe/document?m=ed7d97c91b0bb1fd0e9c21e301e03e3b&_docnum=1&wchp=dGLbVzW-zSkVb&_md5=e0690262300828754b82e631d5208211>.

BEHAVIORAL AND EMOTIONAL PROBLEMS

While many homeless children are not abused, the cumulative effects of homelessness alone can still cause psychological issues. Michelle Fryt Linehan, the former director of the Office for the Education of Homeless Children and Youth for the Massachusetts Department of Education, argues that shelters (commonly called “welfare hotels”) are overcrowded and can be psychologically destructive to residents.¹⁹ Shelters are often deteriorated buildings situated in oppressed areas. Furthermore, they are often crowded and chaotic, meaning they increase personal pressure and stress and often indirectly lead to conflicts and/or violence between parents and children.²⁰ Recent studies have demonstrated that “sensitive, responsive care in the first few years of life” leads to greater school achievement and less need for special education, fewer behavioral problems, less reliance on drugs and alcohol during the teenage years, and improved social abilities.²¹

Homeless children both in and outside of shelters suffer psychological devastation associated with academic failure, loss of control, and unstable relationships, often leading to excessive anger, anxiety, depression, constant fear, isolation, and low self-esteem.²² This explains why homeless children are three times as likely as other children to display emotional or behavioral problems.²³ In a survey of 83 homeless families in

¹⁹ Michelle Fryt Linehan, “Children Who Are Homeless: Educational Strategies for School Personnel,” *Phi Delta Kappan* 74.1 (Sept. 1992) 61, *ProQuest*, Duke University, 13 Dec. 2006 <<http://proquest.umi.com/pqdlink?did=5004232&Fmt=7&clientId=15020&RQT=309&VName=PQD>>.

²⁰ Reganick 133.

²¹ Shipler 167.

²² Jonathan Kozol, *Rachel and Her Children* (United States of America: Ballantine Publishers, 1988).

²³ National Center on Family Homelessness 4.

New York City, sixty-six percent of parents reported noticing adverse behavioral changes in their child since becoming homeless. Among the changes mentioned were increased acting out, fighting, restlessness, depression, and moodiness, withdrawal, exaggerated fears, disobedience, and destructiveness.²⁴

Reflecting what these parents observed, researchers at the Better Homes Fund concluded that one-fifth of homeless children have emotional problems serious enough to warrant professional care, but sadly “the likelihood of treatment drops...as the severity of their mental illness increases.”²⁵ When an older subset of homeless children is analyzed, this number increases. Fifty percent of 76 homeless children between the ages of 7 and 12 years displayed signs of depression and merited further evaluation, while 35% were diagnosed as clinically depressed.²⁶

Downer quantified these behavioral problems, looking at gender differences as well as disparities between homeless children and housed low-income children. Her results are displayed below.²⁷

Low-Income Children with Behavioral Problems in the Clinical Range

	EXTERNALIZING	INTERNALIZING	TOTAL
Homeless			
Girls	25.00%	10.00%	25%
Boys	20.59%	8.82%	29.41%
Housed			
Girls	11.43%	0.00%	14.29%
Boys	10.53%	18.42%	13.16%

²⁴ Yvonne Rafferty and Marybeth Shinn, “The Impact of Homelessness on Children,” American Psychologist 46.11 (Nov. 1991) 1178, Ovid Buckner, Duke University, 16 Dec. 2006 <<http://gateway.ut.ovid.com/gw1/ovidweb.cgi#50>>.

²⁵ “Homeless Children,” America 181.15 (November 13, 1999) 3, EBSCOhost, Duke University, 13 Dec. 2006 <<http://web.ebscohost.com/ehost/pdf?vid=3&hid=116&sid=fb10a55-8087-4b52-b467-259ca2513c90%40sessionmgr104>>.

²⁶ Rafferty et al. 1179.

²⁷ Rosemarie Theresa Downer, Homelessness and its Consequences: The Impact on Children’s Psychological Well-Being (New York: Routledge, 2004) 51-52.

EDUCATIONAL DISABILITIES

From an educational standpoint, homeless children often suffer from delayed speech, language, cognition, social, and motor development, the result of a lack of age-appropriate stimulating exercises.²⁸ Better Homes researchers characterized the development of homeless children as “significantly slower” than their housed peers.²⁹ The National Center on Family Homelessness said homeless children are times as likely as their peers to be developmentally delayed and twice as likely to be learning disabled.³⁰ Fourteen percent of homeless children are diagnosed as learning disabled, but more homeless children are likely learning disabled, and their frequent school shifting prevents diagnosis.³¹ Additionally, many studies do not set a time requirement on the length of time the family must be in a shelter before the children can be interviewed.³²

In 1990, Ellen Bassuk and Lynn Rosenberg surveyed 86 children from 49 homeless Boston families and 134 from 81 housed Boston families. Single mothers headed all families involved, and children were tested for developmental delays.

