

Childhood Risk Factors for Homelessness among Homeless Adults

ABSTRACT

Objectives. This effort used data from the Course of Homelessness study and comparative secondary data on the general population to identify negative childhood and family background experiences that may increase risk for adult homelessness.

Methods. Frequencies of negative childhood experiences were examined among a probability sample of 1563 homeless adults. Differences in risk for such experiences were calculated by sex, age cohort, and racial/ethnicity status. Where possible, rates of negative childhood experiences among the homeless were compared with the general population.

Results. Substantial numbers of this sample experienced multiple problems as children across several domains: poverty, residential instability, and family problems. Women and Whites disproportionately reported experiences suggestive of personal or family problems; non-Whites disproportionately reported experiences suggestive of poverty. Homeless adults were at increased risk of childhood out-of-home placement, tenure in public housing, and homelessness, but not at greater risk for physical abuse. Women appeared to be at greater risk for sexual abuse.

Conclusions. The problems that homeless individuals experience as adults have very clear analogs in their childhoods. Vulnerability to homelessness stems from factors unevenly distributed across age, sex, and race/ethnicity groups. (*Am J Public Health.* 1995;85:1642-1649)

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Introduction

In recent years, attempts to address the homelessness crisis have increasingly focused on prevention, which rests on an understanding of the causes of homelessness. Unfortunately, this subject has been the source of considerable debate between two polarized camps. At one end are those who highlight *structural* factors, especially reductions in the availability of or increases in the demand for low-income housing.^{1,2} At the other end are those who have assigned primacy to *individual* limitations such as mental illness and substance abuse.^{3,4} Strict adherents of the structuralist position dismiss attention to personal characteristics as an attempt to blame victims for economic and social circumstances over which they have little control. Yet adherents of the individual-limitations perspective reject the structuralist position for its inability to explain the disproportionate presence of disabling disorders among the homeless.

With time, this stalemate has been replaced by the recognition that both perspectives are needed to understand contemporary homelessness. Structural factors determine why pervasive homelessness exists now while individual factors explain who is least able to compete for scarce affordable housing.⁵⁻⁷ In this view, while mental illness and substance abuse are acknowledged as being highly prevalent in the homeless population, they are not themselves seen as accounting for the pandemic character of the current homelessness crisis. Rather, they are viewed as risk factors that leave people more *vulnerable* to homelessness in a context defined by a dearth of low-income housing.⁸

This recent emphasis on vulnerability notwithstanding, there has been a tendency to equate personal risk factors for homelessness with psychiatric and substance use disorders. Unfortunately,

this may limit our understanding of who becomes homeless. A growing body of evidence points to a myriad of *socioeconomic* and *biographical* risk factors that signal vulnerability. Beyond suggesting that most homeless people come from backgrounds of poverty,⁹ this evidence suggests that childhood background and family experiences may be critical in explaining risk for homelessness. Rates of childhood out-of-home placement exceeding 15% have been reported in samples of homeless adults.^{10,11} Other indices of family disruption, including mental disorders, substance abuse, or sexual/physical abuse in the household, have also been high^{12,13}—much higher than in domiciled comparison samples.^{12,14-17}

This paper draws upon data from a large, representative sample of homeless adults to better understand the nexus of negative childhood experiences that may increase vulnerability to homelessness. In addition to describing a host of background variables and examining how they differ according to age, sex, and ethnicity, it compares the prevalence of several problematic childhood experiences with available measures of their prevalence in the general population to explore whether these experiences can be considered risk factors for homelessness.

Methods

Subjects and Procedures

The data reported here are drawn from the Course of Homelessness study, a

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prospective study of exit from and reentry into homelessness. Respondents were located in two sites (downtown and the West Side) containing the highest concentration of homeless individuals in Los Angeles County. Of the 5342 individuals approached for screening interviews, 89% were actually screened; of those screened who were eligible for the study, 87% agreed to participate. A total of 1563 homeless adults were administered face-to-face interviews averaging 2 hours, for which they were paid \$10.

People were considered homeless if, at some point in the last 30 days, they had spent at least 1 night in (1) a setting either defined as a temporary shelter or not designed for shelter, excluding those persons doubled up with family or friends; or (2) a program for homeless individuals that defines stays as temporary. Persons currently living in their own dwelling places for less than 30 consecutive days were included to avoid excluding those who are regularly homeless for a portion of each month.

