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## **Foster Care and Youth Homelessness: The Impact of Race and Victimization History**

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FOSTER CARE AND YOUTH HOMELESSNESS: THE IMPACT OF RACE AND  
VICTIMIZATION HISTORY

by

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Bachelor of Arts  
Appalachian State University, 2013

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## ABSTRACT

The United States Department of Housing and Urban Development shows that there are 31,062 unaccompanied homeless youth living in the U.S.. Simultaneously, approximately 250,000 youth exit the foster care system each year, many of whom have little support for a successful transition. Research has shown that emerging adults, who exit foster care by aging out, have an increased chance of homelessness. These youths' victimization experiences, particularly those leading to child welfare involvement and subsequently foster care, may increase their chances of difficulties with regard to homelessness. In addition to their increased vulnerability and risk of homelessness, race is a compounding factor particularly given the increased risk for child welfare involvement and homelessness for youth of color. Using a sample of 100 previously foster care youth between the ages of 18 and 24 who experienced homelessness in South Carolina, the current research examined the role of race and victimization experience on homelessness outcomes. Results showed trend-level significant findings which indicated that White youth experienced longer lengths of time receiving homeless housing and/or shelter-based services and a greater number of times receiving homeless housing and/or shelter-based services, compared to Black youth. The study found no significant relationship between victimization and homelessness outcomes. This study highlights a crucial need in this field of research, namely, the necessity for methodological

improvements surrounding the collection of youth homelessness and victimization information by state-run agencies.

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## CHAPTER 1

### INTRODUCTION

Youth homelessness continues to be a crisis in South Carolina and across the United States. Communities struggle to serve this population of youth and young adults, 18 to 24 years old, in a developmentally appropriate manner given that services are predominantly focused on the needs of adults who are experiencing homelessness. Due to the transient nature of this population the severity of the problem is challenging to capture, but the most recent United States Department of Housing and Urban Development (HUD) Point-in-Time Count (PiT), shows approximately 35,038 unaccompanied homeless youth on a single night in January 2019, with 17,708 of those youth reported as being sheltered and 17,330 reported as being unsheltered (U.S. Department of Housing and Urban Development, 2020). Additionally, of those youth specifically in South Carolina the HUD PiT indicated approximately 263 documented unaccompanied homeless youth on a single night (South Carolina Interagency Council on Homelessness, 2019). In comparison, the overall PiT estimates of all people experiencing homelessness for 2019 are 567,715 (356,422 sheltered and 211,293 unsheltered) in the United States and 4,172 (2,455 sheltered and 1,717 unsheltered) in South Carolina (South Carolina Interagency Council on Homelessness, 2019; U.S. Department of Housing and Urban Development, 2020). In summation, the findings of a nation-wide study conducted out of Chapin Hall, an independent policy research center at the University of Chicago, found that over a 12-month period, households with 13 to 17-year-olds had a prevalence

rate of 4.3% (approximately 1 in 30) of youth experiencing any type of homelessness. For 18 to 25-year-olds in the same sample, prevalence estimates showed 9.7% (approximately 1 in 10) reported homelessness (Morton et al., 2018). Of the 13 to 25-year-old youth, many were experiencing homelessness for the first time during the 12 month study period (Morton et al., 2018).

There are a variety of definitions of unaccompanied homeless youth due to the various ways federal agencies serve these populations. For the purposes of this paper, the definition will be informed by the United States Department of Health and Human Services (HHS) Runaway and Homeless Youth Act (RHYA; 42 U.S.C. §5732a) and the United States Department of Housing and Urban Development (HUD)'s definition of homelessness. The RHYA defines "homeless youth" as "individuals who are less than 21 years of age...for whom it is not possible to live in a safe environment with a relative and who have no other safe alternative living arrangement" (42 U.S.C. §5732a). Additionally, HUD classifies homelessness in four categories: 1) literally homeless 2) imminent risk of homelessness 3) homeless under other federal statutes 4) fleeing/attempting to flee domestic violence. Of most relevance to this paper is this tertiary category which is more specifically defined as:

"unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: (i) are defined as homeless under the other listed federal statutes; (ii) have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; (iii) have experienced persistent instability as measured by two moves or more during the preceding 60

days; and (iv) can be expected to continue in such status for an extended period of time due to special needs or barriers.”(United States Interagency Council on Homelessness, 2018)

Furthermore, these youth are often underserved by state and federal programs due to the unique developmental needs of their age, falling between childhood and adulthood. This population is also particularly vulnerable and often overlooked as this is a pivotal time period where youth ‘age out’ of other major systems, such as the child welfare system and the juvenile justice system (Federal Policy Solutions to Prevent and End Youth and Young Adult Homelessness, 2017).

It is notable that this population was only recently, as of data collection year 2017, included in the federal government’s PiT count as an optional data point and was included permanently (as of data collection year 2018) in the 2019 report. Given that fiscal year 2017 was the first baseline measure of this population, the change over time data is not stable but recent reports show a decline in the number of unaccompanied youth reported by communities with an approximate 4% between 2018-2019 and a 9% decline between 2017-2019 (U.S. Department of Housing and Urban Development, 2020). However, there is some evidence that indicates youth may have hesitations around entering shelters and that many communities have limited resources (including housing and beds) that are youth specific. This latter issue could impact sheltered youth counts as the count is indicative of youth-specific resources or beds rather than youth who need services and cannot receive them (National Alliance to End Homelessness, 2012). Additionally, unsheltered youth counts are even more challenging to identify given the aforementioned hesitations around utilizing traditional homelessness assistance programs

that are not youth-specific and thereby making these youth more difficult to locate and include in the count (National Alliance to End Homelessness, 2012). Overall, difficulty with data collection and lack of data are notable because it further highlights the compounding challenge that the field faces in understanding the needs of this subset of the population.

### **Emerging Adulthood**

These transition years from high school through the twenties, sometimes called emerging adulthood, have a great impact on the long term life outcomes for youth (Arnett, 2000). This age group is often considered ‘youth’ due to the developmental differences and milestones between this age range and adults older than 24 years of age. For example, for youth whose transition to adulthood includes positive successes, such as graduating from college, long term outcomes include higher pay jobs with prestige and participation in political and societal affairs. In contrast, for youth who experience problematic events during this time span, long term life outcomes include difficulty with financial security, finding satisfying family relationships, and more (Osgood et al., 2005). Homeless youth often do not follow traditional milestones that denote the end of adolescence and a transition into adulthood, such as completing high school and/or college, living independently, acquiring full-time employment, etc. (Osgood et al., 2005). This is largely due to the fact that these youth have had to begin life milestones sooner or in a non-sequential manner than is seen in the general population, due to environmental stressors; leaving them ill-equipped to achieve a full, successful transition because they have not acquired the experiences, social supports, credentials, developmental and neurological resources and other components that are often needed and come with age

(Coles & Craig, 1999; Osgood et al., 2005). Despite evidence that supports this age range as a crucial time for intervention and prevention methods, many systems overlook the needs of these youth, quickly shifting their perspectives of youth from childhood to adulthood and ignoring the sensitivity of this transitional period.