²⁸ Reganick 134.

²⁹ “Homeless Children” 3.

³⁰ National Center on Family Homelessness 4.

³¹ Better Homes Fund. “America’s Homeless Children: Fact sheet” 1, 13 Dec. 2006 <www.tbhf.org>.

³² Rafferty et al. 1170.

Developmental Delays in Preschool Children³³

DELAY	% OF HOMELESS CHILDREN (n = 48)	% OF CHILDREN WITH HOUSING (n = 75)
At least one delay	54	16
Type of delay		
Language	42	13
Gross motor	17	4
Fine motor	15	1
Personal/social	42	3

Part of the explanation for the prevalence of delayed development among homeless children is the frequency of sexual abuse among this population, as was discussed earlier. Specialists hypothesize that early sexual abuse deprives the brain of the sense of safety necessary for brain development. According to Shonkoff: “Chronic abuse and maltreatment of all kinds, and particularly in a child who may be at risk for other reasons are major determinants of the reason for the retardation.”³⁴ The increased frequency of mild retardation among children from tense, poor environments also speaks to the impact of stress on retardation.³⁵

Also, compounding the delayed development is the less frequent school attendance of homeless children, a finding confirmed by Hall, Maza, and Downer.³⁶ According to the Urban Institute, 42 percent of all homeless children are between the ages of 0 and 5, as opposed to 34 percent of all U.S. children. Parents “report” that 45 percent of homeless children ages 3 to 5 are attending school regularly. Among their housed peers, forty-nine percent of 3 and 4 year olds routinely attend school. Supposedly

³³ Ellen L. Bassuk and Lynn Rosenberg, “Psychosocial Characteristics of Homeless Children and Children With Homes,” *Pediatrics* 85.3 (Mar. 1990) 259, EBSCOhost, Duke University, 13 Dec. 2006 <<http://web.ebscohost.com/ehost/pdf?vid=3&hid=104&sid=b783e8c4-363c-4eb3-8249-410141d4bc4e%40sessionmgr109>>.

³⁴ Shipler 224.

³⁵ Shipler 224.

³⁶ Downer 78.

93 percent of homeless children ages 6 to 17 frequently attend school, as opposed to 98 percent of housed children ages 5 to 17.³⁷ These numbers, while endorsed by HUD, should be questioned as the Department of Education reports that one-fourth of homeless school age children experience interruption in their education and HUD itself posits that as many as one-third of homeless children do not regularly attend school.³⁸ The Urban Institute numbers are based on parent reports and personal definitions of what constitutes “regular school attendance.”³⁹

SEPARATION FROM PARENT

Many family shelters do not permit men or adolescent boys, requiring families with male members to either separate or seek other accommodations. Officials in 64 percent of the cities polled by the U.S. Conference of Mayors in 1995 reported that families seeking shelter might have to break up in order to be accommodated.⁴⁰

When compared to their low-income housed counterparts, homeless preschoolers were 11.7 percent more likely to have been placed in foster care, 19.5 percent versus 7.8 percent.⁴¹ This coincides with the Urban Institute’s finding that 19 percent of homeless

³⁷ Burt et al. 18.

³⁸ United States Department of Housing and Urban Development, “Report on Stuart B. McKinney Homeless Programs,” 31 Mar. 2005, 16 Dec. 2006 <<http://www.huduser.org/publications/homeless/mckin/intro.html>>.

³⁹ Burt et al. 18.

⁴⁰ Eugene M. Lewitt and Linda Schuurman Baker, “Homeless Families and Children,” *The Future of Children* 6.2 (Summer – Autumn 1996) 149, JSTOR, Duke University, 13 Dec. 2006 <<http://www.jstor.org/cgi-bin/jstor/printpage/10548289/ap050014/05a00110/0.pdf?backcontext=page&dowhat=Acrobat&config=jstor&userID=98032e22@duke.edu/01cc993311121b10f83eabf38&0.pdf>>.

⁴¹ Ellen L. Bassuk and Linda F. Weinreb, “Determinants of behavior in homeless and low-income housed preschool children,” *Pediatrics* 100.1 (July 1997) 96, EBSCOhost, Duke University, 13 Dec. 2006 <<http://web.ebscohost.com/ehost/pdf?vid=5&hid=111&sid=1fac8f0c-8e4f-45ca-98c9-101af5315433%40sessionmgr104>>.

women's minor children are in foster care. Relatives were caring for another forty-six percent of homeless women's minor children.⁴²

Contributing to this consensus, the National Center on Family Homelessness estimates that, within a year, 22 percent are separated from their families, living either with a relative or a foster family. Approximately twelve percent go to foster care, as compared to one percent of the rest of the population.⁴³ Among those homeless individuals under age seventeen, 33.8 percent have been placed in foster care or are sent to live with a relative, as opposed to 16.9 percent of low-income housed youth.⁴⁴ According to the Weinreb Worcester study, 21.2 percent of these children had experience in the foster care system.⁴⁵

These numbers make sense in light of the fact that 30 percent of all children in foster care are there primarily because of a lack of housing.⁴⁶

STRESS FROM FREQUENT MOVES

Homeless children are also likely to have experienced more stressful life experiences (7.4 versus 5.8), largely because homeless children were more likely to have moved, been evicted, placed in another home, or have a sibling placed in another home.⁴⁷ These stressful life experiences cause harm in addition to the perils of family separation. A summary of studies from the 1980s found: "Child from highly stressed environments are at increased risk for a variety of developmental and behavioral problems, including

⁴² Burt et al. 20.