Sampling Method

The survey's sampling plan combined elements of Burnam and Koegel's service-setting sampling approach¹⁸ and Rossi et al.'s "blitz" sampling approach¹⁹ to draw a probability sample of homeless adults in our two study sites. Respondents were sampled proportionate to their numbers in the downtown and West Side areas, as determined by a 1-night enumeration.²⁰ They were also sampled proportionate to their distribution across three nested sampling strata: the population using shelter beds, the homeless population using meal facilities but not shelter beds, and the unsheltered population using neither. Respondents were randomly selected at each of the shelter and meal facilities in the two study areas in proportion to the number of homeless people served by each facility over a 30-day period and across a stratified probability sample of streets in the dead of night. Women, who actually comprise 16% of the homeless population in these two study areas, were oversampled to represent 26% of the sample.

Data were weighted by the reciprocal of an estimated probability of selecting each sampled individual. Probabilities were estimated using two different underlying stochastic models that were conceived as bounds on actual probabilities: one model assumed that individuals re-

Measures	Definitions
Childhood living arrangements: any nonparental placement	Any of the below:
Lived with relatives	Lived with relatives responsible for care before age 18
Lived in foster care	Lived with foster parents before age 18
Institutional or group placement	Lived in a juvenile hall, residential treatment facility, orphanage, or group care before age 18
Family socioeconomic status	
Primary financial provider was female	Between ages 6 and 18, adult most responsible for financial support was female
Poverty indicators	Between ages 6 and 18, family received welfare or charity, did not have enough to eat, or did not have lights or heat because could not afford it; primary breadwinner was unemployed most or all of the time; or had poverty-related housing experiences (see below)
Childhood housing experiences: any housing problems	Any of the below:
Poverty-related housing experiences	Between ages 6 and 18, family either lived in public/subsidized housing, lived with someone else without sharing housing cost, were evicted for not paying rent or mortgage, or were homeless (as a family) for at least a week
Other forms of housing stress	Between ages 6 and 18, family either shared housing with friends or relatives or moved to a less desirable neighborhood because of trouble affording rent or mortgage; or respondent was homeless on his/her own (see below)
Homeless on own as child	Between ages 6 and 18, respondent was homeless on his/her own for at least a week
Indicators of family trouble	
Any indicator of family trouble	Between ages 6 and 18, at least one of the following was present: adult members of household had problem with alcohol or drugs; household member was disabled for a month or more; parent figure spent at least several days in jail; physical abuse in the household; sexual abuse in the household
Respondent suffered physical or sexual abuse	Respondent was either physically abused (hit so hard that it left bruises or warranted medical care) or sexually abused (masturbated in front of, touched in a sexual way, forced to touch another's body in a sexual way, or had sex with an adult) by someone in the household or by an adult outside the household
Any problem indication	Foster care or institutional placement, any poverty indicator, housing problems, family trouble, or abuse

FIGURE 1—Measures of childhood background and their definitions.

peatedly go to the same facilities and street locations over time, and the other assumed that individuals choose randomly among geographically available facilities and street locations. Probabili-

ties estimated under each model include two components: the selection of facilities and street locations on any given day (or night) of survey sampling, and the selection of individuals within locations, given

TABLE 1—Characteristics of the Course of Homelessness (COH) Sample (n = 1563) Compared with Domiciled Los Angeles County Residents

	COH Sample, %	Los Angeles County Distribution, ^a %
Interview site		
Downtown Los Angeles	69.8	NA
West side (Santa Monica/Venice)	30.2	
Sex		
Male	82.9	50.8
Female	17.1	49.2
Race		
Hispanic	13.6	37.8
White	20.6	56.8
Black	58.3	11.2
Other	7.6	32.0
Year of birth		
Before 1943 (age 49 and over)	14.1	28.9
1943 through 1952 (age 39–48)	29.1	16.7
1953 through 1962 (age 29–38)	39.9	24.4
1963 and on (age 18–28)	16.9	30.0
Born outside the United States	12.4	33.0
Education level		
8 y or less	12.3	15.6
Some high school	25.9	14.4
High school graduate	32.2	20.7
Some college	29.6	49.3
Armed forces service (18–64 y)		
Male	29.9	16.4
Female	2.7	0.7
Incarcerated as an adult		
Male	67.5	6.5 ^b
Female	43.6	NA
Chronic disorder		
No disorder	28.9	NA
Chronic major mental illness only	4.8	NA
Chronic substance abuse disorder only	50.3	NA
Co-occurring substance abuse and mental illness	16.0	NA
No./length of episodes		
Duration of homelessness > 1 y	44.9	NA
Homeless > 1 time	67.3	NA
Not housed within last year	9.9	NA

^aUS Dept of Commerce, 1990 Census.