For many youth in the broader population, their interactions with systems is due to both individual and societal level challenges; often the latter given the young age of this population and their inherent need for support and stability from external factors (Britton & Pilnik, 2018; Maschi et al., 2008; Osgood et al., 2005). Research has shown that both child welfare and juvenile justice involved youth have an increased chance of homelessness and of poorer longer-term life outcomes (Britton & Pilnik, 2018; Fowler et al., 2009; Maschi et al., 2008). Research shows that youth of color and those that identify as being a part of the LGBTQ community have an increased likelihood to be systems involved and and/or experience homelessness (Britton & Pilnik, 2018; Coalition for Juvenile Justice, 2016). Furthermore, Britton & Pilnik (2018) highlighted a 2016 study that involved 14 to 21-year-olds that found youth who had previous or continuous foster care involvement were experiencing homelessness for longer than youth who were not involved in this system—approximately 27.5 months versus 19.3 months. These outcomes may be compounded for youth who may be involved in both child welfare and the juvenile justice system (Huang et al., 2012).

### **Foster Care Involvement**

The 2018 Adoption and Foster Care Analysis and Reporting System (AFCARS) Report, which captures data as of fiscal year 2018 (October 2018-August 2019), indicated that the number of children in foster care was 437,283 over the course of one year. In that

same year, 262,956 of youth entered foster care and 250,103 exited. Overall, the foster care system served 687,345 youth in the fiscal year 2018 (U.S. Department of Health & Human Services et al., 2019b). From 2013-2017, South Carolina has seen a 64.1% increase in child maltreatment victims. In 2017 alone in South Carolina, the rate of child victims was 15.5 per 1000 children (U.S. Department of Health & Human Services et al., 2019a). The Child Abuse and Prevention Treatment Act (CAPTA) (P.L. 100-294) was first enacted on January 31, 1974 (P.L. 93-247). Since then CAPTA has been reauthorized and amended numerous times, most recently in the CAPTA Reauthorization Treatment Act of 2018 (P.L. 115-424) (U.S. Department of Health & Human Services et al., 2019a). CAPTA defines child abuse and neglect as “any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act, which presents an imminent risk of serious harm” (42 U.S.C. § 5106g).

Based on this broader definition and the state-specific statutes, local child protective services (CPS) agencies respond to allegations of maltreatment in order to address the safety needs of the children involved. It is notable that each state has its own definitions of child abuse and neglect founded upon this federal legislation (U.S. Department of Health & Human Services et al., 2019a). Overall, child maltreatment is often classified into four major types of maltreatment under the following categories: 1) neglect, 2) physical abuse, 3) psychological maltreatment, and 4) sexual abuse, all of which can occur separately or in tandem with others (World Health Organization, 2006). In the fiscal year 2018, national data indicates that of those who experienced only one type of maltreatment: 60.8% of victims experienced neglect, 10.7% were physically

abused, and 7.0% were sexually abused(U.S. Department of Health & Human Services et al., 2020). Overall, 84.5 percent of child maltreatment victims suffered from a single maltreatment type and 15.5% experienced two or more maltreatment types (aka multiple maltreatments) (U.S. Department of Health & Human Services et al., 2020). After allegations of abuse or neglect are substantiated by the Department of Social Services, children are court ordered to be removed from the home and are designated as a “ward of the state”, meaning the state is responsible for their care and out of home care (Crosland & Dunlap, 2015). The out-of-home placement options vary and include: relative or kinship care, traditional foster care, residential care, or specialized/therapeutic/medical foster care (Crosland & Dunlap, 2015; KVC Health Systems, 2018). Thus, removal from the home and entry into foster care in the child welfare system is often categorized by these four types of victimization experiences.

### **Risk Factors for Child Maltreatment.**

Risk factors for increased likelihood of child maltreatment include both child and caregiver characteristics. Often times these risk factors for maltreatment in conjunction with the child welfare systems involvement experiences themselves create significant vulnerabilities in future functioning for youth including increased risk for homelessness (Fowler et al., 2017). In the yearly Child Maltreatment report, data collected from the National Data Archive on Child Abuse and Neglect (NDACAN) has found that for caregivers risk factors for child maltreatment include alcohol abuse, drug abuse, financial problems (including housing insecurity), and domestic violence—the latter could be in the context of the caregiver being a perpetrator of, the victim of, or a witness to domestic violence (U.S. Department of Health & Human Services et al., 2019a). For children under

the age of one, risk factors of drug abuse and alcohol abuse by caregivers were identified as increasing the likelihood of social services involvement due to child maltreatment. These risk factors are defined as exposure to drugs and/or alcohol that is not of “temporary nature” including during pregnancy (e.g. Fetal Alcohol syndrome) (U.S. Department of Health & Human Services et al., 2019a, 2020). Other individual level risk factors that increase likelihood of child welfare involvement include age, gender, race/ethnicity, and disability status (Maschi et al., 2008; U.S. Department of Health & Human Services et al., 2019a). The United States Department of Health and Human Services reported that in fiscal year 2018, the rates of entry into the child welfare system for males (48.5%) and females (51.2.0%) was similar; however, the victimization rate for females (9.6) was higher than that of males (8.7) per 1,000 of their respective gender in the population (U.S. Department of Health & Human Services et al., 2020). Similarly the report found that the rates of victimization were highest for American-Indian or Alaska Native children and African-American children (U.S. Department of Health & Human Services et al., 2020).

### **Outcomes for Youth Transitioning Out of Foster Care.**

Outcomes for youth transitioning out of foster care reflect some of the aforementioned challenges faced by systems involved youth, such as homelessness, high-risk behavior, and even incarceration. Overall, it is estimated that in the United States approximately 25,000 youth age out of the foster care system a year and an unknown number are forced to move out of homes due to disrupted adoptions (Britton & Pilnik, 2018; Stein & Munro, 2008). The process of “aging out” of foster care often means that at the age of 18 (up to age 21 in some states), youth are abruptly cut off from all supports

provided by the child welfare system (i.e. financial, educational, and social) and are expected to integrate into the larger society and function as independent adults (Fowler et al., 2017). Furthermore, from a developmental theory lens research suggests that this transition out of foster care involvement magnifies the already challenging transition from youth to adulthood leaving many youth vulnerable for poorer outcomes (Fowler et al., 2017). Covenant House, the largest privately funded agency in North and South America providing services to homeless and runaway youth, reports that more than 25% of youth become homeless within two to four years of leaving the foster care system and 50% of youth leaving foster care and the juvenile justice systems combined will be homeless within six months of exiting these systems. One study focused on the high risk of homelessness for youth aging out of foster care and found that approximately 31-46% of participants experienced homelessness at least one time by age 26 (Dworsky et al., 2013). The same study found that for these youth, the risk of homelessness was increased by being a male, experiencing placement instability, having a history of physical abuse, involvement in delinquency, and experiencing mental health disorder related symptoms (Dworsky et al., 2013).

