



# Forty Years of Research on Predictors of Homelessness

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## Abstract

Homelessness is a chronic public health issue in the U.S. This paper reviews the endurance and evolution of individual, youth, and family homelessness over the past 40-plus years. Thematic findings detail research on predictors of homelessness among adolescents, runaway youth, veterans, older adults, sheltered families, and female-headed families. Results provide a summary of contributors to homelessness, including issues related to family instability, unemployment and poverty, mental illness, substance use, unstable living arrangements, child maltreatment, social support, crime, and violence. Findings highlight key and persistent predictors of homelessness found across decades, as well as more recently identified and nuanced precursors to individual or family displacement. The goal of this work was to summarize what is known about predictors of homelessness to inform targeted research, practice, and policies.

**Keywords** Homelessness · Poverty · Runaway · Veterans · Substance abuse · Health

## Introduction

Homelessness is experienced across the United States in a panoply of diverse settings, for various reasons, and by many different populations of people. Rates of homelessness have fluctuated since the 1970s, with the most recent point-in-time count estimating over half a million people being displaced on a given night (Henry et al. 2016). The 2016 Annual Homeless Assessment Report (AHAR) to Congress: Part 1, Point in Time Estimates (Henry et al. 2016) revealed that approximately one-third of the homeless population consisted of sheltered individuals (35%), unsheltered individuals (32%), sheltered families (30%) and unsheltered families (3%). The largest increases in the most recent count were observed among the most vulnerable—children and adolescents transitioning to adulthood (National Alliance to End Homelessness 2017). The present literature review addressed the issue of individual, youth, and family homelessness and how research has advanced on the topic over the past four-plus decades. The purpose of this study was to

explore populations and predictors of homelessness since the 1970s, a period labeled “The Great ‘U-turn,’” when the de-industrializing economy left many individuals and families behind (Harrison and Bluestone 1988; Wolch and Dear 1993). This was also the period preceding major homelessness legislation.

## Definitions of Homelessness and Current Counts and Costs

“Homeless” is a broad label applied to individuals and families who are without stable, adequate housing (Substance Abuse and Mental Health Services Administration; SAMHSA 2018). SAMHSA categorizes individuals and family groups based on emergency or chronic living in shelters or transitional housing programs (“sheltered”), temporarily residing with friends or family members (“doubled up”), or living in unconventional locations not intended as residential, such as abandoned buildings or public areas (“unsheltered”; SAMHSA 2018).

Despite ongoing efforts and funding to reduce and eliminate homelessness, it remains an ongoing issue in the United States. Recent point-in-time counts of homeless people translate to more than 60,000 displaced families with approximately one-third of these families being unsheltered for a period of time according to the Housing and Urban Development (HUD) department (2016).

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Current characteristics of displaced individuals and families are a marked difference from the middle- and older-aged, White, male homeless population of the 1950s and 60s, described by Rossi, whose primary reasons for homelessness were limited fixed income, alcoholism, disability, mental illness, or social maladjustment (Rossi and Fowler 1990).

When he appeared on *The Daily Show* in 2012, former HUD Director/current Office of Management and Budget Director Shaun Donovan said it costs the U.S. \$40,000 a year per homeless person and, further analysis by PolitiFact estimates those same costs to be between \$35,000 to \$150,000 (Moorhead 2012). Taken together, this suggests that it may be less expensive to provide adequate housing than to provide a spectrum of supportive services for displaced individuals. With inflation and changing legal and healthcare systems, costs associated with homelessness likely only increase with each passing year. Concomitantly, the importance of tracking shifts in antecedents of homelessness should be evaluated to inform future research, practice, and policies aimed at ending homelessness and improving quality of life for displaced individuals, youth, and families.

## Legislative History

By the 1950s, urban revitalization catalyzed research to reduce homelessness, with a projected eradication by 1970 (i.e., “Skid row was on the way out,” Rossi and Fowler 1990, p. 955). It was not until 1986 when two noteworthy pieces of congressional legislation were enacted. First, the Homeless Persons’ Survival Act was introduced to Congress to address emergency relief measures, prevention, and long-term solutions to aid in preventing homelessness (National Coalition for the Homeless 2017). Although the entire act was not passed, portions of the act were incorporated into the Homeless Eligibility Clarification Act of 1986, which removed the permanent address requirement (along with other barriers) to existing programs such as Supplemental Security Income, Aid to Families with Dependent Children, Food Stamps, Veterans Benefits, and Medicaid (National Coalition for the Homeless 2017). Next, the Urgent Relief for the Homeless Act was introduced in late 1986 and signed and renamed the Stewart B. McKinney Homeless Assistance Act by President Regan in July 1987. This legislation was again renamed the McKinney-Vento Homeless Assistance Act in 2000 by President Clinton (National Coalition for the Homeless 2017). The McKinney-Vento Act focused on emergency relief provisions for shelter, food, health care, and transitional housing, with attention to the elderly, individuals with disabilities, families with children, Native Americans, and veterans.

## Current Study

The goal of this paper is to summarize what has been learned about contributors to homelessness pre-dating the McKinney-Vento Act to the present. There are decades of empirical studies available addressing various predictors of homelessness, while significant public and private resources have been aimed at reducing or eradicating the issue—yet homelessness persists. Rates of poverty and homelessness have mostly declined for adults, but remain steady for children and families (Desilver 2014; Lewit and Baker 1996). In fact, despite a declining national trend (largely based on point-in-time statistics), regional homelessness is increasing in some areas. For instance, in March of 2017, the Coalition for the Homeless stated that “New York City remains in the midst of the worst crisis of homelessness since the Great Depression,” (Coalition for the Homeless 2017, p. 1). Because homelessness in the U.S. is an ongoing problem, tracking contributors to homelessness while reviewing themes across generations of studies may point to critical factors for future research, practice, and policy work.

## Methods

The research team searched for primary source empirical studies published between 1970 and 2017 using the following four electronic databases: Google Scholar, PsychINFO, Web of Science, and University Library Reserves. The search was conducted by decade in an effort to create an exhaustive list of primary sources over time. An article was included in the review if it was (A) published between 1970 and 2017, (B) empirical, (C) described predictors/contributors to homelessness, and (D) was focused on homelessness in the United States. Meta-analyses were included if they posited antecedents of homelessness. An article was excluded if it only described experiences of being homeless, compared homeless populations, did not address contributing factors that led to such experiences, was a review paper, or was geographically focused outside the U.S.

The initial search yielded a total of 212 articles on homelessness, which was reduced to 80 articles that met study criteria addressing predictors or contributing factors of youth, adult, or family homelessness in the United States. Each article included in the study was then documented on a data sheet with the following details: author(s), journal, publication date, demographics of sample, sample size, measurements used to assess research question(s), and general findings. Articles were

chronologically organized by decade and thematically reviewed (Braun and Clarke 2006) for sub-themes based on population, as well as predictors of homelessness. Studies were hierarchically organized by decade, population, subgroup, and predictor, with a detailed annotation created for each paper. Results from this review provide a comprehensive summary of enduring and evolving contributors to homelessness studied among individuals, families, and communities.