⁴³ National Center on Family Homelessness 1.

⁴⁴ Buckner 250.

⁴⁵ Weinreb et al. 556.

⁴⁶ Deborah S. Harburger and Ruth A. White, "Reunifying Families, Cutting Costs: Housing-Child Welfare Partnerships for Permanent Supportive Housing," Child Welfare: Journal of Policy, Practice, and Program 83.5 (Sept./Oct. 2004) 495.

⁴⁷ Bassuk and Weinreb 96.

poorer performance on developmental tests at eight months, lower IQ scores, and impaired language development at four years.”⁴⁸

STRESS FROM INADEQUATE HOUSING

Dr. Megan Sandel, a pediatrics fellow at Boston University School of Medicine, and Dr. Joshua Sharfstein, also a pediatrician, did a study asking poor parents requesting housing subsidies how they believed their earlier housing had affected their children’s health. The words “mentally” and “emotionally” appeared time and time again; parents were most concerned about the psychological toll their housing accommodations were taking on their children.⁴⁹

Because of the scarcity of housing vouchers and the waiting lists and/or unfavorable conditions at homeless shelters, parents are forced into situations which they recognize are not in their children’s best interests. Said Sharfstein:

“A lot of families are living with friends or relatives who really don’t want them there, and the parents have to share bedrooms with the kids, and the kids have no space, and some of the parents say they can’t do their homework because there’s no quiet, they’re crying all the time, or ‘They hate my aunt.’ People fighting in the house. I’ve heard a couple of horror stories about kids who were abused by people in the house.”⁵⁰

In his 2004 book *The Working Poor*, David Shipler characterized the cycle of poverty this way. “Poverty leads to health and housing problems. Poor health and housing problems lead to cognitive deficiencies and school problems. Educational failure leads to poverty.”⁵¹

⁴⁸ Shipler 221.

⁴⁹ Shipler 228.

⁵⁰ Shipler 228.

⁵¹ Shipler 228.

LIKELIHOOD OF LONG-TERM NEGATIVE EFFECTS

Having documented the setbacks faced by homeless children, it remains to be established whether or not these traumatic experiences cause problems that lead to increased social costs. While the ideal would be to analyze what percentage of homeless children went on to become homeless as adults or serve time in jail, the data is not always available or complete. In this instance, looking at what percentage of the population in question suffered similar setbacks (or was homeless as a child) yields the most valuable perspective.

HOMELESSNESS

Numerous studies have demonstrated that children subjected to various adverse experiences are far more likely to be homeless as adults, regardless of whether they are single or members of family. Among the possible etiological factors that create vulnerability for homelessness are events likely to occur during child homelessness (physical or sexual abuse as a child, having lived in foster care) or events that are also possible consequences of homelessness (mental illness, drug and alcohol abuse, marital problems, domestic violence, problems with law enforcement).⁵² These and other studies have pinpointed foster care placement as one of the highest risk factors for later homelessness, in line with studies of currently homeless persons that have discovered remarkably high incidences of out-of-home care.⁵³ The research suggests that foster care

⁵² Carole Zugazaga, "Stressful Life Event Experiences of Homeless Adults: A Comparison of Single Men, Single Women, and Women with Children," *Journal of Community Psychology* 32.6 (Nov. 2004) 644, EBSCOhost, Duke University, 13 Dec. 2006 <<http://web.ebscohost.com/ehost/pdf?vid=3&hid=107&sid=856d5ade-c6bd-40ca-bc23-3a8da5824647%40sessionmgr106>>.