While still in foster care, some of youths experiences, like placement disruptions and incidents of running away, are linked to future foster care placement instability (Crosland & Dunlap, 2015). For youth transitioning out of foster care, the National Youth in Transition Database (NYTD) conducted a three-wave study (at ages 17,19 and 21) of various outcomes. The second wave of findings from the NYTD found that of these youth who had left foster care, by age 17, 17% of youth had experienced homelessness at some point in their lives and by age 19, 20% reported that they had experienced

homelessness in the past two years (U.S. Department of Health & Human Services et al., 2019c). These experiences, particularly placement instability and multiple placements prior to the age of 14, also contribute to further instability because of linkages to later juvenile justice involvement and arrests (Crosland & Dunlap, 2015). The NYTD also collected data on high risk behaviors (i.e. history of substance abuse assessment or counseling, incarceration, having children) these youth engaged in at the ages of 17 and 19 that have been tied to hinderances in successful transitions to adulthood. In Cohort 2, 33% of the youth reported a history of incarceration and 20% of 19-year-olds reported having been incarcerated in the past two years (U.S. Department of Health & Human Services et al., 2019c). The aforementioned outcomes for youth leaving foster care and entering adulthood simultaneously paint a grim picture. Most notably, in a review of twenty years of literature, Dworsky, et al. (2013) found that 11-36% of youths aging out of foster care became homeless during this period transitioning into adulthood, compared to 4% of a national population of youth who were not involved in the child welfare system.

### **Racial Disparities and Disproportionality in Child Welfare System Involvement and Youth Homelessness**

In addition to the increased vulnerability and risk of homelessness for systems-involved youth, a compounding factor can be the role of race. In an aforementioned large national survey conducted from 2015-2017 by Chapin Hall, researchers found that Black or African-American youth had a 83% higher risk of homelessness while Hispanic, non-white youth had a 33% higher risk of homelessness than white youth (Morton et al., 2018). In a different national dataset, the National Alliance to End Homelessness

analyzed the 2018 U.S. PiT data and reported that overall, excluding age, African Americans' rate of homelessness was 4.7 times higher per 10,000 people than whites (National Alliance to End Homelessness, 2019). Similarly, the 2019 PiT count found African Americans continued to be disproportionately represented by accounting for 40% of all people experiencing homelessness (despite being 13% of the U.S. population) in comparison to the 48% of homeless people who are white (despite being 77% of the U.S. population) (U.S. Department of Housing and Urban Development, 2020). In South Carolina specifically, the rate of homelessness was 2.9 times higher per 10,000 African Americans than for Whites. Simultaneously, similar racial disparities have been documented in the child welfare system (National Alliance to End Homelessness, 2019).

Yearly reports from the Department of Health and Human Services on federal and state based child welfare statistics consistently show that youth of color are also at higher risk for child welfare involvement as well as having the highest rates of victimization (Maschi et al., 2008; Morton et al., 2018; U.S. Department of Health & Human Services et al., 2019a, 2020). When examining the overall demographics of the youth in foster care in the fiscal year 2018, 52% (n=226,156) were male and 48% (n=211,083) were female and youth were identified by the following race ethnicities: American Indian/Alaska Native (2%, n=10,449), Asian (0%, n=2,112), Black or African American (23%, n=99,025), Native Hawaiian/Other Pacific Islander (0%, n=1,053) Hispanic (of any race; 21%, n=90,688), White (44%, n=193,117), Unknown/Unable to Determine (1%, n=5,899), and Two or More races (8%, 32,882) (U.S. Department of Health & Human Services et al., 2019b). In the same year, the Child Maltreatment report from the U.S. Department of Health and Human Services showed that American-Indian or Alaska

Native children and African-American children have the highest rate of general child maltreatment at 15.2 per 1000 American-Indian or Alaska Native children and 14.0 per 1000 children of African-American children, respectively (U.S. Department of Health & Human Services et al., 2020). In South Carolina, more specifically, the rates of child victimization by race and ethnicity in 2018 are as follows: African American 21.5 per 1,000 children, American Indian or Alaska Native 8.1 per 1,000 children, Asian 1.9 per 1,000, Hispanic 8.2 per 1,000 children, Multiple Race 14.0 per 1,000 children, Pacific islander 17.3 per 1,000 children, White 15.8 per 1,000 children (U.S. Department of Health & Human Services et al., 2020). This disproportionate involvement for African American children in the child welfare system has been observed for over 30 years to the present time (Dettlaff et al., 2011). Not only is there documented disproportionality for child welfare systems involvement by race, particularly for African American youth, but there is a plethora of documented disparities, as well. One study found, through a review of the literature, evidence indicated disparities for African American youth increased at advanced stages of child welfare involvement after substantiated reports of maltreatment, particularly with regard to frequent non-familial placement type, increased frequency of changes in placements, decreased likelihood of family reunification, and longer duration of foster care involvement (Boyd, 2014).

### **Research Questions**

In this paper, I examined homelessness related outcomes for previously foster care involved youth. More specifically, I explored the role of race and known previous victimization history relating to child welfare involvement and the impact of these factors on homelessness outcomes. The present paper addressed a gap in the literature of

examining the intersectional influences of racial disparities in youth homelessness and child welfare involvement while simultaneously looking at the influence of victimization history linked to child welfare involvement to determine risk factors for unaccompanied homelessness. Guided by the existing literature in the field, the current paper explored three broader research questions for youth who have been homeless and a part of the child welfare system. As the intersectional nature of these factors has not previously been examined in the literature, I decided research questions would be more appropriate than hypotheses. The research questions were, as follows:

**Research Question 1.** Among previously foster care involved youth, are there differences by race relating to poorer homelessness outcomes (i.e. more episodes of homelessness and longer durations of homelessness)?

**Research Question 2.** Among previously foster care involved youth, are there differences in types of victimization experience(s) (i.e. neglect, physical abuse, sexual abuse, and psychological maltreatment) resulting in child welfare involvement that are related to poorer homelessness outcomes (i.e. more episodes of homelessness and longer durations of homelessness)?

## CHAPTER 2

### METHODS

#### **Sample**

The sample of unaccompanied homeless youth was generated through a multi-step process involving many different agencies. The initial sample was comprised of 100 youth, 18-24 years old, who were documented in the Homeless Management Information System (HMIS) of the Midlands Area Consortium for the Homeless (MACH) as having received services between 2014 and 2017 and who were experiencing homelessness in one of 14 counties (Aiken, Allendale, Bamberg, Barnwell, Calhoun, Chester, Fairfield, Kershaw, Lancaster, Lexington, Newberry, Orangeburg, Richland, and York) in South Carolina. The sample was then cross-referenced with State of South Carolina Department of Social Services (DSS) records and youth who also had records in both HMIS and DSS were included in the sample. The distribution of youth was males (n=51; 51%) females (n=48; 48%), and transgender (n=1; 1%), with an average age of 21.7 years. The youths' race was distributed between Black (n=71; 71) and White (n=29; 29). Additional demographic information will be provided in the results section.

#### **Procedures**

The initial sample of youth were generated by extracting clients from the South Carolina Homeless Management Information System (SC HMIS), specifically the local federally designated Continuum of Care—the Midlands Area Consortium for the Homeless (MACH), locally administrated by the United Way of the Midlands. HMIS is

an internet-based client management system that gathers information from service providers in order to track housing and service utilization of individuals who are experiencing homelessness, as well as to track populations that are at-risk of becoming homeless. This sample was generated as a part of a broader initiative, The Youth in Transition Initiative, by the United Way of the Midlands to gain a better understanding of homelessness across many counties of South Carolina and to better understand youths' system experiences prior to homelessness. The SC HMIS Administrator ran a query to identify all youth, between 18-24 years old, who have received services between 2014 and 2017 and who were experiencing homelessness in MACH counties. An initial sample of 2,146 youth were identified. The SC HMIS administrator then provided this initial sample to the South Carolina Department Revenue and Fiscal Affairs Office (RFA) who created unique identifiers that could be used to request data across a variety of state agencies for 2,146 youth. The use of RFA IDs allowed for data to be matched across state databases but remain deidentified.