^bTiemeyer P. *Racial Differences in the Incarceration Experience of Young Males*. Santa Monica, Calif: RAND Corporation; 1994. Unpublished manuscript.

the selection of facility/location. Weights used in this paper average the results from these two models.

Data Sources

The Course of Homelessness questionnaire focused, among other things, on residential history, family background, and homelessness history. Childhood background queries in the questionnaire related to respondent experiences from age 6 through 17. Many items in these sections were derived from the Home Environment Interview developed by Robins and colleagues.²¹ Figure 1 outlines the vari-

ables reported in this paper and reports their derivation. The Diagnostic Interview Schedule²² was used to obtain psychiatric diagnoses based on Criteria in the American Psychiatric Association's *Diagnostic and Statistical Manual*, 3rd edition, revised,²³ which were then further reduced to summary categories of chronic disorder using an algorithm described in our earlier work.²⁴

Analysis Plan

This paper first provides a descriptive analysis of family background variables, including univariate statistics and a

series of multivariate logistic regression analyses, in which reports of various childhood experiences are each regressed on sex, age cohort, and racial/ethnic background. These analyses provide a "portrait" of the childhood experiences reported by the Course of Homelessness respondents.

Rates of selected respondent childhood experiences are then compared with those in available reports of such experiences for the general population. Comparison measures were drawn from numerous secondary data sources, including the US Censuses of 1950 through 1990 and varied research studies. These comparisons can be considered suggestive only, since most of these data are not directly comparable to Course of Homelessness data.

Results

Sample Characteristics

Compared with the general Los Angeles population, Course of Homelessness respondents were disproportionately male, Black, between ages 29 and 48, and less likely to have a high school diploma or to have been born outside the United States (see Table 1). In addition, respondents were disproportionately veterans, and men were much more likely to have had an adult experience of incarceration.²⁵ Two thirds of the sample as a whole were substance abusers. Approximately 21% were chronically mentally ill, fully three quarters of whom had co-occurring substance abuse. Homelessness was cyclical among this population; the majority of respondents experienced multiple episodes that add up to an average lifetime duration of more than 1 year.

Descriptive Analyses

Table 2 presents data describing the childhood experiences of these homeless respondents across several categories; collectively, these data shed light on the respondents' early economic, residential, and family stability. The first of these categories, which addresses the extent to which respondents lived apart from their natural or adopted parents, suggests high levels of either personal disturbance, familial disruption, or both. Almost half reported living apart from their parents during childhood, and of these, half (or 25% of the sample as a whole) experienced placement in either foster care, institutional settings, or both. Younger respondents reported higher rates of nonfamilial living arrangements than older

respondents, while women were more likely than men to have lived in foster care. White respondents reported foster or institutional placement at greater rates than non-Whites; non-White respondents were more likely to report having lived with relatives during childhood.

Data in Table 2 also speak to the socioeconomic status of the families in which these homeless adults spent their childhood years. The majority of these respondents reported growing up in conditions suggestive of poverty. Over 50% reported a female as their primary source of financial support, and almost 60% reported receiving welfare, lacking food or utilities, or having an unemployed caretaker. These experiences varied little by sex but differed significantly among respondents from different age groups and racial/ethnic backgrounds. Younger (as opposed to older) individuals and Blacks (as opposed to Whites) were much more likely to report (1) that their primary financial provider during their childhood years was female, and (2) experiences indicative of poverty during that period. Hispanics were even more likely to come from backgrounds of poverty.