⁵³ Daniel B. Herman, Ezra S. Susser, Elmer L. Struenig, and Bruce L. Link, "Adverse Childhood Experiences: Are They Risk Factors for Adult Homelessness?" *American*

interferes with the formation of secure bonds and generally does not provide all children with the skills necessary to successfully transition to self-sufficient adulthood.⁵⁴

Herman et al.'s 1997 study found that the combination of a lack of parental care and either physical or sexual abuse increased an individual's likelihood of adult homelessness by a factor of 26 when compared to an individual with no reported childhood adversity (no lack of care, no physical abuse, and no sexual abuse). Lack of care from mother and father increased risk by a factor of 16.7, not appreciably higher than the risk of lack of care by the mother alone, 16.⁵⁵ Twenty-seven percent of all homeless clients were placed in foster care, a group home, or other institutional setting before their 18th birthday – 12 percent in foster care, 10 percent in group homes, and 16 percent in residential institutions (many experienced multiple placements).⁵⁶

Pardeck's study of homeless adults found that, during childhood, 25 percent were physically abused, 15.8 percent were emotionally abused, and 11.6 percent were sexually abused.⁵⁷ The Urban Institute's numbers were similar; twenty-two percent of homeless clients were physically abused, and thirteen percent were sexually abused.⁵⁸ DeParle's extensive interviews of homeless mothers confirmed both studies' results. "Talk of

Journal of Public Health 87.2 (Feb. 1997) 249, EBSCOhost, Duke University, 13 Dec. 2006 <<http://web.ebscohost.com/ehost/pdf?vid=4&hid=12&sid=1bfccbbf-e247-444c-98cc-bed3ad257503%40sessionmgr108>>.

⁵⁴ Ellen Bassuk, John Buckner, Linda Weinreb, Angela Browne, Shari Bassuk, Ree Dawson, and Jennifer Perloff, "Homelessness in Female-Headed Families: Childhood and Adult Risk and Protective Factors," American Journal of Public Health 87.2 (Feb. 2007) 246, EBSCOhost, Duke University, 13 Dec. 2006 <<http://web.ebscohost.com/ehost/pdf?vid=4&hid=122&sid=d2556759-b50a-4aea-b8e9-cd8c798a57ae%40sessionmgr102>>.

⁵⁵ Herman et al. 252.

⁵⁶ Burt et al. 25.

⁵⁷ Pardeck 338.

⁵⁸ Burt et al. 25.

childhood molestation [arose] with eerie regularity. ‘I don’t call it anything special,’ one Oregon woman told me, ‘because it seems like it happens to everybody.’⁵⁹

For both homeless single adults and homeless family members, other possible consequences of childhood homelessness contribute to the likelihood of being homeless as an adult. The chart below demonstrates the risk factors.

Personal Vulnerabilities of the Average Homeless Person Nationwide⁶⁰

	HOMELESS NATIONWIDE⁶¹
In psychiatric hospital	24%
Had detox experience	29%
Had prison experience (felony)	18%
Had jail experience (misdemeanor)	32%
Had jail or prison experience or both	41% ⁶²
Currently mentally ill	33%
Addicted to alcohol	27%

Personal Vulnerabilities of Homeless in Los Angeles⁶³

	HOMELESS
Incarcerated as an adult	
Male	67.5%
Female	43.6%
Chronic major mental illness only	4.8%
Chronic substance abuse disorder only	50.3%
Co-occurring substance abuse and mental illness	16.0%

⁵⁹ DeParle 2004: 218.

⁶⁰ Anne B. Shlay and Peter H. Rossi, “Social Science Research and Contemporary Studies of Homelessness,” *Annual Review of Sociology* 18 (1992) 138, JSTOR, Duke University, 14 Dec. 2006 <<http://www.jstor.org/cgi-bin/jstor/printpage/03600572/di974064/97p00322/0.pdf?backcontext=page&dowhat=Acrobat&config=jstor&userID=98032e22@duke.edu/01cce44064221310f891cf093&0.pdf>>.

⁶¹ Shlay and Rossi averaged the numbers found in sixty local and national empirical studies of homeless persons.

⁶² This number rises to forty-nine percent if short stays from homelessness-related offenses like loitering are included (Burt et al. 25).

⁶³ Paul Koegel, Elan Melamid, and M. Audrey Buman, “Childhood Risk Factors for Homelessness among Homeless Adults,” *American Journal of Public Health* 85.12 (Dec. 1995) 1644, EBSCOhost, Duke University, 13 Dec. 2006 <<http://web.ebscohost.com/ehost/pdf?vid=4&hid=111&sid=c96bba7b-bb7d-4e39-a6d4-807e126da944%40sessionmgr104>>.

Personal Vulnerabilities of Homeless in Central Florida⁶⁴

	MEN	WOMEN	WOMEN WITH CHILDREN
Incarceration	81.5%	51.9%	33.3%
Serious mental illness	50%	63%	53.7%
Abused alcohol	68.5%	44.4%	27.8%
Abused drugs	61.1%	46.3%	20.4%
Psychiatric hospitalization	20.4%	48.1%	13.0%
Lived in foster care	11.3%	29.6%	33.3%
Physically abused as a child	15.1%	46.3%	46.3%
Sexually abused as a child	9.4%	38.9%	38.9

Additionally, being homeless as a child increases the odds of experiencing domestic violence later in life by 50%. As domestic violence is the most cited reason for family homelessness, these individuals are likely to return to the streets.⁶⁵

Family Homelessness

In a survey of Massachusetts homeless mothers, Bassuk, Rubin, and Lauriat found that one-third had been physically or sexually abused as children.⁶⁶ National numbers quoted by the National Center on Family Homelessness bring this number to 43 percent. Prior to age 18, sixty-eight percent of homeless mothers were physically abused.⁶⁷ Twenty-three percent of homeless mothers were sexually abused before reaching eighteen.⁶⁸

⁶⁴ Zugazaga 647.