In order to ensure that youth included in the dataset were appropriate for the research questions, exclusion criteria were created to eliminate youth who did not align with the research questions. Youth whose experience were not characterized in HMIS with “literally homeless” and “unaccompanied youth” were dropped from the sample. The construct “literally homeless” means the youth live unsheltered on the streets, in cars, campgrounds, in abandoned buildings or other public spaces, or living in emergency shelters. The construct “unaccompanied youth” is defined here as “youth not in the physical custody of a parent or court-appointed guardian, including youth who have run away from home, youth who have been forced to leave their homes, and youth whose

parents have left the area and left them behind.” Unaccompanied youth are also considered to be between the ages of 18 and 24 years old. This exclusion criteria were already applied to the data by the SC HMIS administrator prior to receipt of the database for the present study. The SC HMIS administrator used the following guidelines in the HMIS population to identify youth who 1) were not “literally homeless” meaning they utilized services in HMIS that only reflected homelessness prevention 2) if their “Relationship to Head of Household” was not listed as “self”—indicating they are accompanied by an adult. These youth were removed from the original sample leaving an initial study sample of 669 youth.

Of the 669 unaccompanied youth experiencing literal homelessness, the study’s first exclusion criterion was applied to remove youth who had not received foster care services from the SC Department of Social Services (DSS) prior to becoming homeless (see Figure 2.2). A secondary exclusion criterion was applied to facilitate analyses of race. Because only two youth (.02%) self-identified as “Native Hawaiian or Other Pacific Islander” and “Other”, respectively, analyses focused on the experiences of Black and White youth only. Of those youth, a tertiary criterion was included to remove any youth who did not have a recorded “reason for removal” (which characterizes their victimization experience that led to foster care involvement ; see full list of removal reasons below) and remove youth whose recorded victimization experiences did not fit into at least one of three main categories of child maltreatment (i.e. neglect, physical abuse, and/or sexual abuse; reason for removal of “psychological maltreatment” as a category of child maltreatment will be described below). Then a final exclusion criterion was applied to include only youth who had received some sort of housing service (i.e.

emergency shelter, homeless shelter, permanent supportive housing, and transitional housing) from a homeless youth serving agency. It was necessary to capture the receipt of a housing service to measure homelessness because it is challenging to capture individuals' experiences with homelessness outside of systems contacts. If an individual receives housing or shelter services from a service provider, they have to meet criteria for homelessness thereby confirming that they are experiencing homelessness. The duration of time they are in homeless housing or shelter services was used to measure Length of Time Receiving Homeless Services. Additionally, after an initial review of the data, 5 cases were identified as outliers based on the value of the dependent variables, 4 cases were outliers in the Length of Time Receiving Homeless Services variable and 1 case was a remaining outlier in the Number of Times Receiving Homeless Services variable. The outliers were identified as such using the common criteria of eliminating entries more than 3 standard deviations from the mean (Ilyas & Chu, 2019). In total, these 43 youth were removed from the sample using specific exclusion criteria to create a data set of 100 youth to be used for analyses.

## **Measures**

### **Race Measurement.**

Racial demographic data is input by service providers into the HMIS system based on the youths' self-identification across one or more of five total racial categories. The response scale included "American Indian or Alaska Native", "Asian", "Black or African American", "Native Hawaiian or Other Pacific Islander", and "White". Additional response options of "Client Refused" and "Client Doesn't Know" were also provided and these responses were coded as missing. As mentioned above, analyses

focused on Black and White youth therefore the race measurement variable was dichotomous between the two response options of “Black or African American” and “White”.

### **Foster Care Entry by Victimization Measurement.**

Entry into foster care as a part of the child welfare system was documented in the SC DSS database and consisted of data from South Carolina Statewide Automated Child Welfare Information System, specifically the Child and Adult Protective Services System (CAPSS.) The CAPSS system contains child protective services (CPS), adult protective services (APS), and foster care services data. Only the foster care services data from the CAPSS database were utilized for this analysis. These data begin from 1996 to the current month and is inclusive of all foster care experiences of a youth. The victimization history that led to child welfare involvement were captured as “Victimization Type”. The response scale included “Abandonment (AB)”, “Alcohol Abuse- Parent (AP)”, “Child’s Behavior (CB)”, “Death of Parent(s) (DE)”, “Drug Abuse-Child (DC)”, “Drug Abuse-Parent (DP)”, “Family Instability (FI)”, “Inadequate Housing (IH)”, “Lost Child (LC)”, “Lack of Employment- Parent (LE)”, “Lack of Housing- Homeless (LH)”, “Neglect (NG)”, “Physical Abuse (PA)”, “Runaway (RN)”, “Sexual Abuse (SA)”, and “Voluntary Placement- Non-CPS (VP)”. While Child Protective Services defines four categories of maltreatment (i.e. 1) neglect, 2) physical abuse, 3) psychological maltreatment, and 4) sexual abuse) that upon substantiation, are grounds for a child to be removed from the home and entered into the child welfare system (World Health Organization, 2006), the psychological maltreatment code was missing from the dataset, likely due to the difficulty for service providers to substantiate psychological maltreatment and parse out

its comorbidity with other forms of abuse and neglect (Child and Family Services Reviews, 2020). Cases that did not have neglect, physical abuse, or sexual abuse, or combinations of these three victimization codes listed were removed from the dataset. All other cases were coded to fit one of the following codes: “Neglect”, “Physical Abuse”, “Sexual Abuse”, “Neglect and Physical Abuse”, “Neglect and Sexual Abuse”, “Physical Abuse and Sexual Abuse”, “Neglect, Physical Abuse, and Sexual Abuse”.

### **Homelessness outcomes measurement.**

The MACH HMIS database was used as the foundational database for identifying youth and the homelessness outcomes. This database allows access to size, characteristics, and needs of the homeless population at project, system, local, and state levels. The system has very strict data collection standards and requires providers to enter information on a regular basis. Privacy and security requirements are implemented in order to ensure personally identifiable information (PII) collected from all homeless clients is protected. The aforementioned exclusion criteria data as well as age, gender, and race data were captured from HMIS. This database also only includes youth who experienced homelessness after their foster care involvement was over. Furthermore, the dependent variables of “Length of Time Receiving Homeless Services” and “Number of Times Received Homeless Services” were captured from this database to quantify outcomes for unaccompanied youth homelessness. Both variables were calculated based on provided entry and exit days of youth in agency-provided shelter or housing and were input by a service provider each time a youth received housing services from the agency. If a youth is receiving housing or shelter-based services from a service provider, that youth is classified as “homeless”. In order to be included in analyses, youth had to have

received one or more of the following housing or shelter-based services as classified in HMIS: “emergency shelter”, “homeless shelter”, “permanent supportive housing”, and “transitional housing”. Calculating homelessness through service usage allowed for a concrete measure of homelessness, although it may not capture the entire picture of that individual’s experiences with homelessness (e.g., it would not capture a homeless episode in which a youth did not receive services).