## Results

Table 1 presents a layout of predictors by decade and year. If, for example, an article included three predictors comprised of substance use, mental illness, and poverty, each of those corresponding categories were noted. Across all decades and studies, family instability predictors were most often cited (41), followed by mental illness (34), unemployment and poverty (33), substance use (31), unstable living arrangements (28), child maltreatment (20), social support (17), and crime (14). An “other” category was created to capture 34 unique predictors mentioned across all decades. Table 2 presents the articles by decade, population, subgroup, and predictor/contributing factor for homelessness.

The following terms and operationalizations were used for Tables 1 and 2. *Family instability* included family structure (divorce, single parenthood, and nontraditional family forms), as well as family rejection and conflict. The theme of *unemployment and poverty* categorized low income situations, job loss, and living in a below-average socioeconomic area. *Mental illness* was inclusive of any debilitating disease that hindered everyday functioning, including but not limited to post-traumatic stress disorder (PTSD), schizophrenia, forms of psychosis, bi-polar disorder, and chronic or severe anxiety and depression. The *substance use* theme incorporated predictors related to frequent use of illegal/illicit drugs but also included alcohol when studies operationalized it as

abused. *Unstable living arrangements* that emerged as predictors of homelessness included eviction, hospitalization or institutionalized in-patient living, foster care, as well as being new to an area, or general residential instability. *Child maltreatment* included child abuse, neglect, or trauma due to parenting practices. *Social support* included isolation, pronounced independence, and barriers to help. *Crime* was operationalized as either juvenile and/or adult delinquency, but was not inclusive of neighborhoods with high crime, which was included in the unemployment and poverty category. Additionally, an *Other* category was created to include less pervasive predictors, such as race or ethnic culture, government policy or regulation, early pregnancy, disability or disease, education, adult trauma or life-changing event, physical abuse, or aging.

### 1970–1979

#### Unaccompanied Minors

Accessible research regarding homelessness in the 1970s was limited, especially pertaining to homeless predictors, focusing merely on the current climate of homelessness using primarily youth populations. The sequelae of the Great Depression fueled the onset of the first wave of runaways via a starved economy, lack of jobs, and rising costs of housing (Lipschutz 1977; Moses 1978). Lipschutz (1977) describes that a period known as the “flower child era” dawned as more youth left home and started seeking and building peer support networks. Lipschutz’s (1977) article was among, if not the first, to our knowledge, to look at youth homeless predictors such as family instability, poverty, unstable living arrangements and social support. Further expanding on these ideas was Moses (1978), who theorized that along with the depressed American economy following World War II, antecedents of youth and young adult homelessness included predictors largely centered around lack of resources, such as income, stable housing, and social support.

**Table 1** Number of predictors addressed in studies by category and decade

	1970–1979	1980–1989	1990–1999	2000–2009	2010–present	Category total
Family instability	2	8	11	13	7	41
Unemployment and poverty	1	4	13	3	12	33
Mental illness	0	3	11	9	11	34
Substance use	0	2	7	8	14	31
Unstable living arrangements	1	7	7	6	7	28
Child maltreatment	1	0	6	7	6	20
Social support	1	2	4	5	5	17
Crime	1	2	1	7	3	14
Other	0	5	8	8	13	34
Total number of predictors	7	33	68	66	78	252

**Table 2** Summary of articles reviewed by decade, population, and predictors

Decade	Population	Subgroup	Predictors	Articles
1970s	Unaccompanied minors	Runaway youth	Family instability, unemployment and poverty, unstable living arrangements, social support, crime, child maltreatment	Lipschutz (1977), Moses (1978)
1980s	Unaccompanied minors Adults	Runaway youth	Family instability, unemployment and poverty	Dye et al. (1981)
		Individual adults Elderly	Mental illness Living alone, unemployment and poverty, unstable living arrangements	Bassuk et al. (1984) Keighner (1989)
	Families	Homeless families	Unemployment and poverty, unstable living arrangements, housing regulations	Edelman and Mihaly (1989)
		Female-headed households	Family instability, unemployment and poverty, violence, abuse, social support, mental illness, pregnancy	Axelson and Dail (1988), Bassuk et al. (1986), Bassuk and Rosenberg (1988), Weitzman (1989)
1990s	Unaccompanied minors	Individual youth	Family instability, mental illness, cultural background, gender, child maltreatment, trauma	Dadds et al. (1993), Schweitzer et al. (1994)
Adults	LGBT youth Individual adults		LGBT, gender, abuse, mental illness	Kruks (1991)
			Substance use, female headed households, crime, mental illness, gender, ethnicity, housing, housing regulations, per capita expenditure in mental health, employment, housing regulations, unstable living arrangements, physical health, victimization, child maltreatment, divorce, ACE score	Benda (1990), Burt (1991), Elliott and Krivo (1991), Johnson et al. (1997), Herman et al. (1997), Koegel (1995), Rossi and Fowler (1990), Susser et al. (1991), Timmer and Eitzen (1992), Tucker (1991), Wood et al. (1990)
	Women		Victimization, sexual victimization, unemployment and poverty, low income, social support, unstable living arrangements, domestic violence	Bassuk et al. (1996), Fischer (1992), Goodman (1991)
	Individuals with health conditions		Unemployment and poverty, mental illness, housing regulations, substance use, low income, social support, unstable living arrangements, runaway episodes	Kingree et al. (1999), Salit et al. (1998), Susser et al. (1991)
	Elderly		Aging, unemployment and poverty, health insurance, crime, living alone	Cohen (1999)
Veterans	Male veterans		Mental illness, substance use, trauma, child maltreatment	Rosenheck and Fontana (1994)
Families	Homeless families		Family instability, housing regulations, violence, abuse, substance use, unemployment and poverty, mental illness	McChesney (1990), Wood et al. (1990)
	Female-headed households		Unstable living arrangements, substance use, minority status, mental illness, low income	Bassuk et al. (1996, 1997)
	Sheltered families		Unemployment and poverty, social support, housing conditions, demographics	Shinn et al. (1998)

Table 2 (continued)

