

# Predictors of Psychological Adjustment Among Homeless and Housed Female Youth

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## Abstract

**Objective:** This cross-sectional study explored differences in the impact of self-reported coping style, self-esteem and perceived support on the psychological adjustment of homeless and housed female youth. **Method:** Data were obtained from homeless female youth ( $n = 72$ ,  $M = 17.5$  years) accessing an emergency shelter in a large Canadian urban centre and a comparison group of housed females ( $n = 102$ ;  $M = 17.2$  years) from local high schools who had never resided in a shelter. **Results:** Homeless youth reported lower self-worth, increased suicidal behaviour, less perceived parental support and higher levels of depressive symptoms and both internalizing and externalizing behaviour problems than housed youth. Hierarchical regression analyses indicated that disengagement coping was a significant predictor of depressive symptoms and both internalizing and externalizing behaviour problems in homeless and housed youth. **Conclusions:** Findings reflect the merit of considering coping style, parental support and self-worth in the presentation of depressive symptoms and behaviour problems in homeless and housed female youth.

**Key words:** homeless youth, females, coping, self-worth, psychological adjustment

## Résumé

**Objectif:** Comparer, au moyen d'un questionnaire auto-administré, l'ajustement psychologique (style d'adaptation, estime de soi et soutien reçu) d'adolescentes sans domicile à celui d'adolescentes logées en maison d'hébergement. **Méthodologie:** Les données recueillies auprès d'adolescentes ( $n = 72$ ,  $M = 17,5$  ans) sans domicile qui viennent d'entrer en foyer d'accueil d'urgence (premier groupe) dans une grande ville canadienne sont comparées à celles d'étudiantes d'école secondaire ( $n = 102$ ;  $M = 17,2$  ans) logées en maison d'hébergement qui n'ont jamais fréquenté de foyer d'accueil d'urgence (deuxième groupe). **Résultats:** Les adolescentes du premier groupe avaient une moins bonne estime de soi, présentaient davantage de comportements suicidaires, déclaraient recevoir moins de soutien de la part de leurs parents, présentaient des symptômes dépressifs plus sérieux et davantage de comportements intériorisés et extériorisés que celles du deuxième groupe. **Conclusions:** Cette étude croisée a le mérite de comparer l'influence du style d'adaptation, du soutien parental et de l'estime de soi sur les symptômes de dépression et les problèmes de comportement chez ces adolescentes.

**Mots clés:** adolescentes sans domicile, femmes, adaptation, estime de soi, ajustement psychologique

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## Introduction

By 1999, children and adolescents were the fastest growing segment of Canada's homeless population (National Secretariat on Homelessness, 2003). However, youth research frequently did not determine the impact of homelessness on youths' psychological adjustment. Therefore, comparisons between housed and homeless youth are essential to understanding the contribution of housing status to the experience of psychological maladjustment in homeless youth.

Early homeless research had an almost-exclusive focus on adult males. Even as homeless and housing-based research started to consider the experience of females, the focus was almost exclusively on adult females. A similar pattern was seen among adolescent homeless research, with the primary focus being on male youth. Therefore, what has continued to be understudied is the experience of homeless female youth. Further, females have

primarily been considered as a gender comparison to homeless males. While gender comparisons have utility in understanding differences between groups, differences based on housing status must first be understood in their own context (Votta & Manion, 2003; 2004). The purpose of this paper is to examine the relative associations of coping style, self-esteem and social support in the psychological adjustment of homeless and housed adolescent females.

Studies conducted to assess the symptoms of major depression episodes (MDE) in adolescents suggest a high incidence rate in homeless youth (Nyamathi et al. 2005; Robertson et al, 1986; Unger et al., 1998) as compared to housed adolescents (Peterson et al., 1993).