An examination of the childhood housing experiences of these homeless adults suggests early patterns of housing stress. Two fifths reported some form of housing problem or disruption during childhood, including 13% who lived in public or subsidized housing, 17% who lived in doubled-up situations, 5% who suffered eviction at some point, 3% who experienced homelessness with their families, and 17% who reported homeless/runaway experiences during childhood. While reports of problematic housing experiences did not vary by sex, younger cohorts were much more likely to have experienced housing problems as children. This is clearest with regard to the risk of childhood homelessness on one's own, which more than doubled from the oldest to the youngest age cohort (11% vs 27%). Non-White respondents were more likely to report housing experiences directly associated with poverty, while Whites were more likely to experience housing stress more indicative of personal or family problems.

Finally, the families of our sample members experienced disturbances of many different sorts. Almost one third (32%) reported an adult substance abuser in their childhood home, while 9% reported the incarceration of an adult caretaker and 5% reported sexual assault

TABLE 2—Risk of Negative Childhood Experiences among Homeless Adults, by Sex, Age, and Race/Ethnicity (n = 1563)

	% Sample	Odds Ratios (95% Confidence Intervals)					
		Male Sex (Female = 1.0)		Age Cohort (Born before 1943 = 1.0)		Race (White = 1.0)	
		1943–1952	1953–1962	1963–On	Black	Hispanic	
Childhood living arrangements							
Any nonparental placement	46.0	0.99 (0.78, 1.26)	1.33* (0.95, 1.87)	1.43** (1.03, 1.98)	1.97*** (1.36, 2.87)	1.13 (0.86, 1.47)	1.00 (0.70, 1.44)
Lived with relatives	30.8	0.90 (0.70, 1.17)	1.19 (0.82, 1.75)	1.30 (0.90, 1.88)	1.76*** (1.17, 2.65)	1.88*** (1.37, 2.57)	2.12*** (1.42, 3.17)
Lived in foster care	10.2	0.63** (0.44, 0.90)	1.81* (0.97, 3.40)	1.44 (0.78, 2.70)	3.08*** (1.62, 5.85)	0.59*** (0.39, 0.88)	0.49** (0.26, 0.90)
Institutional or group placement	20.2	1.22 (0.91, 1.65)	1.78** (1.14, 2.79)	1.54* (0.99, 2.39)	1.97*** (1.22, 3.20)	0.67** (0.49, 0.91)	0.46*** (0.29, 0.74)
Family socioeconomic status							
Primary financial caretaker was female	52.6	0.90 (0.70, 1.14)	1.18 (0.83, 1.67)	1.42** (1.02, 1.98)	1.73*** (1.18, 2.55)	2.92*** (2.21, 3.86)	0.98 (0.67, 1.45)
Poverty indicators	56.3	0.89 (0.70, 1.13)	1.40* (0.99, 1.96)	1.48** (1.06, 2.05)	1.44* (0.98, 2.10)	1.46*** (1.12, 1.91)	3.18*** (2.16, 4.68)
Childhood housing experiences							
Any housing problems	40.9	1.09 (0.85, 1.38)	1.50** (1.06, 2.12)	1.47** (1.05, 2.06)	1.94*** (1.33, 2.84)	0.92 (0.70, 1.21)	1.33*** (0.93, 1.92)
Poverty-related housing experiences	26.7	1.26 (0.96, 1.66)	1.12* (0.76, 1.65)	1.07** (0.74, 1.55)	1.30* (0.78, 1.81)	1.86*** (1.34, 2.59)	1.75*** (1.14, 2.68)
Other forms of housing stress	28.3	1.01 (0.78, 1.32)	1.41* (0.96, 2.08)	1.43* (0.98, 2.08)	2.00*** (1.32, 3.02)	0.57** (0.43, 0.77)	1.02 (0.70, 1.49)
Homeless on own as child	16.2	0.99 (0.72, 1.37)	1.32 (0.78, 2.22)	1.92*** (1.18, 3.14)	3.15*** (1.88, 5.27)	0.37*** (0.27, 0.53)	0.98 (0.64, 1.48)
Indicators of family trouble							
Any indicator of family trouble	50.7	0.71*** (0.56, 0.90)	1.11 (0.79, 1.56)	1.32* (0.95, 1.83)	1.34 (0.92, 1.95)	0.62*** (0.47, 0.81)	0.73* (0.51, 1.06)
Respondent suffered physical or sexual assault	18.2	0.34*** (0.25, 0.45)	1.75** (1.06, 2.87)	2.07*** (1.29, 3.34)	2.06*** (1.22, 3.49)	0.39*** (0.28, 0.55)	0.57** (0.36, 0.90)
Any problem indication	87.1	0.81 (0.56, 1.17)	1.37 (0.86, 2.16)	1.44 (0.92, 2.23)	2.05** (1.16, 3.63)	1.04 (0.71, 1.51)	2.48*** (1.30, 4.74)

*P < .10 level; **P < .05 level; ***P < .01 level.