***Length of Time Receiving Homeless Services Variable.***

The “Length of Time Receiving Homeless Services” measure recorded the total number of days the client had been homeless in emergency shelter, homeless shelter, permanent supportive housing and/or transitional housing. To calculate this variable, the date of exit was subtracted from the date of entry into the housing or shelter service to calculate total number of days in residence for each instance, or episode, youth utilized these services. All days in housing across episodes were summed to find the total days in residence. This was the final “Length of time receiving homeless services” variable. The response scale was continuous and ranged from zero to 453 days. Youth who did not have exit dates were removed from the dataset due to an inability to calculate this dependent variable.

***Number of Times Receiving Homeless Services Variable.***

The “Number of Times Receiving Homeless Services” measure recorded the total number of times the client has been homeless in emergency shelter, homeless shelter, permanent supportive housing and/or transitional housing. To calculate this variable, the number of episodes of homelessness listed as individual records for service utilization in HMIS were summed to account for “number of times receiving homeless services”. The

response scale ranged from one to 18. Youth who did not have dates listed for exiting housing were not able to be used to calculating “length of time receiving homeless services” but were included in the count of homeless episodes.

### **Statistical Analysis**

The first set of analyses was conducted to better understand the demographic characteristics of the youth sample. Frequency analyses and descriptive statistics (i.e. percent, mean, standard deviation) were used to determine the prevalence of these characteristics within the entire youth sample (n=100) to provide a descriptive picture of previously foster care involved, unaccompanied, homeless youth.

#### **Research Question One.**

Research question one examined whether there are differences by race in homelessness outcomes, specifically durations of homelessness and number of episodes of homelessness, for youth who were previously foster care involved. A t-test was conducted to compare youth race with regard to homelessness outcomes for youth who were previously foster care system involved.

#### **Research Question Two.**

Research question two explored whether there are significant differences between the types of victimization experiences that led to entry into the foster care system (i.e. neglect, sexual abuse, and physical abuse) in homelessness outcomes, specifically durations of homelessness and episodes of homelessness. An ANOVA was conducted to determine the model that encompasses variables of victimization in order to better understand the types of victimization experiences that may lead to varying homelessness

outcomes. Also, a t-test was conducted to compare neglect-based versus non-neglect-based victimization experiences that may lead to varying homelessness outcomes.

### **Assumptions**

The assumptions of sample size and of independence for t-tests and ANOVA were met. To ensure the assumption of homogeneity of variance was met, we utilized the Levene's test statistic and for any significant Levene's test (thereby implying no equality of variance) by variable the appropriate statistics were reported. However, for the dependent variables (i.e. Length of Time Receiving Homeless Services and Number of Times Receiving Homeless Services) the assumption of normality appeared to be violated. In order to transform the data to meet this assumption, the data underwent a square root transformation which helped to create a closer to normal distribution (see Figure 2.2 and 2.3 for a comparison of the data before and after transformation).

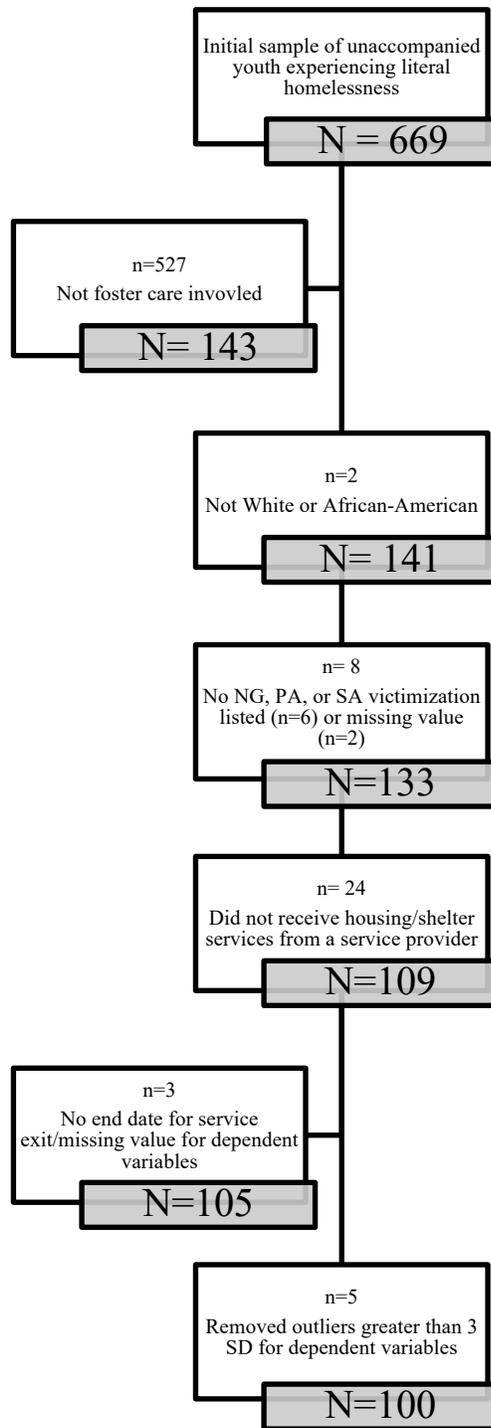


Figure 2.1. Flowchart identifying number of exclusions per exclusion criterion

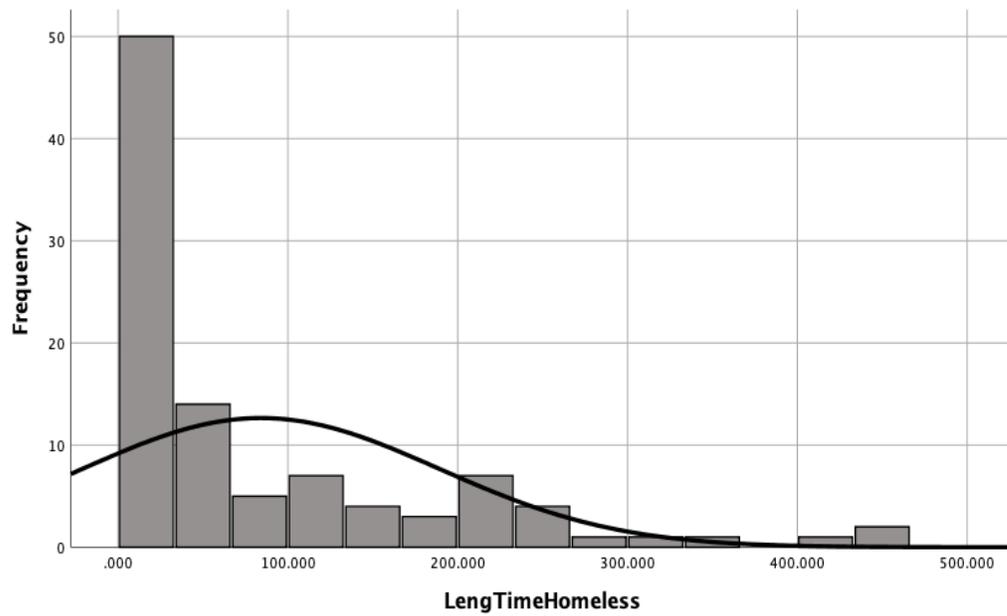
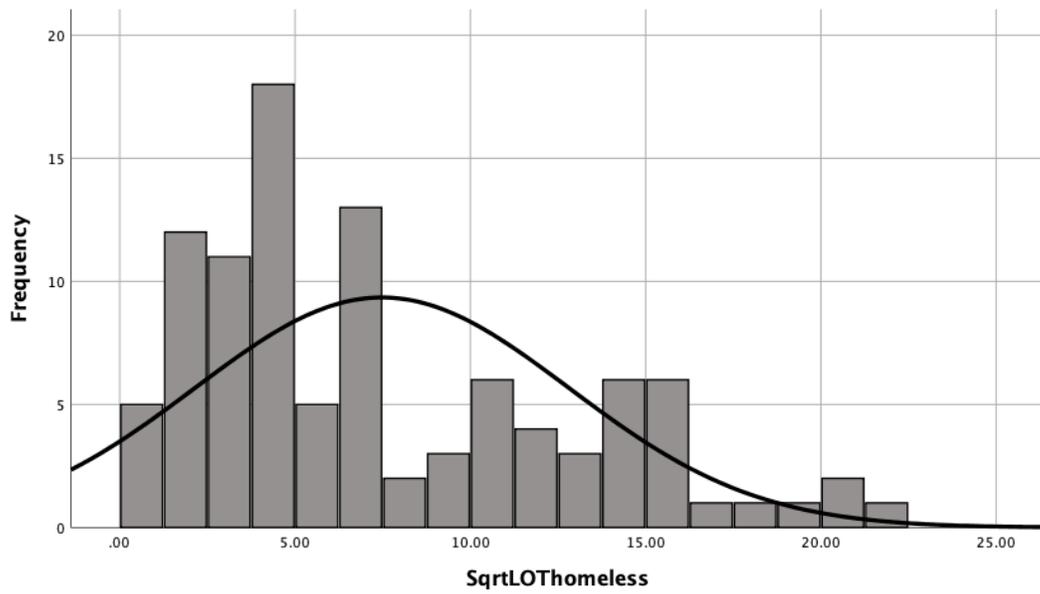