Self-esteem is also a predictor of depression in homeless youth (Smart & Walsh, 1993), correlating with suicidality, self-injurious behaviours and other mental health problems (Unger et al., 1997). Consistent with this, are reported

high rates of suicidal ideation and attempts, substance abuse disorders and lack of social support among homeless youth (Votta & Manion, 2003; Nyamathi et al., 2005; Rotheram-Borus et al., 1996; Unger et al., 1998; Kipke et al., 1997; Ayerst, 1999; Greene & Ringwalt, 1996; Smart et al., 1994).

To explain the association between stress, coping and psychopathology, the engaging-disengaging coping style framework has been developed (Carver et al., 1989; Compas et al., 1987). Underlying this framework is the assumption that cognitive and behavioural responses to stress are directed either toward or away from the source of the stress or negative emotions, thereby affecting the impact of a stressor on an individual. Proponents of this framework do not discount the clinical implications associated with determining if one is using problem- or emotion-focused coping strategies (Lazarus & Folkman, 1984). Instead, they assert that emphasis should first be placed on examining one's overall coping style. By knowing whether one's tendency toward stress is one of engagement or disengagement, inferences can be made about the nature and effectiveness of one's coping strategies and vulnerability or resilience to stress. Research indicates that disengaging coping is associated with poor psychological (i.e., depressive symptoms, behaviour problems) and physical outcomes (i.e., poor pain responses) due to high levels of stress, poor coping skills and low social support. Homeless youth specifically are at high-risk for these outcomes. Their coping style, of which running away from home may exemplify disengagement coping, has received limited consideration theoretically and clinically. To date, this framework has been examined exclusively among housed youth and among homeless male youth, leaving the experiences of female homeless youth unexplored.

Existing research indicates that homeless males report greater use of a disengaging coping style, lower self-worth, less parental support and are at higher risk for depressive symptoms and both internalizing and externalizing behavior problems than housed males (Votta & Manion, 2003). Coping studies indicate that female youth use more emotionally-attentive (i.e., selective attention to emotional

experiences) and ruminative strategies (i.e., repetitive thoughts) (Compas, 1987; Compas et al., 1993), report more negative daily events (Compas et al., 1993), rate events as more stressful (Lewis et al., 1984) and exhibit a higher association between negative events and psychological symptoms (Farrell, 2001; Lewis et al., 1984). Given both the high-risk status of homeless youth and current data supporting the association between coping style and psychopathology, examination of this framework among homeless female youth is worthy of study.

This study explored the roles of coping style, self-esteem and perceived support on homeless female youth's psychological adjustment, as defined by level of depressive symptoms and internalizing and externalizing behaviour problems. There were two hypotheses underlying this study. One, compared to housed female youth, homeless female youth would report greater use of disengagement coping, lower self-esteem, less perceived support and poorer psychological adjustment. Two, over and above self-esteem and familial support, disengagement coping would be a significant predictor of depressive symptoms and behaviour problems among homeless but not housed female youth.

## **Method**

### *Participants*

Two groups of youth were randomly recruited for this study over a 12-month period. The case group consisted of 72 homeless female youth from an emergency shelter in a large Canadian urban centre for female youth. "Homeless youth" were defined as youth (16 to 19 years), who were at the time of the study without a fixed address, and who, independent of their parent(s)/guardian, stayed in a shelter, makeshift street dwelling, or partner's/friend's dwelling, for at least 7 consecutive days. The comparison group (16 to 19 years) consisted of 102 females from three local high schools. Housed youth must have been living with their parent(s)/guardian at the time of the study and never been homeless.

Youth were excluded from participation if they were not fluent in English or unable to give informed consent. Participating youth completed a 60-90 minute interview, during which a demo-

graphic measure and six questionnaires were administered. Participants were given the option of completing the questionnaires independently or having them read aloud. Debriefing forms, distress-centre phone numbers and a \$10 food-voucher were distributed upon the interview's completion. Study protocol received ethical approval from two institutional review boards.