TABLE 3—The Prevalence of Selected Negative Childhood Experiences among Homeless Adults and the General US Population, by Age and Cohort

	General US Population, %	Course of Homelessness Respondent, %	Risk Ratio
Nonfamilial substitute care during childhood^a			
Born before 1943	3.5	18.8	5.34
Born 1943–1952	4.0	28.6	7.15
Born 1953–1962	3.8	17.7	4.67
Born after 1962	5.8	36.1	6.23
Public or subsidized housing during childhood^b			
Born before 1943	NA	6.3	NA
Born 1943–1952	0.82–1.64	12.6	15.37–7.68
Born 1953–1962	1.41–2.82	13.5	9.57–4.79
Born after 1962	3.70–7.40	14.5	3.92–1.96

^aThe childhood prevalence rates for the general population were estimated from census data from 1950 through 1980 with conversion multipliers. Multipliers equaled the length of the childhood period reflected in the Course of Homelessness questionnaire (12 years) divided by the average total amount of time Course of Homelessness respondents in each age cohort reported being in substitute care (weighted to reflect institutional versus foster care placement). Estimated underlying period prevalence rates for the US population equal the product of these census point prevalence rates and these multipliers.

^bPublic and subsidized housing units as a percentage of total US housing stock, as derived from Milgram G. *Trends in Funding and Numbers of Households in HUD-Assisted Housing, Fiscal Years 1975–1990*. Washington, DC: Library of Congress; 1990.

taking place in the household. Female and White respondents were significantly more likely to report these problems. Sexual or physical assault during childhood was also very prevalent. Female, White, and younger respondents were more likely to have experienced such abuse.

Substantial numbers of these homeless adults, then, experienced problems of an economic and interpersonal nature in their childhoods. Indeed, as Table 2 reveals, 9 in 10 respondents experienced one or more major problem during childhood, including foster or institutional placement, familial poverty, housing problems, family trouble, or physical or sexual abuse. Moreover, these problems tended to be bundled—64% of respondents reported problems in two or more of these areas, and more than two fifths reported problems in three or more areas. Overall, women and those from younger cohorts reported problems across a greater number of areas. Finally, the number of problems experienced by respondents appears to be directly related to the timing of an individual's first episode of homelessness; that is, the average age at which members of our sample reported first becoming homeless dropped in a linear fashion from 33.6 years old among those who reported no childhood prob-

lems to 22.6 years old among those who reported problems in five or more areas.

Comparison with General US Population

While the rates of poverty, instability, and family trouble/disruption presented above seem high, they can be viewed as risk factors for homelessness only if it can be shown that they are substantially higher among homeless people than they are among the domiciled population. To address this question, we compared Course of Homelessness respondents with the general population along three sets of background characteristics for which reasonably comparable data on the general population were available: out-of-home placement, housing poverty and instability (i.e., residing in public housing and experiencing childhood homelessness), and physical or sexual abuse. Comparable data on other variables were not available.

Out-of-home placement. Census data, the only source of information available on out-of-home placement that goes far enough back in time, provide prevalence rates for children in substitute care only at single points in time. To estimate the period prevalence rates underlying these point prevalence rates, we developed multipliers using data on average length

of stay by age cohort reported by Course of Homelessness respondents. Multipliers equaled the length of the childhood period reflected in the Course of Homelessness questionnaire (12 years) divided by the average total time respondents in each age cohort reported being in substitute care (weighted to reflect institutional vs foster care placement). Multiplying census point prevalence rates by this factor yielded estimated period prevalence rates for the general population.

As Table 3 indicates, Course of Homelessness respondents reported out-of-home placements at rates 4.8 to 7.2 times that of the general population across our four age cohorts. Untabled data for the two latest age cohorts suggest that White respondents experienced almost double the risk of non-White respondents (6.3 vs 2.9) relative to the general population. These data suggest that homeless people in general, and White homeless people in particular, disproportionately experienced out-of-home placement as children.