Decade	Population	Subgroup	Predictors	Articles
2000s	Unaccompanied minors	Individual youth	Sense of agency, abuse, child maltreatment, violence, family instability, social support	Coker et al. (2009), Hyde (2005), Van den Bree et al. (2009)
		LGBT runaway youth	LGBT, substance use, pregnancy, victimization, family instability, mental illness	Springer (2001)
		Runaway youth	Unstable living Arrangements, substance use, gender, employment and poverty, crime, child maltreatment, mental illness, family instability	Thompson et al. (2001), Thompson et al. (2004), Tyler (2006)
		Sheltered youth	Substance use, runaway episodes, family instability, child maltreatment, victimization, trust	Slesnick et al. (2008)
		Foster care youth	Victimization, child maltreatment, crime, runaway episodes, unstable living arrangements	Fowler et al. (2009)
		Released from psychiatric treatment	Substance use, physical abuse, running away, unstable living arrangements	Embry et al. (2000)
Adults		Individual adults	Sense of belonging, social support, substance use, crime, unstable living arrangements, morality	Caton et al. (2005), De Venanzi (2008), Kellett and Moore (2003)
		Women	Unstable living arrangements, interpersonal conflict, social support, family history of poverty, family instability	Anderson and Rayens (2004), Tessler et al. (2001)
		Men	Unemployment and poverty, crime, mental illness, substance use	Tessler et al. (2001)
		Elderly	Social support, substance use, unemployment and poverty, low income, age	Crane et al. (2005)
		Drug users (with and without HIV/AIDS)	Substance use, HIV status, mental illness, unemployment and poverty	Song et al. (2000)
		Mentally ill	Child maltreatment, family instability, abuse, violence, lack of education, mental illness	Sullivan et al. (2000)
Veterans		Male veterans	Mental illness, substance use, trauma	O'connell et al. (2008)
Families		Homeless families	Substance use, family instability, housing regulations, unemployment and poverty, low income	Fertig and Reingold (2008), Mallett et al. (2005)
		Female-headed households	Poverty and unemployment, low income, social support	Fertig and Reingold (2008)

Table 2 (continued)

Decade	Population	Subgroup	Predictors	Articles
2010–	Unaccompanied minors	Individual youth	Poverty, family instability, child maltreatment, crime	Embleton et al. (2016)
		Runaway youth	Runaway episodes, unstable living arrangements, victimization, substance use, ethnicity, STDs, level of education, pregnancy, family instability, trauma	Benoit-Bryan (2011), Brakenhoff et al. (2015)
		Foster care youth	Unstable living arrangements, foster care policy, social support	Dworsky and Courtney (2010)
		Sheltered youth	Unemployment and poverty, runaway episodes, pregnancy, family instability	Heinze et al. (2012)
		Latino LGBT youth	Family instability, LGBT, unstable living arrangements	Castellanos (2016)
		Individual adults	Affordable housing, unemployment and poverty, mental illness, substance use, unstable living arrangements, victimization, rebelliousness, affordable housing, climate, inflation, childhood adversity	Chamberlain and Johnson (2013), Byrne et al. (2013), Cronley (2010), Cutuli et al. (2017), Lee et al. (2010), Mago et al. (2013), Mcvicar et al. (2015), Sundin (2012)
		Women	Relationship breakdown, unstable living arrangements	Sundin (2012)
		First-time homeless	Substance use, unemployment and poverty	Thompson et al. (2013)
		Transgender adults	Discrimination, social support, LGBT, healthcare, denial of services	Kattari and Begun (2017)
		Elderly	Unstable living arrangements, unemployment and poverty, mental illness, living alone, inflation, ethnicity	Brown et al. (2016)
Veterans	Female veterans	Trauma, abuse, victimization, unemployment and poverty, social support, isolation	Hamilton et al. (2011)	
	Male veterans	Runaway episodes, child maltreatment, family instability, substance use	Tsai et al. (2012)	
	Unsheltered veterans	Substance use, limited va services, lack of compensation from disability, demographics	Byrne et al. (2016)	
Families	Veterans in mental health facilities	Substance use, mental illness, trauma, living alone, unemployment and poverty	Tsai et al. (2017)	
	Homeless families	Housing markets, trauma, housing markets, unemployment and poverty, substance use, social support, inflation	Curtis et al. (2013), Fargo et al. (2013)	

## 1980–1989

### Unaccompanied Minors

Similar to the previous decade, literature from the 1980s mentioned three great disruptors to the nuclear family as driving factors for youth who ran away: The Great Depression, World War II, and the "flower-child" era (Dye et al. 1981). While the majority of these children were discontented from home and/or school, and ran away in search of a more fulfilling way of life, there were also the attractions of drugs, religion, love, and life on the street (Dye et al. 1981). Along with substance use being first introduced as an antecedent of homelessness, the first studies regarding gender and victimization emerged: An investigation of 60 female sex workers in San Francisco revealed that 80% of women had been either victims of incest, sexual abuse, or rape prior to prostitution; and 65% had run away from home in their youth (Dye et al. 1981). Results also found that males and females who ran away wound up in unstable living situations where they were then picked up by adult men and forced into prostitution (Dye et al. 1981).

### Individual Adults

One study conducted on a group of homeless men, women and children found that 71 out of the 78 who were interviewed were given a psychiatric diagnosis (Bassuk et al. 1984). As such, this same study posited that mental illness was a precipitating cause of homelessness.

**Elderly** Scant research has specifically targeted the elderly as at-risk for homelessness. Among the first studies focused on this population, Keighner (1989) suggested that the likelihood of becoming homeless among the elderly included living alone, lack of social support, a diminished mental function, and having low income (Keighner 1989).

### Families

Using national homeless estimates and previous literature juxtaposed with a developmental framework, Edelman and Mihaly (1989) theorized that inadequate incomes and dwindling affordable housing increased the likelihood of families becoming homeless, particularly families comprised of single women with children (Axelson and Dail 1988).

**Female-Headed Households** Weitzman (1989) compared homeless families receiving public assistance to housed families and found that pregnancy and number of recent births were associated with homelessness (35% were pregnant and 26% had given birth in the last year, compared to 6% and 11%, respectively, with housed women. Bassuk

et al. (1986) explored homeless predictors among female-headed homeless families (using interviews with 80 homeless mothers and 151 children) and found that most women experienced abuse and had no social support, and most children had developmental delays. One study argued that homeless women have greater exposure to violence and sexually transmitted infections due to engaging in "survival sex" to obtain resources that would support their families (Axelson and Dail 1988). This same study posited that many homeless women with children have never had the opportunity to become self-sufficient and autonomous adults, mostly because they have been trapped in the cycle of poverty. Other studies found that female-headed households were more likely to have a history of abuse, mental illness, and substance use, thus exposing them to a greater risk of homelessness (Axelson and Dail 1988; Bassuk and Rosenberg 1988).

## 1990–1999

### Unaccompanied Minors

Schweitzer et al. (1994) compared 54 homeless adolescents to 58 housed adolescents and found that adolescents who experienced homelessness had more emotional, social, and cultural deprivation. Homeless children and adolescents, particularly girls, indicated histories of parental conflict, maltreatment, and rejection in another study investigating 117 homeless youth (Dadds et al. 1993).