### Measures

The COPE Inventory is a 50-item multi-dimensional measure, used with both adolescents and adults, that assesses two coping styles: Disengagement, Engagement. In the Disengagement Style are the strategies: alcohol/drugs, acceptance, denial, suppression, humour, behavioural and mental disengagement. In the Engagement Style are the strategies: active coping, focus emotions, planning, positive reinterpretation, religion, restraint coping, emotional and instrumental support. Respondents rate the frequency with which they use each item/strategy (1 to 4). Test-retest correlations over 6-weeks ranged from .56 to .89 (Carver et al., 1989).

The Self-Perception Profile for Adolescents is a 45-item measure that assesses global self-esteem and self-concept in eight areas: romantic appeal, social acceptance, close friendship, behavioural conduct, physical appearance, and academic, athletic and job competence. Respondents receive an average score of one (low) to four (high) for global self-worth and each self-concept area. Internal consistency reliability ranges from .85 to .93 (Harter, 1988).

The Social Support Scale for Children and Adolescents is a 24-item measure that assesses the support respondents (8 to 18 years) receive from four sources: parents, close friends, teachers, and classmates. Participants receive an average score of one (low) to four (high) for each support sub-scale. Internal consistency ranges from .72 to .82 (Harter, 1985).

The Beck Depression Inventory (BDI) is a 21-item self-report questionnaire describing cognitive and somatic symptoms of depression (Beck et al., 1988). Internal consistency reliabilities range from 0.8 to 0.9 (Bennett et al., 1997). For each item, respondents indicate which of four items best describes how they

have felt in the past week.

The Youth Self-Report Form (YSR) is a 102-item self-report measure that assesses two Behaviour Problems: Internalizing, Externalizing. In the Internalizing dimension are the Somatic Complaints, Anxious/Depressed and Withdrawal syndromes. In the Externalizing dimension are the Delinquent and Aggressive Behaviours syndromes. Respondents indicate how true each item is of them in the last six months (0 to 2). Scores above 63 are classified as clinically significant. The YSR has a test-retest reliability of .89 and is a valid discriminator of maladjusted youth (11 to 18 years old) (Achenbach and Edelbrock, 1986).

### Results

Sample size was calculated using Cohen's (1977) statistical procedures for analyses of variance and multiple regression. Missing data was handled through list-wise deletion. A Bonferroni correction was made to control for experiment-wise error rate with multiple comparisons. All tests were one-tailed.

Compared to housed youth, more homeless youth reported having being raised (in part) by Child Protection Services [50% versus 18%,  $\chi^2(2, 172) = 19.7, p < .001$ ]. More homeless youth reported suicidal ideation [31% versus 4%,  $\chi^2(2, 172) = 24.5, p < .001$ ] in the past three months and a greater number of past suicide attempts [ $M = 9.0$  versus  $M = 0.4$ ,  $F(1,121) = 17.7, p < .001$ ]. More homeless youth reported a greater frequency of hurting oneself to cope with stressful situations [33% versus 14%,  $\chi^2(2, 172) = 8.7, p < .01$ ].

Homeless youth reported a greater frequency of drug use (primarily marijuana) [71% versus 43%,  $\chi^2(2, 172) = 13.5, p < .001$ ] and daily cigarette use [71% versus 48%,  $\chi^2(2, 172) = 17.9, p < .01$ ] than housed youth; differences in frequency of alcohol use were not significant.