⁶⁵ Laura Caruso, "Press Release: Beyond the Shelter Wall," Homes for the Homeless 1 Nov. 2004, 16 Dec. 2006 <<http://www.homesforthehomeless.com/index.asp?CID=6&PID=35&NID=63>>.

⁶⁶ Ellen L. Bassuk, Lenore Rubin, and Allison S. Lauriat, "Characteristics of Sheltered Homeless Mothers," American Journal of Public Health 76.9 (Sep. 1986) 1098, EBSCOhost, Duke University, 13 Dec. 2006 <<http://web.ebscohost.com/ehost/pdf?vid=3&hid=112&sid=1bfccbbf-e247-444c-98cc-bed3ad257503%40sessionmgr108>>.

⁶⁷ National Center on Family Homelessness 3.

⁶⁸ Linda J. Anoshian, "Violence and Aggression in the Lives of Homeless Children," Journal of Family Violence 20.6 (December 2005) 380, EBSCOhost, Duke University, 13 Dec. 2006 <<http://web.ebscohost.com/ehost/pdf?vid=3&hid=119&sid=d558791e-82a8-4e36-938f-d6589aaa20ee%40sessionmgr102>>.

In a 1997 study of homeless mothers, Bassuk et al. found that 19.6 percent of currently homeless single mothers had lived in foster care system. Forty-four percent lived outside the home at some point during their childhood.⁶⁹ Compared to low-income, never-homeless mothers, homeless mothers were 11.3 percent more likely to have been in the foster care system as children.⁷⁰ The multivariate model used in the study demonstrated that a childhood placement in foster care was one of the two most salient predictors of family homelessness during adulthood.⁷¹ Another Bassuk study, this one two years later, found that 22.1 percent of homeless mothers had been in foster care as a child. Additionally, 39.2 percent suffered from PTSD, 52.6 percent had major depression, and 31.6 had abused substances – all conditions that can result from childhood homelessness.⁷²

A Better Homes Fund study conducted in 1999 reiterated Bassuk’s findings. One-fifth of the homeless mothers surveyed had spent time in the foster care system.⁷³ Thirty-three percent spent time away from their own mothers during childhood.⁷⁴

Chronic Homelessness

As discussed earlier, HUD’s definition of chronic homelessness mandates that, in addition to being homeless for a certain length of time, the homeless must have a disabling condition. Hence, a 1992 study by Blankertz, Cnaan, and Freedman focused on

⁶⁹ National Center on Family Homelessness 3.

⁷⁰ Bassuk, Rubin, et al. 244.

⁷¹ Drug use by the respondent’s primary female caretaker was the other salient predictor (Bassuk, Rubin, et al. 246).

⁷² Bassuk and Weinreb 95.

⁷³ “Homeless Children” 3.

⁷⁴ Caruso.

dually diagnosed homeless individuals.⁷⁵ Of the 156 dually diagnosed homeless individuals that participated, 53.1 percent reported being physically abused as children. An additional 25.4 percent were believed by the psychologists to have been victims of physical abuse, though the patients did not report it. Nearly thirty percent reported childhood sexual abuse, staff suspected (based on the clinical observation of behaviors seen in victims of sexual abuse) that at least another 34.5 percent of participants might have been sexually abused. Out-of-home placement was experienced by 47.3 percent of those surveyed.⁷⁶ Also statistically significant, 25% were both physically and sexually abused, and 31.25 percent were physically abused and removed from the home environment.⁷⁷

MENTAL ILLNESS

The Institute for Children and Poverty reports that individuals who were homeless while growing up are twice as likely as the rest of the homeless population to be diagnosed with mental illness in adulthood.⁷⁸ This is no surprise given that, by the time homeless children are eight years old, one in three suffers from a major mental health disorder.⁷⁹ Also, numerous studies of individuals with mental illness have found higher rates of childhood sexual abuse than that displayed by the general population.⁸⁰ Others focusing on psychiatric inpatients have found that those patients who were abused as

⁷⁵ Dually diagnosed refers to individuals who are either mentally ill or substance abusing, both of which are “disabling conditions,” under HUD’s definition (Blankertz et al 587).

⁷⁶ Blankertz et al. 590.

⁷⁷ Blankertz et al. 591.

⁷⁸ Caruso.

⁷⁹ Lisa Goodman, Leonard Saxe, “Homelessness as Psychological Trauma: Broadening Perspectives,” *American Psychologist* 46.1 (Nov. 1991) 1240, Ovid Buckner, Duke University, 16 Dec. 2006 <<http://gateway.ut.ovid.com/gw1/ovidweb.cgi#45>>.