**LGBT Youth** Among the first investigations to address LGBT (lesbian, gay, bisexual or transgender) populations, Kruks (1991) highlighted that in a children's homeless shelter in Los Angeles, 72% of young men involved with prostitution identified as gay, suggesting that identifying as a sexual minority may be associated with homelessness.

### Individual Adults

Elliott and Krivo (1991) analyzed contributing factors of homelessness during the previous decade using U.S. Housing and Urban Development data correlated with U.S. macroeconomic trends. They found that access to mental health care and costs pertaining to housing, food, clothing, and medical care were contributing factors of homelessness. They suggest that housing prices and stricter policies relating to the eligibility of disability requirements magnified the issues of homelessness. Similarly, Wood and Valdez (1991) theorized that unemployment and lack of low-skilled jobs were known to lead to residential instability and homelessness after interviewing 196 homeless individuals. They argued that employees holding low-skilled jobs face precarious financial situations with

little financial resources to meet the expenses of housing (similar results found by Tucker 1991). In investigating first homeless episodes, Johnson et al. (1997) collected data on 303 homeless individuals and theorized that first-time homelessness was often predicted by substance abuse, lack of economic and social resources, being unemployed, and divorce within one's first marriage. In examining demographics, Rossi and Fowler (1990) emphasized that racial/ethnic minority populations were at a higher risk than White individuals. This same study examined "squatters" as casualties of urban city housing expansion. Other studies cited crime, identifying as a minority, negative childhood experiences, family instability, poverty, ACE (adverse childhood experience) score, and social resources as potential predictors of homelessness in general populations (Benda 1990; Burt 1991; Elliott and Krivo 1991; Herman et al. 1997; Koegel 1995; Timmer and Eitzen 1992).

**Women** Homeless women had fewer economic resources, smaller support networks and reported severe physical and sexual assault over their lifespan compared to women who were not homeless as reported in one study examining 220 homeless females (Bassuk et al. 1996). A follow-up study on homeless females found that homeless women without families reported higher rates of schizophrenia and bipolar disorder than homeless women with children, while 72% of homeless mothers had a lifetime problem with substance use, mental disorder, or comorbid diagnosis with few resources to help them cope with these challenges (Bassuk and Rosenberg 1988). Goodman (1991) found that ethnicity, unstable living situations, and trust in social relationships significantly influenced homelessness among women in poverty.

**Individuals with health conditions** Salit et al. (1998) investigated lengths of stays in hospitals and reasons for hospital admission among homeless and low-income individuals using 18,864 homeless admission cases in New York City. Their study found that unemployment, poverty, mental illness, and housing issues contributed to homeless individuals who had chronic and lengthy hospital stays.

Kingree et al. (1999) identified risk factors for homelessness among low-income substance abusers who had participated in a metropolitan residential treatment program. Low-income, substance use, depression, and lack of social support were cited as reasons for homelessness two months following completion of the program. Susser et al. (1991) found that among 512 psychiatric patients who had experienced homelessness, 79% had previously been in the foster care system, 85% had been in a group home, and 65% had run away from home.

**Elderly** In his study analyzing national data and previous literature, Cohen (1999) asserted that elderly individuals who have been previously imprisoned, divorced/widowed, who are living alone, or who are African American are at-risk for homelessness compared to individuals who are not. Cohen also suggests that macro-level factors such as low fertility rates, greater job instability, and increasing numbers of individuals without health insurance may amplify the risks of homelessness (Cohen 1999).

### Veterans

In one of the first studies to use a large scale dataset ( $N=1460$ ), Rosenheck and Fontana (1994) examined risk factors of homelessness in male veterans who participated in the Vietnam War. Results showed that post-military isolation, mental illness, and substance use had the strongest effects on homeless outcomes, with childhood maltreatment/trauma having less, but still statistically significant effects.

### Families

McChesney (1990) argued that when there are more poor households than low income housing, families are at-risk of becoming homeless. He also posits that families are homeless for structural rather than individual reasons (McChesney 1990). In investigating family structure, Wood et al. (1990) found that single parent families were more likely to report family conflict, whereas two-parent families were more likely to report economic/housing problems as main contributing factors to homelessness.

**Female-Headed Households** In a study of 436 female headed households (220 that were homeless and 216 that lived in poverty), Bassuk et al. (1997) found that risk factors for homelessness included history of foster care, as well as mother's use of illicit drugs. Their study also found associations of homelessness and minority status, recent movement to area, recent eviction, drug and alcohol use, and mental health issues. A similar study by Bassuk using the same sample showed that homeless mothers had fewer economic resources, smaller support networks, and higher reports of severe physical and sexual assault over their lifespan than housed mothers (Bassuk et al. 1996).

**Sheltered Families** Shinn et al. (1998) posited that homelessness is widely connected to welfare and low resources among 266 families living in shelters. Their study also reported that housing conditions and demographics (i.e., ethnicity) were strongly associated with entry into a shelter. Once families enter a shelter, Shinn's study argues that ending the cycle of poverty is difficult to break.



## 2000–2009

### Unaccompanied Minors

Using a cross-sectional survey of 5147 fifth-grade students, one study found that Black children and children living in impoverished families had the highest rates of homelessness (11%; Coker et al. 2009). The same study found that, in general, students witnessing violence or having a previous history of mental healthcare were more likely to be homeless. Hyde (2005) examined the histories of 50 homeless adolescents and found themes of abuse, parental conflict, drugs, and alcohol in the home prior to homelessness. Also studying family traits of homeless youth, Van den Bree (2009) showed statistical associations of family relationship quality, school adjustment and experiences of victimization to homelessness in a longitudinal, population-based study ( $N = 10,433$ ).

Using a large, national dataset on homeless youth ( $N = 17,790$ ), Thompson and others (2001) investigated differences between homeless, “throwaway,” and independent youths. Their results showed that among runaway–homeless youths, family characteristics were identified as the most important factor concerning family reunification; among “throwaway” youths who were rejected by their family of origin, behavioral problems predicted not returning home; and among independent youths, only individual demographics predicted reunification. A follow-up study by Thompson et al. (2004) using data on 156 runaway youth revealed differences in adolescent and parents’ perceptions of running away. Few parents assumed responsibility, and the majority of adolescents blamed themselves for runaway behavior. A comparable study on 40 runaway adolescents found that child maltreatment, abuse, or state-custody as a result from running away largely characterized a runaway youth’s profile (Tyler 2006).

**LGBT Runaway Youth** In a study of 334 runaway youth in San Francisco, Moon and colleagues (2000) found that LGBT youth reported running away at an earlier age, which was associated with later homelessness. They also found higher levels and earlier use of both sexual and drug-using behaviors among LGBT youth compared to heterosexual youth.