Figure 2.2 Histogram showing distribution for 'Length of Time Receiving Homeless Services' variable before and after square root transformation

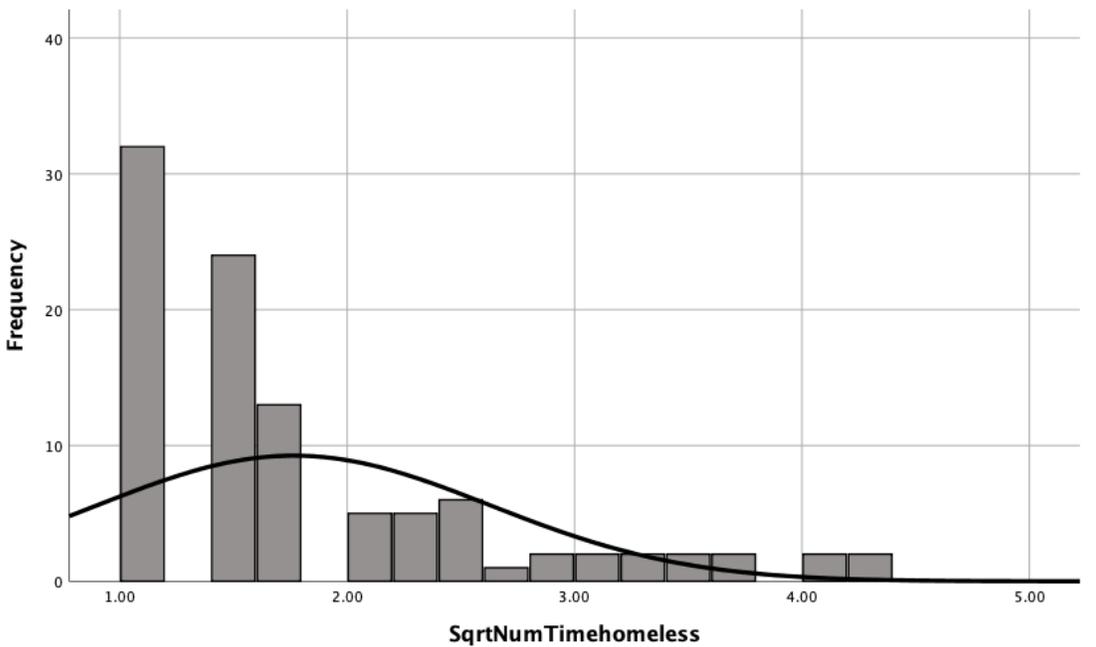
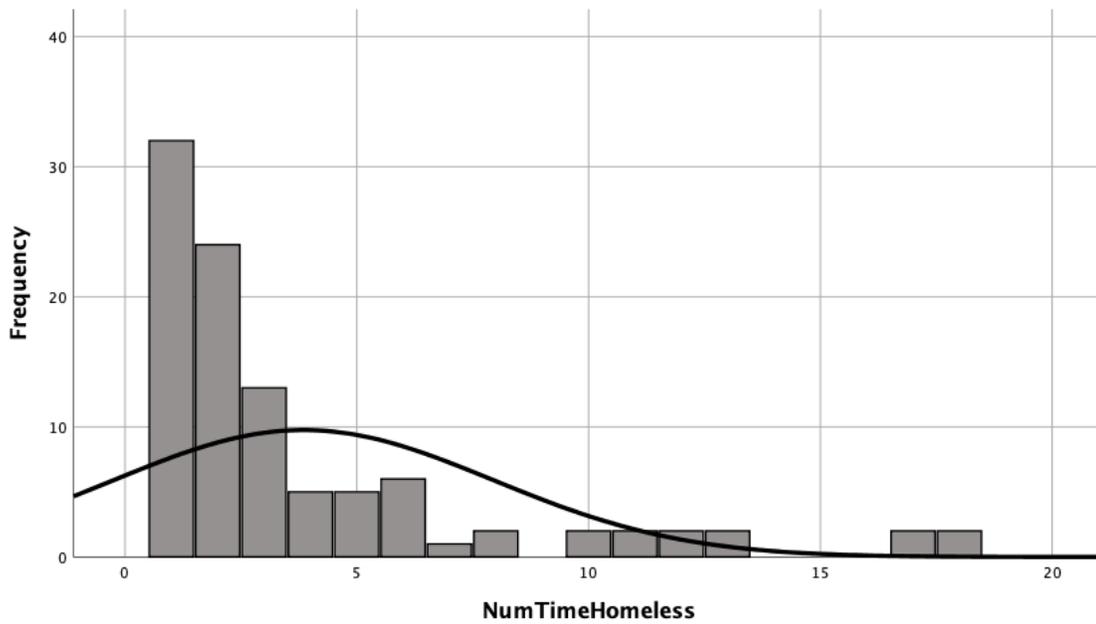


Figure 2.3. Histogram showing distribution for 'Number of Times Receiving Homeless Services' variable before and after square root transformation

## CHAPTER 3

### RESULTS

#### **Demographics**

The sample (N=100) included 71 Black or African American (71%) and 29 White (29%) previously foster care involved youth who had at least one experience of homelessness. The average age was 21.74 ( $SE=1.760$ ; Minimum = 18; Maximum = 24). The sample was distributed between 48 Female (48%), 51 Male (51%), and 1 Trans Male (1%). Furthermore, the sample was from the following counties in South Carolina: 68 from Richland (68%), 14 from Aiken (14%), 7 from Lexington (7%), 6 from York (6%), 3 from Orangeburg (3%), and 2 (2%) were missing a listed location. Descriptive statistics on the frequency of demographic variables and variables used for analyses are displayed in Table 3.1.