⁸⁰ Blankertz et al. 587.

children displayed more psychiatric symptoms than those non-abused patients. Between 19 and 29 percent of psychiatric inpatients were victims of childhood sexual abuse, as were 16 percent of psychiatric outpatients.⁸¹

Childhood physical abuse is similarly prevalent amongst psychiatric patients. Among inpatients, between 38 and 49 percent were physically abused as children. Twenty-one percent of outpatients were physically abused during their childhood.⁸²

Unfortunately, many psychiatric patients were both physically and sexually abused as children. Victims of physically abuse, sexually abuse, or both make up between 23 and 57 percent of psychiatric inpatients.⁸³ Children who were placed out-of-home (i.e. foster care or institutional supervision) also had far higher rates of long-term stays in psychiatric facilities during adolescence.⁸⁴

DRUG ADDICTION

Individuals who were homeless during their childhood are 30% more likely to suffer from drug addiction during adulthood.⁸⁵ This is partly due to the close association between childhood sexual abuse (more common among homeless children) and drug addiction during adulthood. Women who experienced congenital sexual abuse are 2.83 times more likely to develop drug dependence than women who were not abused. Those who experienced intercourse-based abuse were 5.70 times more likely to become drug addicted than women who were not sexually abused. Women who experienced any type

⁸¹ Blankertz et al. 588.

⁸² Blankertz et al. 588.

⁸³ Blankertz et al. 588.

⁸⁴ Blankertz et al. 589.

⁸⁵ Caruso.

of sexual abuse were 3.09 times per likely to be dependent on drugs as adults than their non-abused peers.⁸⁶

IMPRISONMENT

Many individuals who end up in jail have a history of abuse, either physical or sexual.⁸⁷ Over a third of female inmates of state and federal prisons reported that they had been abused as children, while 14 percent of male prisoners said they had been abused as children. By contrast, between 12 and 17 percent of all females were abused as children, as were between 5 and 8 percent of males. Of those female prisoners who were abused, 86.7 percent had spent time in foster care. Among abused male prisoners, 43.9 percent had been part of the foster care system.⁸⁸

RISKY SEXUAL BEHAVIOR

Sexually abused children reported greater lifetime involvement in risky sexual behavior (unprotected intercourse, trading sex for shelter or goods) than did their non-abused peers. Similarly, adults who were sexually abused as children were more likely to have sex while drinking or using drugs.⁸⁹

Both physical and sexual abuse have been shown to lead to early sexual involvement, often rife with risky behaviors. A 1991 study of teenage mothers found that “emotional deprivation, particularly at an early age, may predispose adolescents to seek

⁸⁶ Patrick Zickler, “Childhood Sex Abuse Increases Risk for Drug Dependence in Adult Women,” NIDA Notes: Research News and Trends from the National Institute on Drug Abuse 17.1 (Apr. 2002), 16 Dec. 2006 <http://www.nida.nih.gov/NIDA_notes/NNvol17/N1/Childhood.html>.

⁸⁷ Pardeck 336.

⁸⁸ United States Department of Justice, “PRISON AND JAIL INMATES REPORT HIGH RATES OF PHYSICAL AND SEXUAL ABUSE BEFORE THEIR CONFINEMENT,” 11 Apr. 1999, 16 Dec. 2006 <<http://www.ojp.usdoj.gov/bjs/pub/press/parip.pr>>.

⁸⁹ Johnson et al. 225.

emotional closeness through sexual activity and early parenthood.” A later study of 1,026 young African-American women in Memphis found that while solely physical abuse had no correlation to early pregnancy, sexual abuse did. Girls who were molested as small children were more likely than their non-abused peers to become sexually active earlier (14.9 years of age versus 15.6 years of age) and become pregnant earlier (16.7 versus 17.4). The report concluded that: “Clinicians should consider a report of child sexual abuse from an adolescent to be a red flag for early sexual activity. Such adolescents should be receive appropriate family planning counseling and be referred for mental health counseling to reduce the risk of premature pregnancy.”⁹⁰

Yet, for low-income teenage girls, this referral rarely occurs. Hence, sexual abuse becomes one of many mechanisms for transmitting poverty to the next generation.⁹¹ Among homeless teenage mothers, 41 percent were separated from their parents during childhood, and 25 percent were physically abused, both of which are common among homeless children.⁹²

POTENTIAL COSTS

Recent public policy has directed homelessness funds to programs for the chronically homeless by weighting the applications of those who serve this population. While homelessness funding has been slightly increased, the rise has not been enough to fund this new emphasis, and other homeless programs for battered women or homeless children, for example, are finding ever-scarcer resources. In decreasing the amount of money spent on homeless children while attempting to solve chronic homelessness, the

⁹⁰ Shipler 145.