Housing poverty and instability. Course of Homelessness respondents lived in public housing at rates somewhere between 2 to 15 times what would have been expected given the makeup of US housing stocks at these times (see Table 3). Although living in public housing should not, in and of itself, be considered a "housing problem," these data do suggest that the families of these homeless adults may have been hampered in their ability to compete for available unsubsidized housing. As such, past residence in public housing may be a marker of risk for later housing instability.

To compare respondent reports of familial and early childhood homelessness with reports from the general population, we drew upon the recent work of Link and colleagues,²⁷ who found that 7.4% of the general population had experienced literal homelessness. Link et al. also indicate that 2.1% of their sample experienced literal homelessness as children only, but they provide no data on the total percentage of those who experienced homelessness as children.²⁷ This leaves a lower-bound estimate of 2.1% and an upper-bound estimate of 7.4%. Among Course of Homelessness respondents, 17.1% experienced homelessness with their families as children or reported being homeless on their own (for more than a week) as children, making them between 2.5 and 8.1 times more likely than the general population to have experienced homelessness as children.

Physical and sexual abuse. Many methodological issues affect the propensity of respondents to self-report sexual abuse (G. Zellman and K. Faller, personal communication, July 16, 1992),²⁸ making comparison across different studies of sexual abuse difficult. This is reflected in the relatively wide range of reported prevalence rates for childhood sexual abuse—generally, from 10% to 22% for women and from 3% to 8% for men,^{29–33} with a smaller number of studies finding rates for women as high as 38% to 51%.^{28,34} Responses of the Course of Homelessness sample fall just above the range reflected in most studies, at least for women: 23.9% of the women and 4.7% of the men (8.0% of the sample as a whole) reported suffering sexual abuse either within or outside the primary caretaking household. In that data from the Course of Homelessness study are derived from three queries asked as part of a 2-hour interview with few probing questions, and that a more detailed set of questions would probably have resulted in higher reported rates of sexual abuse among these homeless women, it is likely that homeless women are at greater risk for sexual abuse than their domiciled counterparts, although this does not appear to be the case for men. Members of older cohorts reported lower prevalence rates, whereas younger respondents reported rates that are at the upper end of these ranges, a pattern consistent with previous research.^{28,35}

Cross-study comparisons of rates of physical abuse during childhood must be treated with caution for similar reasons. In two surveys of parent-to-child violence, Strauss and Gelles^{36–39} found rates of severe physical abuse of 10.7% to 14.0%. Zellman and Faller (personal communication, July 16, 1992) report that 10% to 20% of college students reported suffering physical abuse during their childhood. At 13.7%, prevalence among Course of Homelessness respondents falls within the range of results from this research. In other words, it does not appear that homeless adults were disproportionately physically abused as children.

Discussion

Our analysis of the backgrounds of homeless persons reveals a myriad of experiences that appear to be related to later risk for homelessness. The majority of those in our sample came from households in which women were the primary

financial providers. A significant majority at least periodically exhausted their economic margin, leaving insufficient resources to pay for rent, food, and other necessities. Almost half spent part of their childhoods living apart from their parents because of problems either they or their families manifested. Two fifths lived with families that underwent some kind of housing stress and/or instability, including a small number who experienced literal homelessness with their families even during a time when affordable housing was more plentiful. Fully half came from families in which clear signs of trouble—disability among household adults, violence, and other disruptive behavior—were apparent. Almost all experienced at least one of these childhood problems. Moreover, these problems tended to be bundled together; the majority of respondents reported negative experiences in two or more of these major categories.

All of this suggests that the problems that homeless individuals experience as adults have very clear analogs in their experiences as children. Economic vulnerability, residential instability, and personal barriers to their ability to function effectively in the competitive vocational and housing arenas, in other words, are not new to the homeless. Nor can these problems all be explained by disorders that spontaneously emerged in their young adult lives. Instead, the problems are often extensions of patterns and risk factors that reach deep into the childhoods of the homeless. Poverty, problematic role models, hints of damaging psychological experiences, general household strain, family dysfunction, and distress are all disproportionately present in the childhood backgrounds of these homeless adults. Such dynamics work both directly and indirectly to produce risk for homelessness in myriad ways, shaping, influencing, and constraining the intra- and interpersonal resources that children can draw from as adults. They may, for instance, create predispositions to substance abuse and mental illness; they may culminate in family constellations that in later life are either unable, unwilling, or unavailable to provide social support; they may contribute to the development of personalities and perspectives that hamper one's ability to obtain and maintain employment in rough times; or they may even affect one's ability to develop a network of enduring, caring social ties. Moreover, all these experiences may feed