Means and standard deviations for the construct and outcomes measures are presented in Table 1. Given their representation as aggregate scores of the respective measures' subscales, only overall scores are presented. Homeless and housed youth did not differ in their scores for either the disengaging or engaging coping styles. Compared to housed youth, homeless youth reported significantly lower

**Table 1. Construct and Outcome Variables**

Measures	Homeless Youth		Housed Youth		F-test
	M	SD	M	SD	
Global Self-Worth	2.5	.77	2.9	.71	11.4***
Parental Support	1.9	.81	3.2	.74	108.6***
Peer Support	3.0	.95	3.6	.57	21.5***
Beck Depression Inventory	22.3	13.59	14.1	10.10	21.2***
Clinical Range (%)	61.1	–	40.0	–	7.4**
<b>Behaviour Problems</b>					
Internalizing	63.1	12.89	55.5	10.60	17.7***
Clinical Range (%)	50.0	–	22.2	–	14.2***
Externalizing	64.2	8.83	58.8	10.63	12.0***
Clinical Range (%)	54.3	–	35.4	–	5.9*

\*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

**Table 2. Predictors of Psychological Adjustment in Homeless and Housed Youth**

Predictors	Depressive Internalizing Symptoms		Externalizing Behaviour Problems		Behaviour Problems	
	Homeless	Housed	Homeless	Housed	Homeless	Housed
	<i>Parental Support</i>	-.07	-.23**	-.20*	-.25**	-.12
<i>Self-Worth</i>	-.49***	-.48***	-.38***	-.53***	.00	-.32**
<i>Engagement Coping</i>	-.19	-.06	-.31**	.04	-.39**	-.18*
<i>Disengagement Coping</i>	.23*	.29***	.37***	.17*	.56***	.27**
R <sup>2</sup> <sub>adj</sub>	.43	.55	.52	.52	.35	.40
R	.47*	.57***	.55***	.54*	.39***	.42**

\*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

levels of self-esteem, as well as support provided by both parents and friends. Compared to housed youth, homeless youth reported significantly higher depressive symptoms scores in the clinical range (OR = 2.34; 95% CI = 1.26 – 4.34). They were also more likely to report internalizing behaviour scores (OR = 3.50; 95% CI = 1.80 – 6.82) and externalizing behaviour scores (OR = 2.17; 95% CI = 1.16 – 4.06) that were in the clinical range.

Hierarchical regression analyses were conducted to identify significant predictors of depressive symptoms and behaviour problems. Predictors were entered in the following order: parental support, self-worth, engagement coping and disengagement coping (see Table 2). Among the homeless group, self-worth and disengagement coping were significant predictors of depressive symptoms [F (4, 59) = 13.01,  $p < .001$ ]. All four predictors were significant for internalizing behaviour problems [F (4, 59) = 17.81,  $p < .001$ ], while only the two coping styles were significant predictors of externalizing behaviour problems [F (4, 59) = 9.49,  $p < .001$ ]. Among the housed group, parental

support, self-worth and disengagement coping were significant predictors of depressive symptoms [F (4, 83) = 27.95,  $p < .001$ ]. For internalizing behaviour problems, parental support, self-worth and disengagement coping were significant predictors [F (4, 81) = 23.67,  $p < .001$ ]. All four predictors were significant for externalizing behaviour problems [F (4, 81) = 14.91,  $p < .001$ ].

**Discussion**

The unique contribution of this study is its examination of coping styles, self-worth and parental support in the experience of depressive symptoms and behaviour problems in homeless and housed female youth. Coping and self-worth had not been previously considered as predictors of mental health and behavioural difficulties in samples of female youth differentiated by housing status.

Two hypotheses were proposed; hypothetical support was mixed. Although causal interpretations are not permitted due to the cross-sectional and self-report nature of the data, the findings make an important contribution to the

understanding of the vulnerability of homeless female youth for poor psychosocial outcomes.

Relative to housed youth, it was hypothesized that homeless youth would report greater use of the disengaging coping style, lower self-esteem, less perceived support and poorer psychological adjustment. Consistent with previous research which reports low levels of self-esteem among homeless youth (Votta & Manion, 2003; Adams et al., 1994; Smart & Ogborne, 1994), this study's homeless female youth reported significantly lower levels of perceived global self-worth (a sub-set of self-esteem) than did housed youth. Homeless youth also reported significantly less perceived parental support than did housed youth. However, homeless and housed youth did not differ significantly in their propensity for a disengaging coping style, thereby suggesting that the use of coping style may not be contingent on housing status.