⁹¹ Shipler 145.

⁹² Caruso.

U.S. government is setting itself up for exponentially higher costs in the future. Due to the psychological damage suffered by these children now, they (as outlined earlier) are at a far higher risk of becoming the homeless or even the chronically homeless of the next generation.

The research of University of Pennsylvania professor Dennis Culhane is often cited as the reason for this policy shift. In his study of chronically homeless persons in New York City, Culhane found that New York City was annually spending \$62 million on twenty-five hundred individuals at a cost of \$24,800 per chronically homeless person. And as Malcolm Gladwell wrote in his much-read *New Yorker* article, this number can become much higher. For instance, Gladwell looked at Murray, a homeless man who in the course of his lifetime cost the government approximately \$1 million in drug treatment, shelter costs, emergency room visits, and incarceration.⁹³ Culhane asserted that it would be far more cost effective for the government to provide housing and supportive services to these twenty-five hundred chronically homeless. Rather than paying an average of \$24,800 on each individual, this population could be provided with housing and supportive services for \$18,190 per person per year plus construction costs – an eventual savings of at least \$6,610 per person per year.⁹⁴

While Culhane is likely right about the cost effectiveness of improving services for the chronically homeless, the high capital costs of constructing units and the

⁹³ Malcolm Gladwell, “Million-Dollar Murray: Why problems like homelessness may be easier to solve than to manage,” *The New Yorker* 13 Feb. 2006, 6 July 2006 <http://www.newyorker.com/printables/fact/060213fa_fact>.

⁹⁴ Dennis P. Culhane, Stephen Metraux, and Trevor Hadley, “Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing,” *Housing Policy Debate* 13.1 (2002) 155, Fannie Mae Foundation, Duke University, 16 Dec. 2006 <http://www.fanniemaefoundation.org/programs/hpd/pdf/hpd_1301_culhane.pdf>.

considerable operating costs of serving them have caused federal money to be diverted away from populations that are seemingly less costly to serve today – i.e. battered women, homeless children, single mothers, etc. By shortchanging these families and their children during their formative years, the government is fostering a host of problems that will have significant societal and fiscal costs in future years.

This seems especially shortsighted in light of the relatively low cost of caring for homeless children as opposed to other populations with more seriously entrenched problems (drug addiction, alcohol abuse, etc.). The cost for supportive housing for a family of 2.7 children is estimated at \$16,173 per year.⁹⁵ Providing a homeless child with housing and supportive services averages only \$4,967. For every chronically homeless person served, 3.67 homeless children could receive supportive housing for the same cost.⁹⁶ Additionally, as housing vouchers rather than separate buildings are used, serving homeless children does not require the same capital costs associated with supportive housing for the chronically homeless. By temporarily ignoring child homelessness to solve chronic homelessness, the government is creating a far larger next generation of chronically homeless and postponing critically needed services until they are more expensive to provide in the future.

As discussed, today's homeless children face a number of problems that may propel them into adult homelessness. But even should today's homeless kids avoid adult homelessness, there are a number of other obstacles with which they will potentially be faced. While the future consequences of child homelessness cannot always be

⁹⁵ As Ruth White and Deborah Harburger discussed in their research on the cost effectiveness of the Family Unification Program, the fair market rent for a three-bedroom apartment is \$931 per month or \$11,172 per year (Harburger and White 501).

⁹⁶ This is the author's calculation.

numerically predicted, the research has proven that these kids are more likely to require a number of costly government services including special education, increased Medicare payments, substance abuse treatment programs, psychiatric care, and incarceration.

Annual Cost to Government of Providing Specific Services

SERVICE	COST PER YEAR
Total spending used to educate average student with disability	\$12,639 ⁹⁷
Total spending used to educate average student in New York City (does not average in special education students)	\$5,200 ⁹⁸
Difference:	\$8,245
Incarceration in a Bureau of Prisons facility	\$23,183.69 ⁹⁹
Residential drug treatment program	\$12,500 ¹⁰⁰
Outpatient drug treatment program	\$3,100 ¹⁰¹
Treatment in a psychiatric facility	\$40,354 ¹⁰²
Discounted lifetime cost of caring for someone with HIV	\$385,200 ¹⁰³
Undiscounted lifetime cost of caring for someone with HIV	\$618,900 ¹⁰⁴

⁹⁷ President’s Commission on Excellence in Special Education, “A New Era: Revitalizing Special Education for Children and Their Families,” July 2002, 30, United States Department of Education 14 Dec. 2006 <<http://www.ed.gov/inits/commissionboards/whsp ecialeducation/>>.

⁹⁸ Jonathan Kozol, *Ordinary Resurrections: Children in the Year of Hope* (New York, NY: Perennial, 2000) 45.