**Sheltered Youth** Slesnick et al. (2008) explored predictors of change in homelessness among 180 homeless youth between the ages of 14 and 22, recruited through an urban drop-in center. Results showed associations to substance use, victimization, and mental health problems and stressed the importance of secure housing/stable living arrangements as a key protective factor against homelessness.

**Foster Care Youth** Fowler et al. (2009) found that, among 265 youth who exited foster care and did not secure stable housing, 20% were chronically homeless within two years. Much like Slesnick et al. (2008), Fowler’s study emphasizes the importance of secure and stable housing post-transition out of state/foster care systems, and posits that housing issues among youth are associated with behavioral problems, victimization, criminal activity, and dropping out of high school.

**Youth Released from Psychiatric Treatment** Youth placed in state custody and/or a treatment facility were at high risk of becoming homeless once exiting the institution, as results from one longitudinal study showed after following 83 adolescents discharged from inpatient facilities (Embry et al. 2000). This same study showed that 33% of youth experienced at least one homeless episode post-discharge. Having a history of substance use, abuse, runaway episodes, or being in state custody were risk factors for youth homelessness.

### Individual Adults

Caton et al. (2005) found that employment, coping skills, family support, crime and substance use were predictive of homelessness in 377 newly homeless adults in New York City. Their study also showed that a shorter duration of homelessness was associated with younger age.

**Men** Studies after the turn of the millennium showed that men were more likely to become homeless if they lost their jobs, were discharged from an institution, had mental health problems, and/or had an alcohol/drug problem using a national dataset of 4497 male homeless individuals (Tessler et al. 2001).

**Women** Tessler et al. (2001) found that women were more likely to become homeless because of eviction, interpersonal conflict, and lack of social support after analyzing data on 2727 homeless females. Similar findings were highlighted in Anderson and Rayens’ (2004) investigation of 255 homeless women who posited that social support was a strong indicator of homelessness and the importance of developing healthy attachments throughout the lifespan.

**Elderly** Predictors of homelessness in this decade were limited to a single study on 122 elderly individuals, which revealed that health issues, personal problems, and social security policy gaps were antecedents of homelessness (Crane et al. 2005).

**Drug Users (with and without HIV/AIDS)** Findings by Song et al. (2000) suggested that frequent drug use and HIV/

AIDs status are strong predictors for homelessness in a study of 2452 individuals with a history of injection drug use. Evidence from this study also found that depressive state and loss of job due to the current health condition may amplify the risk of homelessness, particularly among those who use drugs and identify as HIV/AIDS positive.

**Mentally Ill** A study of 1563 adults who were homeless with a mental illness found that participants shared childhood histories of social and economic disadvantage. Homelessness with a mental illness appears to stem from a “double dose” of disadvantage: poverty with the addition of family instability and violence as a child (Sullivan et al. 2000). The same study also found that, among homeless individuals with a mental illness, those who experienced homelessness prior to developing (or diagnosing) mental health problems had the highest levels of disadvantage; whereas those who became homeless after identifying mental illness have a particularly high prevalence of alcohol dependence.

### Veterans

O’Connell et al. (2008) utilized structural equation modeling to analyze predictors among 460 homeless (sheltered and street) veterans who were predominately male (95%). Substance use was found to be the biggest predictor of housing loss, followed by PTSD and mental illness.

### Families

**Homeless Families** In investigating familial predictors of homelessness in youth, Mallett et al. (2005) conducted qualitative interviews which revealed familial drug and alcohol use was the determining factor that catalyzed youth leaving home. It was revealed in this same study that over half of the youth used drugs (although it was unclear if it was directly linked with family drug use). Contrary to previous findings between housing markets and homelessness (see Moses 1978), Fertig and Reingold (2008) found that homelessness is strongly associated with social support while only modestly linked with housing and labor market conditions.

**Female Headed Households** Fertig and Reingold’s (2008) study also found in examining 792 homeless mothers that in addition to domestic violence and poor health, family structure provided a pathway to homelessness for women. While marriage was not linked to homelessness, having a live-in father significantly reduced the odds of being homeless for women.

## 2010–2018

### Unaccompanied Minors

Policies and practice cannot be effective if there is no empirical data on the reasons for children and youth homelessness, according to a study by Embleton et al. (2016). In investigating homelessness among youth, they found that poverty, family conflict, abuse, and delinquency were the most reported causes of homelessness. They also highlight the role of poverty as a driving factor over delinquency. Using a large dataset that included U.S. and international participants, the most common reason for street involvement was poverty (39%), family conflict (32%), abuse (26%), and delinquency (10%). They theorize that more government support and protection is needed to reduce socioeconomic inequities.

A multi-wave, 15-year study examining 15,000 youth found that running away from home was a strong predictor of homelessness (Benoit-Bryan 2011). This same investigation showed that youth were more likely to end up homeless if they were female, identified as an ethnic minority or immigrant, LGBT, and/or had histories in foster care, drug use, or family violence. Similar findings of running away as a predictor of homelessness were found by Brakenhoff et al. (2015) in their study of youth under the age of 25. They also highlighted that nontraditional family structure, lower levels of educational attainment, and parental work limitations due to health increased the risk of homelessness in adolescents and young adults.

**Foster Care Youth** Dworsky and Courtney (2010) wanted to better understand homelessness among foster youth, identify what percent of this population is affected by homelessness, and find how soon after exiting foster care do young people become homeless. Their study found that a key governmental policy that extended the release of foster care youth to age 21 (“Chafee Foster Care Independence Program”) was largely ineffective. Although it did limit homelessness in youth up until age 21, it did not appear to reduce the risk of homelessness by age 24. They also found that 22% of youth that exit foster care became homeless within 30 months.

**Sheltered Youth** Interviews with 103 sheltered youth by Heinze et al. (2012) yielded five distinct reason typologies: destitute (lack of resources and family support), threatened, pregnant, resistant (problems with rules and conflict with others/family), and partnered (involved in romantic relationships). Associations with demographic variables showed that Black youth were over six times more likely to cite lack of resources and/or family support as their primary reason for becoming homeless (as compared to White youth), while

White and Black youth were equally likely to report problems with rules or conflict as rationale for becoming homeless.

**Latino LGBT Youth** A qualitative study investigating Latino LGBT street youth by Castellanos (2015) revealed three distinct pathways to homelessness: (1) Homelessness after being in state care systems, (2) family conflict with a focus on sexual orientation, and (3) long-term family disintegration in which disclosure of sexual orientation exacerbated preexisting conflicts. Castellanos stresses the examination of the accumulation of risks before disclosure, which exacerbates family conflict and increases the risk of homelessness among LGBT youth who identify as a minority.