#### **Research Question One**

The focus of research question one was to explore whether there are differences by race in homelessness outcomes for youth who were previously foster care involved. An independent samples t-test was used to compare Length of Time Receiving Homeless Services in Black/African American and White youth. There were no significant differences between Black youth ( $M = 7.18$ ,  $SD = 5.07$ ) and White youth ( $M=8.21$ ,  $SD=5.96$ ) in Length of Time Receiving Homeless Services,  $t(98) = -.871$ ,  $p = .386$ ,  $d = 0.19$ ). While there were no significant differences in the Length of Time Receiving Homeless Services between Black/African American and White youth, White youth on

average experienced longer cumulative durations of homelessness than Black/African American youth. Another independent samples t-test was conducted to compare Number of Times Receiving Homeless Services for Black/African American and White youth. There was a trend-level significant difference between Black youth ( $M = 1.65, SD = .79$ ) and White youth ( $M = 2.04, SD = .99$ ) in Number of Times Receiving Homeless Services,  $t(43) = -1.88, p = .07, d = 0.44$ . Levene's test showed that variances were unequal ( $F = 4.49, p = .037$ ), so degrees of freedom were adjusted from 98 to 43. These results are displayed in Table 3.2. White youth on average experienced a greater number of episodes of homelessness than Black/African American Youth.

### **Research Question Two**

Research Question two explored whether there was an impact of victimization experience (i.e. neglect, sexual abuse, or physical abuse) that led to foster care system involvement for homelessness outcomes. Descriptive statistics on the frequency of homelessness outcomes (i.e. Length of Time Receiving Homeless Services and Number of Times Receiving Homeless Services) by victimization type are displayed in (see Table 3). All youth experienced at least one form of victimization that caused them to be placed in foster care. Overall, a majority of the sample experienced Neglect (64%), followed by Physical Abuse (15%), Neglect & Physical Abuse (13%), Sexual Abuse (3%), Neglect & Sexual Abuse (3%) and Neglect, Physical Abuse, & Sexual Abuse (2%) (see Table 3). Due to the limited sample size in some of the victimization categories, both analysis of variance analyses were conducted solely with the portion of the sample who experienced Neglect, Physical Abuse, and Neglect & Physical Abuse. First an analysis of variance was conducted to examine differences between these three victimization categories in

Length of Time Receiving Homeless Services. While there was no statistically significant difference between Neglect ( $M = 8.09$ ,  $SD = 5.54$ ), Physical Abuse ( $M = 6.25$ ,  $SD = 5.12$ ), and Neglect & Physical Abuse ( $M = 4.85$ ,  $SD = 3.53$ ) in the Length of Time Receiving Homeless Services,  $F(2,89) = 2.44$ ,  $p = .09$ , significance did reach a trend level. These results are displayed in Table 3.3. A second analysis of variance was conducted to examine differences between the three victimization categories of Neglect, Physical Abuse, and Neglect & Physical Abuse in Number of Times Receiving Homeless Services. There were no statistically significant difference between Neglect ( $M = 1.80$ ,  $SD = .84$ ), Physical Abuse ( $M = 1.84$ ,  $SD = .94$ ), Neglect & Physical Abuse ( $M = 1.32$ ,  $SD = .44$ ), in the Number of Times Receiving Homeless Services,  $F(2,89) = 1.98$ ,  $p = .14$ . These results are displayed in Table 3.4.

Additional analyses were conducted to parse apart the relationship of Neglect, the most prevalent form of victimization, from the other forms of maltreatment in Length of Time Receiving Homeless Services and Number of Times Receiving Homeless Services. Descriptive statistics on the frequency of homelessness outcomes (i.e. Length of Time Receiving Homeless Services and Number of Times Receiving Homeless Services) by Neglect-based victimization versus non-Neglect-based victimization are displayed in Table 3.5. An independent samples t-test was used to compare Length of Time Receiving Homeless Services in youth who experienced Neglect-based victimization (i.e. (Neglect, Neglect & Physical Abuse, Neglect & Sexual Abuse, Neglect & Physical Abuse & Sexual Abuse) and youth who have experienced non-neglect-based victimization (i.e. Physical Abuse, Sexual Abuse, Physical & Sexual Abuse). There were no significant differences between any form of victimization that included Neglect ( $M = 7.66$ ,  $SD =$

5.41) and other forms of victimization ( $M = 6.67, SD = 5.06$ ) in Length of Time Receiving Homeless Services,  $t(98) = .71, p = .48$ . A second independent samples t-test was used to compare Neglect-based victimization and other victimizations not including Neglect in Number of Times Receiving Homeless Services. There were no significant differences between Neglect-based victimization ( $M = 1.77, SD = .86$ ) and other types of victimization ( $M = 1.75, SD = .88$ ) in Number of Times Receiving Homeless Services,  $t(98) = .11, p = .92$ .

Table 3.1. Descriptive statistics for demographic variables and analyses variables

	<i>N</i>	<i>Minimum</i>	<i>Maximum</i>	<i>M</i>	<i>SD</i>
Age	100	18	24	21.71	1.76
<i>Race</i>	100	-	-	-	-
Black/African American	71	-	-	-	-
White	29	-	-	-	-
<i>Gender</i>	100	-	-	-	-
Female	48	-	-	-	-
Male	51	-	-	-	-
Transgender	1	-	-	-	-
<i>Victimization</i>	100	-	-	-	-
Neglect	64	-	-	-	-
Sexual Abuse	3	-	-	-	-
Physical Abuse	15	-	-	-	-
Neglect & Physical Abuse	13	-	-	-	-
Neglect & Sexual Abuse	3	-	-	-	-
Physical Abuse & Sexual Abuse	0	-	-	-	-
Neglect & Physical Abuse & Sexual Abuse	2	-	-	-	-
Sqrt Number of Times Receiving Homeless Services	100	0	21.29	7.48	5.34
Sqrt Length of Time Receiving Homeless Services	100	1	4.24	1.76	.86

Table 3.2. T-Test: Homelessness outcomes by race before and after transformation

	<i>t</i>	<i>df</i>	<i>p</i>	Black/African American (N= 71)		White (N= 29)	
				<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Length of Time Receiving Homeless Services	-1.07	98	.29	76.92	94.16	101.68	128.33
Number of Times Receiving Homeless Services	-1.76	41.41	.09	3.34	3.64	5.10	4.87
Sqrt Length of Time Receiving Homeless Services	-0.87	98	.39	7.18	5.07	8.21	5.96
Sqrt Number of Times Receiving Homeless Services	-1.88	43.17	.07	1.65	.79	2.04	.99

Note. \*p<.05

Table 3.3. ANOVA: Homelessness outcomes by victimization types before and after transformation

	<i>N</i>	Length of Time Receiving Homeless Services		Number of Times Receiving Homeless Services		Sqrt Length of Time Receiving Homeless Services		Sqrt Number of Times Receiving Homeless Services	
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Neglect	64	95.57	117.36	3.92	3.94	8.09	5.54	1.80	.84
Physical Abuse	15	63.53	75.56	4.20	4.65	6.25	5.18	1.84	.94
Neglect & Physical Abuse	13	35.02	42.29	1.92	1.44	4.85	3.53	1.32	.44

*Note.* \* $p < .05$

Table 3.4. ANOVA: Homelessness outcomes by victimization types before and after transformation

	Length of Time Receiving Homeless Services				Number of Times Receiving Homeless Services			
	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Between Groups	2	22800.34	2.09	.13	2	23.96	1.64	.20
Within Groups	89	10889.48			89	14.65		

	Sqrt Length of Time Receiving Homeless Services				Sqrt Number of Times Receiving Homeless Services			
	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Between Groups	2	67.07	2.44	.09	2	1.32	1.98	.14
Within Groups	89	27.49			89	.67		

Note. \*p<.05

Table 3.5. T-test: Homelessness outcomes by neglect vs non-neglect victimization type before and after transformation.