on one another, promoting the kind of situational crises that are likely to precipitate homelessness. If we want to understand what leaves people at high risk for homelessness in the face of the current structural conditions in which affordable housing is scarce, we clearly must attend to these facts of personal history and their sequelae. Doing so begins to provide a framework that helps us understand how homeless individuals without overt disabilities may be experiencing impediments to successful economic and social performance that are all too often ignored or viewed as willful behavior.

Not all homeless adults grew up in similarly impoverished and/or dysfunctional families, however. Our analyses point to an uneven distribution of childhood-related risks among homeless adults. While respondents from all age cohorts were equally likely to be poor and from female-headed households, those from younger cohorts more often reported out-of-home placement, family housing problems, and disruptions in their families. This is probably because respondents who experienced a greater number of these problems became homeless at earlier ages, although it may also be that factors that cause risk for homelessness have changed over time. Equally striking was a pattern of sex- and race-related variation. Homeless women, for instance, were more likely than homeless men to report family disruption and dysfunction. White respondents also reported more experiences reflecting dysfunction in the home, whereas non-White respondents more often reported conditions associated with poverty. What we see here is a pattern in which homeless adults who in some way experience structural or cultural *advantage* are more likely than their counterparts to experience the *disadvantage* of coming from families characterized by personal turmoil and disruption.

These findings point to the fact that vulnerability to homelessness is the product of potential risk factors of *many* kinds (demographic, economic, familial, personal, situational) and that each may be weighted differently in different groups of individuals. Overall, there may be a fixed common threshold beyond which one's summed vulnerability translates into extremely high risk for homelessness. But different groups may reach that threshold through a different combination of high- and low-risk profiles across the potential risk domains. If one is "high" on one or two sets of risk factors, in other words, a

lesser degree of risk in the third might be sufficient to push one over the edge. Thus, homeless Whites, who are more economically and socially privileged than Blacks as a group, have more pernicious family backgrounds and/or more serious personal problems than homeless Blacks, for instance. Needless to say, the issue of how demography confers advantage and disadvantage and the actual relationships between various risk factors are both far more complex than this simple example suggests. The point, however, should be clear: a more broadly defined and dynamic concept of vulnerability allows us to expand our vision regarding individual-level factors that increase the risk of homelessness, contributing to more sophisticated and explanatory models of who ultimately becomes homeless.^{40,41}

This examination of the childhood backgrounds and experiences of homeless adults is also instructive in that it points to how the problems facing at least one highly visible, needy group in our society (the homeless) in fact represent a multifaceted nexus of social conditions that are dynamic, interrelated, and unbounded.⁴² In this regard, homelessness is no different from other equally pressing poverty-related social problems—for example, the crises of crack cocaine or youth violence. As is the case with these other problems, risk for homelessness is inextricably linked, both directly and indirectly, to policies that affect the health, stability, and well-being of households—particularly poor households. These include policies affecting income distribution, housing, employment, education and child welfare, substance abuse and mental health treatment, public assistance, the family, and so on. Real prevention with regard to homelessness and these other problems will require systemic changes in these policy arenas so that children grow up in the healthy and stable environments they need to mature into well-functioning adults.

We conclude by emphasizing the need to expand the understandings that have emerged from this and prior work. Prospective studies of persons who have not yet experienced homelessness represent a logical next step. While this will be difficult, the data reported here and elsewhere suggest the outlines of a high-risk profile that can guide such work. Research on childhood-related risk factors can also profit from a better understanding of the prevalence of family and individual background experiences among the domiciled US population. High prevalence does not necessarily translate into

high risk if rates are equally high in the general population. Better comparative data would allow a more precise examination of which childhood experiences are disproportionately present among the homeless and thus likely leave them at greater risk. Finally, further study of the mechanisms and pathways by which childhood risk problems are translated into adult risk behaviors is needed to inform attempts to forestall their emergence and to decrease, among vulnerable individuals, the risk of experiencing any number of personal and social ills. □

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