### Individual Adults

Lee et al. (2010) acknowledge that access to state and national data has expanded homeless investigation and allows for more robust stratification studies. For example, using data from the U.S. Department of Housing and Urban Development, Byrne and colleagues' analysis showed that being single, inflation, rent level, and recent relocation were risk factors for adult displacement (Byrne et al. 2013). This same study revealed pathways to homelessness which included illness, job loss, and/or income shock. Also looking at macro-level indicators, Cronley (2010) posits that societal levels factors such as increases in population substance use and difficulty accessing employment and housing increase the likelihood of homelessness (also found by Chamberlain and Johnson 2013, along with mental health and child homelessness in a study using national data).

In a study examining homeless populations in Washington State, homelessness was theorized as simultaneously and independently related to both past childhood adversities for adults and was predictive of childhood adversity and maltreatment (Cutuli et al. 2017). In a meta-analysis which examined over 70 peer-reviewed articles from 2000, Mago et al. (2013) used a Fuzzy Cognitive Map (FCM) approach to investigate the strength of predictors by way of the language used in those research articles. Among the predictors of homelessness, results showed that education impacts the dynamism and complexity of homelessness with the greatest influence, followed by addiction. Contrary to previous literature, cost of housing and social support network were among the least impactful variables. Mcvicar et al. (2015) investigated the causal relationship between substance use and homelessness ( $N=1325$ ), suggesting that the relationship is unlikely to be causal in either direction (a noteworthy exception being risky alcohol use, defined as 21+ drinks per week). Moreover, it is more likely that a combination of personality characteristics would be associated with an individual being both homeless, having a substance use problem,

or both. In a qualitative investigation of homelessness predictors, Sundin (2012) found that adverse life events, substance use, avoidant coping, criminal offense, and ill health increased the odds of chronic homelessness.

**Women** Sundin (2012) used a mixed-method approach to investigate homeless antecedents among both men and women. Results indicated that females and young adults reported that relationship breakdown was a triggering factor for becoming homelessness.

**First-Time Homeless** Using national longitudinal data, Thompson et al. (2013) found that alcohol-use disorders, drug-use disorders, and poverty independently increased the odds of first-time homelessness (after adjustment for ecological variables). Substance-use disorders and poverty interacted to differentially influence risk for first-time homelessness, before, but not after, the adjustment for controls.

**Transgender Individuals** Identifying as transgender doubled a person's risk of homelessness (compared to the general population); and researchers attributed this finding to experiences of discrimination, lack of access to health care, social services, and possible denial of services (Kattari and Begun 2017). Kattari and Begun's study highlighted that transgender individuals' engagement in survival sex was also associated with a higher risk of becoming homeless.

**Elderly** In a study of 350 older homeless adults (mean age 58), Brown et al. (2016) found that almost one-half became homeless for the first time after age 50. Key differences were found in individuals who experienced first-time homelessness pre and post age 50. Those with first homelessness before age 50 had more adverse life experiences and lower attainment of typical milestones in young and middle adulthood and also showed greater vulnerabilities including mental health problems, substance use problems, and functional impairment.

### Veterans

**Female Veterans** Female veterans were found to be four times more likely to be homeless than non-veteran women (Hamilton et al. 2011). Through focus groups with 29 homeless veterans, Hamilton et al. (2011) found five predominant precipitating experiences catalyzing pathways toward homelessness for female veterans: childhood adversity, trauma and/or substance abuse during military service, post military abuse, post military mental health, and unemployment. Other contributing factors found from their study included lack of social support and resources, sense of isolation, pronounced sense of independence, and barriers to care. These

risks formed a "web of vulnerability", which researchers said need to be addressed to reduce veteran homelessness.

**Male Veterans** In their study of 1161 homeless veterans (95% male), Tsai and Rosenheck (2013) investigated three types of childhood problems with participants: conduct disorder behaviors (lied, drank alcohol, used drugs, or ran away), family instability, and childhood abuse (including physical and sexual). Results showed that 30% reported conduct disorder behaviors, over 50% cited family instability, and 40% identified childhood abuse. Notably, child abuse was associated with longitudinal social support (lack of) and lower quality of life. The sample also included high rates of alcohol (63%) and drug abuse (49%).

**Unsheltered Veterans** Veterans who were currently in an unsheltered condition ( $N=4034$ ) were likely to be male, White, older, have a lack of compensation received from a service-related disability, substance users, and residing in the western part of the country, according to Byrne et al. (2016). In addition, their study found limited accessibility to available VA services, magnifying the potential for homelessness.

**Veterans in Mental Health Facilities** Tsai et al. (2017) studied the one-year incidence of homelessness among veterans seen in VA specialty mental health clinics using national data ( $N=306,351$ ) and identified demographic and clinical predictors of homelessness. Among the total sample, 5.6% were homeless after their referral within one year. Results showed that veterans who identified as single or reported a drug use disorder were more than two times as likely to experience homelessness; those who were African American or with income less than \$25,000 were more than one and a half times as likely to be homeless.

### Families

Curtis et al. (2014) interviewed 4,898 mothers after giving birth to investigate family shock (operationalized as a child born with a serious health condition) as a precursor to homelessness. Their study found that the shock substantially increases the likelihood of family homelessness, particularly in urban areas with higher housing costs. These effects may be mitigated by public assistance such as Temporary Assistance for Needy Families, Supplemental Security Income (SSI), and housing subsidies.

Another study modeled rates of family and single-adult homelessness in both metropolitan and nonmetropolitan regions and as a function of community-level demographic, behavioral, health, economic, and safety net characteristics using "point-in-time" homeless data from the U.S. Housing and Urban Development (Fargo et al. 2013). Results

generally showed that community-level factors accounted for 25% to 50% of the variance of homeless rates across models. In urban areas, alcohol abuse, social support, and economic indicators were associated with family homelessness, whereas in non-urban areas life expectancy, unemployment, and rent burden were uniquely associated with a family becoming homeless.