	<i>t</i>	<i>df</i>	<i>p</i>	Neglect-Based Victimization (N= 82)		Non-Neglect Victimization (N= 18)	
				<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Length of Time Receiving Homeless Services	.685	98	.50	87.49	110.30	68.70	78.15
Number of Times Receiving Homeless Services	.082	98	.94	3.87	4.06	3.78	4.33
Sqrt Length of Time Receiving Homeless Services	.71	98	.48	7.66	5.41	6.67	5.06
Sqrt Number of Times Receiving Homeless Services	.11	98	.92	1.77	.86	1.75	.88

Note. \**p*<.05

## CHAPTER 4

### DISCUSSION

Youth homelessness remains a challenging facet of our society. Furthermore, various factors at a societal and individual level impact youth homelessness and affect this population at a particularly important transitory and developmental period. These vulnerable youth have high needs and complex histories that can impact their experiences with homelessness and with leaving homelessness. For unaccompanied homeless youth between 18-25 years old, communities are low-resourced in their efforts to serve their multi-faceted needs with youth-specific services (National Alliance to End Homelessness, 2012). Previous research in the field has highlighted that child welfare involved youth have an increased chance of homelessness, particularly for those “aging-out” of the system (Britton & Pilnik, 2018; Dworsky et al., 2013; Huang et al., 2012). Both the systems serving youth who are experiencing homelessness and youth in the foster care system have significant documented disparities and disproportionality in prevalence of black youth versus white youth (National Alliance to End Homelessness, 2019). This disproportionate involvement means that youth of color are at a higher risk for child welfare involvement, victimization, and homelessness (Maschi et al., 2008; Morton et al., 2018; U.S. Department of Health & Human Services et al., 2020).

The current study examined the role of race and victimization and its relationship to homelessness outcomes as risk factors for unaccompanied youth homelessness. Results did not show significant findings when comparing black and white youth

outcomes relating to Length of Time Receiving Homeless Services and Number of Times Receiving Homeless Services. However, a trend-level effect ( $p=.07$ ) was found, with an effect size close to medium ( $d=.44$ ), for white youth which depicted longer time receiving homeless services, and more times receiving homeless services, when compared to black youth on average.

Analyses with regard to the impact of type of victimization on Length of Time Receiving Homeless Services and Number of Times Receiving Homeless Services did not reach statistical significance. Furthermore, analyses examining neglect-based versus non-neglect-based victimization were also not significant when examining Length of Time Receiving Homeless Services and Number of Times Receiving Homeless Services.

There are several reasons why analyses conducted for the study did not reach statistical significance. First, it is important to consider that the dataset was restricted only to youth who had extremely difficult and traumatic experiences with confirmed foster care involvement and homelessness. The analyses attempted to further parse apart the effects of victimization (i.e., the victimization that led to involvement in foster care) would have in their experiences of homelessness. Secondly, it is important to note that the current study measures homelessness service utilization, particularly of housing or shelter-based services.

Keeping this contextual factor in mind, some additional considerations should be made around the potential reasons for increased prevalence of receipt of housing services for white youth versus black youth. Another plausible reason for the discrepancy could be decreased preference for help-seeking behaviors in the African American community (Neighbors, 1988; Taylor & Kuo, 2018). Research on the help-seeking construct utilize a

framework that includes both formal (e.g. visiting a professional like a therapist, hospital, police, etc.) and informal (e.g. talking to friends or family, looking online for information, etc.) behaviors (Liang et al., 2005; Neighbors & Jackson, 1996).

Researchers conducting a large-scale longitudinal study specifically found that African Americans were not as likely as Whites to seek formal help for any issues (Neighbors & Jackson, 1996). Given the existing literature on these help-seeking tendencies, it is possible that White youth were receiving more homeless services than Black youth because Black youth were less likely to request these services from the service providers.

### **Limitations**

There were a few limitations in this study, particularly around the methods used to measure youth homelessness and youth victimization experiences. As in previous studies, there were difficulties in quantifying youth homelessness experiences (National Alliance to End Homelessness, 2012; U.S. Department of Housing and Urban Development, 2020). For the purposes of this study, the housing or shelter service utilization data provided an objective measure to capture youth homelessness durations. However, this type of data does not provide a complete picture of a youth's homelessness experience, specifically while not utilizing housing or shelter services. Furthermore, there could be bias amongst service providers regarding who receives the limited housing and/or shelter services, such that White youth are more likely to receive them than Black youth.

With regard to victimization measurement, the variable is captured by CPS documented reason(s) for entry into the foster care system. The reason for entry code is often limited to the cases where DSS was able to substantiate incidents of abuse or neglect. Youth may well have experienced other types of abuse that are not captured in

the data. The reason for entry code also does not capture information about how often the victimization occurred. Lastly, the measurement of victimization that led to entry into foster care was largely dominated by neglect-based victimizations. Because of this overrepresentation of neglect-based victimization, cell sizes of participants experiencing physical and/or sexual abuse were small, therefore these analyses were likely underpowered. Furthermore, there are existing challenges within the foster care system to substantiate other forms of abuse, outside of neglect. Substantiation is the only way a child would be removed from the home, which means regardless of whether any other forms of abuse are occurring in the home the listed reason for removal (i.e. the victimization experience variable in this study) will only include those substantiated forms of maltreatment.

### **Future Directions**

To capture youth homelessness accurately, given the aforementioned obstacles with accuracy of data collection, future research should attempt to gather self-report data directly from the youth and possibly from other family members regarding homelessness and victimization history, instead of relying solely on homelessness service utilization.

Additionally, future studies should conduct additional analyses to examine the intersection of race and victimization in its impacts on homelessness outcomes. The intersection of race and vulnerability created by victimization are supported by the literature as being a high-risk profile for experiencing homelessness (Maschi et al., 2008; Morton et al., 2018; National Alliance to End Homelessness, 2019; U.S. Department of Health & Human Services et al., 2019a, 2019c). Another area for future studies and analyses may be to examine the role of singular versus polyvictimization history in its

effects on homelessness outcomes. These additional studies could help to capture a clearer picture of high-risk profiles for youth homelessness. Gathering a better understanding of the relationship of race and victimization history in their impact on youth homelessness is paramount to prevention and intervention efforts in the field to address this national crisis.

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