As hypothesized, homeless females exhibited poorer psychological adjustment than did housed females, reporting depressive symptomatology and behaviour problem scores that were in the clinical range. High levels of depressive symptomatology and internalizing behaviour problems are of concern given past findings associating depressive symptoms among homeless youth with lifetime suicide attempts and mental health problems (Greene & Ringwalt, 1996; Stiffman, 1989). High levels of externalizing behaviour problems are of concern given similarities in the levels of substance abuse by this study's sample and other studies of homeless youth (Unger et al., 1998; Kipke et al., 1997; Koopman et al., 1994).

Although a few studies have examined the coping strategies used by homeless youth (Unger et al., 1998; Ayerst, 1999; Farrell, 2001), the role of coping style in psychological adjustment has received limited examination (Votta & Manion, 2003). It was hypothesized that over and above perceived parental support, self-esteem and engagement coping, disengagement coping would be a significant predictor of psychological adjustment in homeless youth. While disengagement coping was in fact a significant predictor of depressive symptoms and internalizing and externalizing behaviour problems, over and above parental support, self-worth and engagement coping, it

was not exclusive to homeless females. As noted above, this would suggest that coping style may not be contingent on housing status. As such, coping remains an important variable for consideration in the development of both depressive symptoms and behaviour problems for both housed and homeless female youth. This is consistent with past research that demonstrated increased risk for depression, substance use and poor physical health among youth with a disengaging coping style (Carver et al., 1989; Compas et al., 1993). This further suggests that disengaging coping style may not be as effective in dealing with stressful aspects of life circumstances that may lead to behaviour problems or symptoms of depression. Disengagement coping may serve as a barrier to service use. Simply put, a coping style that does not actively seek support from others may prohibit youth from accessing formal services to address their mental health needs, which may contribute to the experience of mental health problems or exacerbate existing risk factors.

Unexpectedly, engagement coping was also found to be a significant negative predictor for both housed and homeless youths' externalizing behaviour problems and for the internalizing behaviour problems of homeless youth. This suggests that actively engaging in coping strategies to address problems appears to decrease the experience of internalizing and externalizing problems among homeless youth; however, given the high levels of behaviour problems reported, these strategies alone may not be effective in dealing with them. The lack of significance between the utilization of the two coping styles between homeless and housed youth suggests that housing status, particularly among females, is not the most important predictor of adjustment. Reasons for this are unclear. The use of two diametrically opposed coping styles by the same youth may not allow for either style to fully potentiate and address the risk for psychological maladjustment.

With the exception of externalizing behaviour problems among homeless youth, self-worth was a significant negative predictor of psychological maladjustment for both groups of youth. This may suggest that self-worth is a protective factor in the experience of psychological adjustment. However, it does not appear to

play a role in the externalizing behaviour problems of homeless youth. Those behaviours may be more influenced by peers and acculturation to street life than self-perception (Caputo et al., 1997). As expected, given the living circumstances of housed youth, parental support was a significant negative predictor for psychological maladjustment. In homeless youth, parental support was only related to decreased experience of internalizing behaviour problems.

Homeless females' reported physical and psychosocial problems indicate that clinical, outreach and research interventions must not only address coping style, perceptions of self-worth and perceptions of social support, but that they must also target specific problems such as substance abuse, suicidality and depression. Homeless youth may benefit from youth-specific services and interventions that are designed to decrease the incidence of risk-taking behaviours, reduce the prevalence of psychosocial difficulties and foster adaptive coping patterns. However, this study suggests that housing status may not be the sole criteria by which the experiences of youth are differentiated. Therefore, youth-focused services should include the critical aspects of both intervention and prevention for youth of all housing status and differing levels of imminent risk for psychological maladjustment.

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