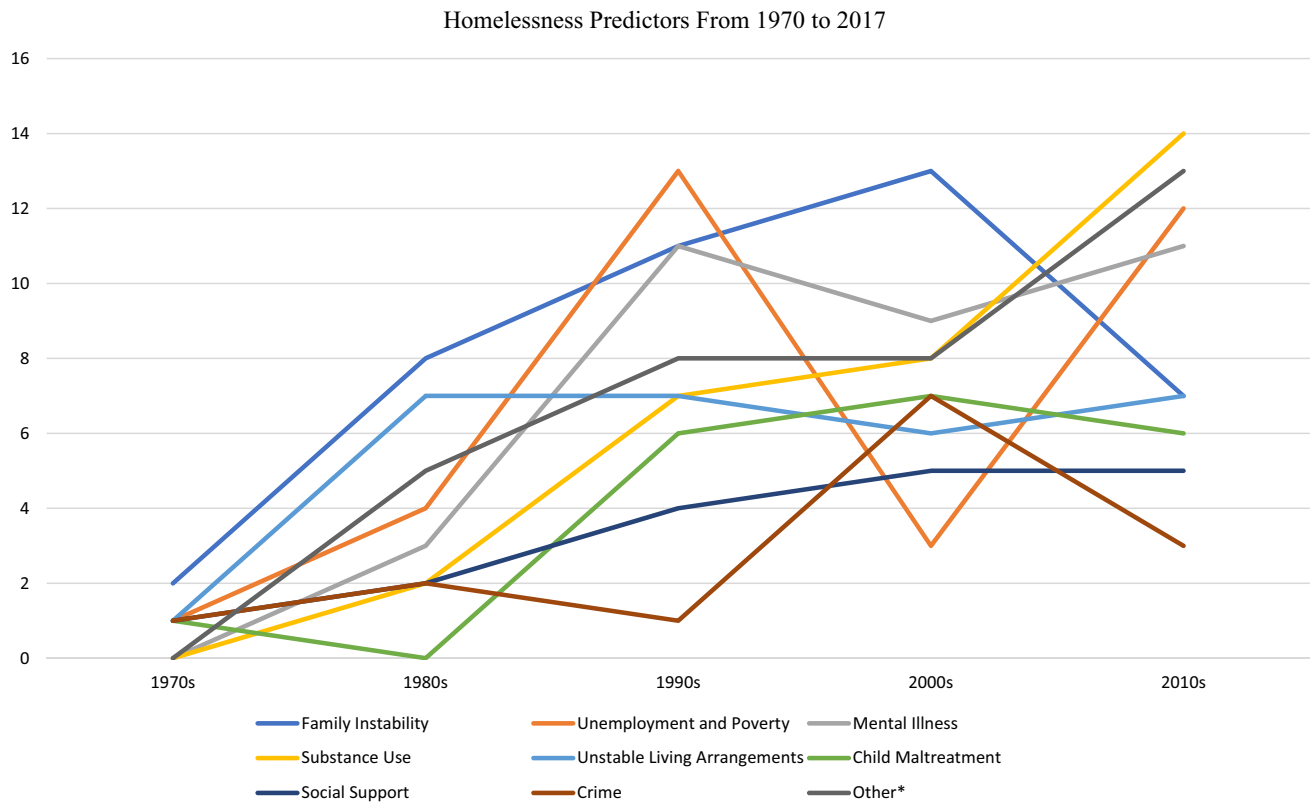
## Results Summary

Generally, the stratification of populations increased in complexity with each decade as did the number of predictors in each category in published research. Figure 1 illustrates the findings from Table 1 graphically. Numerically, substance use, mental illness, unemployment, and poverty have seen the largest increases in homeless predictors over time, showing evidence of clear linkages between these predictors and homeless outcomes in every population and subgroup throughout almost every decade (note: notwithstanding the "other" category, which is comprised of all other predictors without major grouping themes). It is noteworthy to mention that crime, although heavily studied in the 2000s, has seen a decrease in published studies.

Trends in population subgroups over time in published research revealed vulnerabilities to homeless outcomes when groups had a unique minority identifier. For example, sexual minorities, transgender individuals, runaway youth and youth in foster care, individuals with physical or mental health conditions, and veterans all showed unique links to homeless outcomes. Interestingly, very few studies investigated if racial/ethnic minority status was a significant contributing factor to homelessness. Moreover, race/ethnicity was only studied when coupled with another identifier (e.g., veterans who were a racial/ethnic minority), suggesting that race/ethnicity is not an independent contributing factor to homelessness, but part of an intersectional vulnerability for homelessness. Although not considered a population minority, the synthesis of results suggests that being a woman, much like being a racial/ethnic minority, may be more prone to homelessness when intersecting with another adversity (e.g., domestic violence).

## Discussion

Results from this review detail contributors to homelessness that occur at individual, family, community, and public policy levels. The empirically linked complexities of homelessness illustrate key reasons why this public health issue is so difficult to address and remedy. This study provides an organized and comprehensive "snapshot" of how homeless incidence has evolved over time and what has remained the



**Fig. 1** Shifts in research on predictors of homelessness over time

same. Approaches to addressing and ending homelessness should vary based on population and contributing factor. For example, review findings suggest that approaches that focus on socio-emotional development and family relationships might be more appropriate for unaccompanied homeless youth, whereas more instrumental and mental health resources might be most relevant for individual adults and the elderly. Identifying individual factors that contribute to residential instability and chronic homelessness, as well as factors that consistently impact entire categories of people, is critical to understanding where we have been, what we have learned, and where we go from here in terms of research, practice, and policy work aimed at ending homelessness in the United States (Citation Blinded for Review 2015).

The conceptual model outlined in Fig. 2 is based on the collection of studies reviewed here and illustrates the systemic and complex nature of displacement. Several antecedents of homelessness were found in every decade reviewed since the 1970s (i.e., family instability, transient living arrangements, unemployment and poverty, child maltreatment, social support (lack of), and delinquency. It is well established that family and residential instability, as well as economic hardship, are closely linked with adverse childhood experiences (ACEs; Merrick et al. 2018). Isolation and lack of social support are also strong predictors of child

abuse and neglect, which are subsequently associated with juvenile delinquency. It is argued here, based on a careful review of 40 years of homelessness research, as well as tenets of family systems theory, that homelessness is an indirect consequence of unstable families, particularly in the context of structural and policy hardships and inequalities. Thus, researchers should step back from studying the immediate precursors to displacement and, instead, examine how risks have cascaded (Evans and Cassells 2014; Wickrama et al. 2016) across a person's life from infancy through adulthood that led to homelessness.

It is worthwhile to mention that throughout the research, there were several articles that, although focused on specific predictors that were significantly linked to homelessness, alluded to more macro-systemic themes such as urbanization and housing affordability that could possibly amplify more measurable predictors included in studies reviewed here (e.g., income).

## Patterns in Homeless Research

The increasing number of factors identified throughout the literature reviewed here may appear to suggest that there is an ever-increasing number of risk factors for homelessness.