⁹⁹ Administrative Office of the U.S. Courts Office of Public Affairs, “Costs of Incarceration and Supervision,” *The Third Branch: Newsletter of the Federal Courts* 36.5 (May 2004) 1, *U.S. Courts* 14 Dec. 2006 <<http://www.uscourts.gov/ttb/may04ttb/costs/index.html>>.

¹⁰⁰ Anna Scanlon, “State Spending on Substance Abuse Treatment,” *Forum on State Health Policy Leadership* Dec. 2002, 1, 14 Dec. 2006 <<http://www.ncsl.org/programs/health/forum/pmsas.htm>>.

¹⁰¹ Scanlon 1.

¹⁰² Carol D. Saur and Stephen M. Ford, “Quality, cost-effective psychiatric treatment: A CNS—MD collaborative practice model,” *Archives of Psychiatric Nursing* 9.6 (Dec. 1995) 334, *Elsevier ScienceDirect Saunders*, Duke University, 16 Dec. 2006 <http://www.sciencedirect.com/science?_ob=ArticleListURL& method=list& ArticleListID=509904403& sort=d&view=c& acct=C000004358& version=1& urlVersion=0& userid=38557&md5=f39680d2eb50a3a7ae8ed18ef6788bd7>.

¹⁰³ Bruce R. Schackman, Kelly A. Gebo, Rochelle P. Walensky, Elena Losina, Tammy Muccio, Paul E. Sax, Milton C. Weinstein, George R. Seage, Richard D. Moore, Kenneth A. Freedberg, “The Lifetime Cost of Current Human Immunodeficiency Virus Care in the United States,” *Medical Care* 44.11 (Nov. 2006) 990, *Ovid Buckner*, Duke University, 14 Dec. 2006 <<http://gateway.ut.ovid.com/gw1/ovidweb.cgi>>.

¹⁰⁴ Schackman et al. 990.

If only twenty percent of homeless children eventually require one of these services, the cost is such that, as with adult homelessness, it would have been much more cost effective for the government to spend the \$4, 967 now to put each child and family in an apartment with social and community-based services. This does not consider the significant costs faced in the more immediate future, such as hospital visits for asthma brought on by abhorrent living conditions, the high price of foster care for the 30 percent of homeless children who will end up there, and the cost of caring for newborn children as homeless youth are more likely to have unprotected sex and give birth early.

CONCLUSION

Reagan famously said, “We fought a war on poverty and poverty won.”¹⁰⁵ And for sometime now, we’ve apparently been content to accept defeat. But the massive consequences that await future generations for each decade of children bouncing between homelessness and substandard housing should not be ignored because, if anything, the problems and its potential costs are increasing exponentially. Fiscal year 2005 marked the first time the federal government did not fund all housing vouchers in use.¹⁰⁶ Waiting lists are years long, and new vouchers are not being issued. Indeed, the National Low Income Housing Coalition estimates that one in eight households could lose their assistance this year.¹⁰⁷ The Joint Center for Housing Studies of Harvard University aptly summarized the present situation:

Affordability is worsening, inadequate conditions persist, and crowding is more common. Today, more than 37 million

¹⁰⁵ DeParle 2004: 105.

¹⁰⁶ Joint Center for Housing Studies of Harvard University. “The State of the Nation’s Housing 2005,” (Cambridge, MA: Harvard University Press, 2005) 26, 18 July 2006 <<http://www.jchs.harvard.edu/publications/markets/son2005/index.htm>>.

¹⁰⁷ Joint Center for Housing Studies of Harvard University 27.

households face at least one of these housing problems. Given how chronic and widespread these issues have become, conditions are unlikely to improve without a dramatic increase in government housing and income supports.¹⁰⁸

In an economy where the minimum wage of \$5.15 obviously has less buying power than it did in 1950, naively hoping that everyone can pull themselves up by their bootstraps hardly seems like a viable option.¹⁰⁹ Rather, the government should commit to abolishing child homelessness with the same energy it has devoted to ending chronic homelessness. Supportive housing programs geared towards families can already be found in at least twenty states.¹¹⁰ The Family Unification Program, which relies on the same model, has found great success.¹¹¹ Being fiscally prudent and socially progressive is not an oxymoron. The model is there; all that is needed now is the political will and the financial commitment to avoid paying for extensive services in twenty years for today's homeless children and their future offspring.

¹⁰⁸ Joint Center for Housing Studies of Harvard University 24.

¹⁰⁹ DeParle 2004: 328.

¹¹⁰ Child Welfare League of America, "A Preliminary Review of Literature: Supportive Housing for Families Program Elements," Aug. 2005, 14 Dec. 2006.

¹¹¹ According to the evaluation of the Family Unification Program (FUP) prepared by Rog, Gilbert-Mongelli, and Lundy, 85 percent of families served by the program were still housed twelve months later, a figure in line with (but slightly higher than) the general population of Section 8 recipients. Additionally, FUP families showed especially high rates of family preservation, staying together a noteworthy 90 percent of the time (Child Welfare League of America 7).