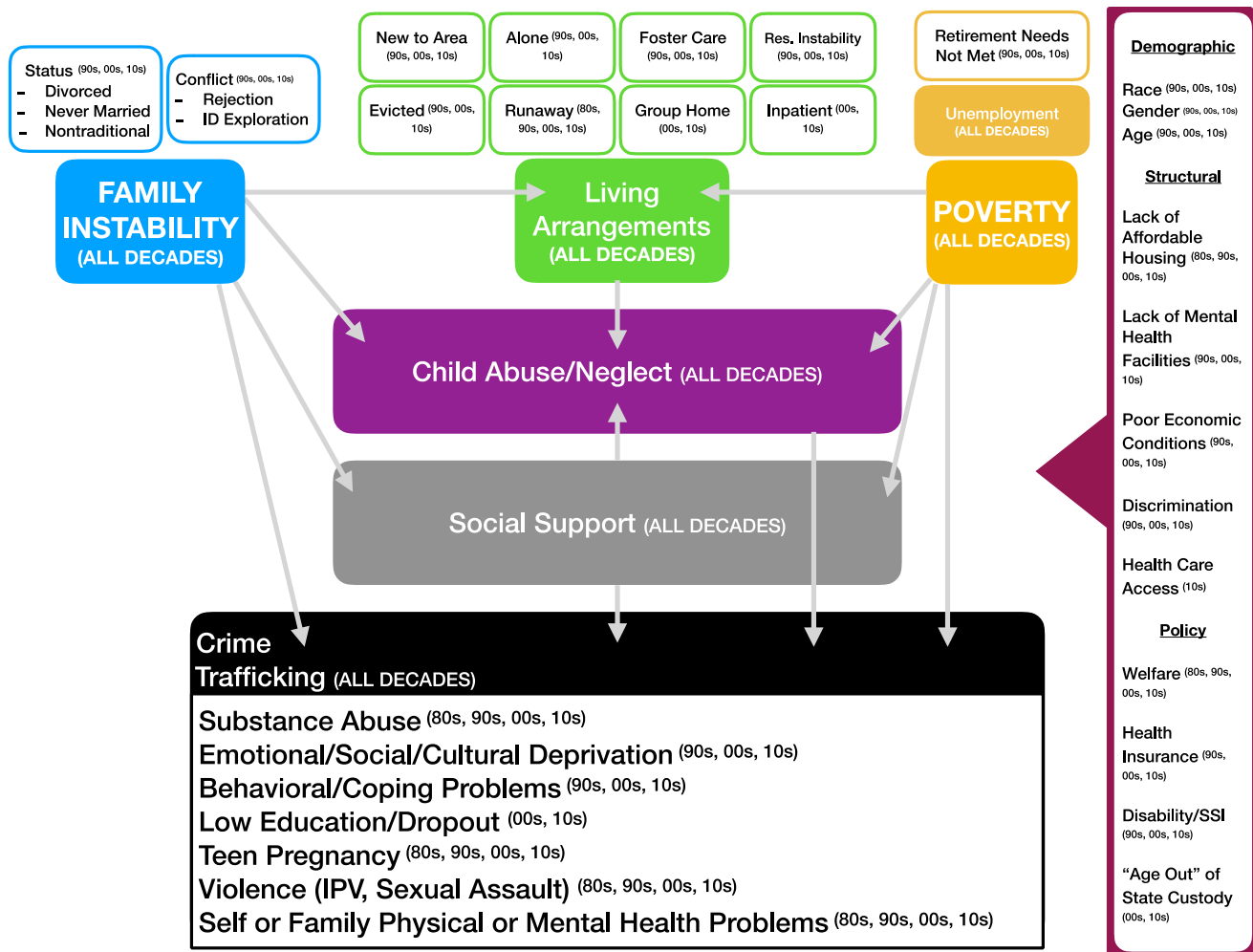


Fig. 2 Conceptual model of relationships between predictors of homelessness

However, what is more likely, is that these frequencies illustrate shifting research and policy priorities over the decades. Figure 2 attempts to address this issue by absorbing the evolving priorities researched into a thematic conceptualization of how these factors contribute to instability and transience. In studying antecedents of homelessness, four distinct patterns have emerged: number of studies, number of populations and subgroups, increases in data, and methodological advances. The first, and most notable, is an expansion on the numerical amount of studies examined. In the 1970s, only two studies were found that theorized potential predictors of homelessness. This number grew to eight in the 1980s, 26 in the 1990s, 22 in the 2000s, and 22 studies from 2010 until 2017.

Secondly, the numerical increase in the amount of studies investigating predictors of homelessness was accompanied by a greater partitioning of subgroup populations. For example, the two studies in the 1970s only examined a single population group: unaccompanied minors. Research in the

1990s identified four populations consisting of unaccompanied minors, adults, veterans, and families, with a total of 10 subgroups within these main populations (i.e., a subgroup of female-headed households under the “family” population; refer to Table 2). The 2000s had the same four populations, but with 15 subgroup populations. Likewise, the 2010 category included four main populations and 15 subgroups.

The third noteworthy change over time was increases in the number of cases used in the data. Both articles in the 1970s relied heavily on theory and anecdotal stories, which manifested hypotheses about pathways to homelessness. Bassuk et al.’s (1984) study was the first of its kind to use an empirical methodological approach by interviewing 78 homeless men, women, and children in a basic quantitative study using only descriptive statistics [Dye et al.’s (1981) study focused on runaway youth]. By 1994, Rosenheck and Fontana’s study was the first to use large-scale data (greater than 1000) by investigating 1460 male veterans. Capitalizing on the growing preponderance of “big” data, two other notable studies

used large-scale data. The first was Salit and colleague's 1998 study that investigated close to 19,000 homeless admissions in New York City using analyses of covariance (ANCOVA). Next was the Thompson and colleagues' 2001 national study on nearly 18,000 youth using data from Runaway Homeless Youth Management Information System (RHYMIS). Since the Thompson study, more than one-third of all research on homeless predictors have used large-scale datasets.

Lastly, advances in methodologies have increased since the use of simple descriptive statistics in Bassuk et al.' (1984) study. Techniques such as structural equation modeling (Rosenheck and Fontana 1994), chi-square and logistic regression (Thompson et al. 2001), mixed-methods (De Venanzi 2008), geographic centroid analysis (Byrne et al. 2013) and fuzzy cognitive mapping (Mago et al. 2013) have been used to examine predictors, pathways, and group comparisons leading to homeless antecedents.

## Conclusion

Results from this review highlight contributors to homelessness that occur at individual, family, community, and public policy levels. The complexity of the public health issue is one of the key reasons it is so difficult to address and remedy. This study provides an organized and comprehensive "snapshot" of how homeless incidence has evolved over time and what has remained the same. Approaches to addressing and ending homelessness should vary based on population and contributing factor(s). Homeless-centric research, particularly studies synthesizing homeless outcomes, might consider how health-related, structural, and remediating interventions inform the causes of homelessness (this thematic review did not include intervention research if there were not specific predictors of homelessness addressed in the study). Additionally, future studies should determine how the differing community characteristics within a state can improve safety nets for individuals who become homeless and need social supports to reintegrate back into society and its functions. This would include using current organizational structures (homeless shelters, foster care system etc.) as the basis for improvements, with the integration of social services, skill training units, and support professionals. However, and importantly, the benefits of these supports are likely short-lived if the more systemic issues identified in this comprehensive review, with roots in the childhood family of origin, are not addressed.

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