

RISK AND RESILIENCE:
DIFFERENCES IN RISK FACTORS AND HEALTH OUTCOMES
BETWEEN HOMELESS AND NON-HOMELESS STUDENTS IN 2017 YRBS DATA

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INTRODUCTION

What is student homelessness?

Public schools identified more than 1.3 million children and youth experiencing homelessness and enrolled in school at some point in the 2016-2017 school year.¹ These numbers do not reflect the total number of children and youth who experience homelessness in the United States. Under-identification of homeless students by public schools is a well-documented challenge,² caused in part by lack of awareness, training, and adequate dedicated staff time. The stigma and shame associated with homelessness and pervasive misunderstanding of child, youth, and family homelessness also contribute to under-identification. Furthermore, children and youth who were not enrolled in school—including preschool-age children, toddlers, infants, and older children and youth not enrolled for other reasons—are not included in the federal school data, and recent research shows that unaccompanied youth ages 13-17 are grossly under-identified.³

Each of the children and youth identified as homeless in public schools “lack a fixed, regular, and adequate nighttime residence,” as defined by the education subtitle of the McKinney-Vento Homeless Assistance Act. This includes those sharing the housing of others due to loss of their own housing, economic hardship, or similar reasons; living in hotels, motels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; living in emergency or transitional shelters; living in cars, parks, bus or train stations, or other public spaces; and migratory children living in similarly-described circumstances.⁴ An unaccompanied youth is defined as “a homeless child or youth not in the physical custody of a parent or guardian.”⁵ Of the 1,354,363 enrolled students identified as homeless during the 2016-2017 school year, 3.7% were unsheltered when first identified; 6.6% were living in hotels or motels; 13.9% were living in shelters or transitional housing; and 75.8% were sharing the housing of others due to loss of housing, economic hardship, or a similar reason.⁶ The number of

¹ *National Overview*. National Center for Homeless Education (2018). Retrieved from <http://profiles.nche.seiservices.com/ConsolidatedStateProfile.aspx>.

² *Education of Homeless Students: Improved Program Oversight Needed*. GAO-14-465. Washington, D.C.: July 31, 2014.

³ Morton, M.H., Dworsky, A., & Samuels, G.M. *Missed opportunities: Youth homelessness in America. National estimates*. Chicago, IL: Chapin Hall at the University of Chicago (2017).

⁴ 42 U.S.C. § 11434a(2).

⁵ 42 U.S.C. § 11434a(6).

⁶ *National Overview* (2018).

students experiencing homelessness reported by public schools has increased by 70% since the 2007-2008 school year.⁷

Why are students homeless?

Homelessness is a complex issue shaped by many interrelated factors. Two trends that have contributed to the rise in family and youth homelessness over the past several decades are persistent poverty⁸ and a shortage of affordable housing.⁹ Forty-one percent of all children under 18 in the United States are low-income,¹⁰ and 19 percent are poor.¹¹

Similarly striking is the inability of many families to afford housing. In 2018, the national Housing Wage¹² was \$22.10 for a two-bedroom rental unit and \$17.90 for a one-bedroom rental unit. A worker earning the federal minimum wage of \$7.25 per hour would need to work approximately three full time jobs, or approximately 112 hours per week for all 52 weeks of the year, in order to afford a two-bedroom apartment at HUD's Fair Market Rent (FMR).¹³ Homelessness, however, is both a symptom and a source of trauma for children and families.¹⁴ Unemployment, low education levels, domestic violence, physical and mental health problems, addiction disorders, and natural disasters also contribute to family homelessness.¹⁵ For example, recent national research by Chapin Hall at the University of Chicago finds that, of many attributes associated with youth homelessness, lack of a high school diploma or GED was the most strongly correlated with higher risk for youth homelessness. Those without a high school degree or GED were 4.5 times as likely to experience homelessness as peers who completed high school. The lasting repercussions of these barriers and traumatic experiences illustrate why housing alone cannot address the many contributing causes of child and family homelessness.¹⁶

Finally, in addition to family homelessness, at least 700,000 unaccompanied adolescents (ages 13-17) experience homelessness on their own in a year.¹⁷ Unaccompanied homeless youth include young people who have run away from or been forced out of their home or been abandoned by their parents.

⁷ *Federal Data Summary School Years 2013-14 to 2015-16: Education for Homeless Children and Youth*. National Center for Homeless Education (2017). Retrieved from https://nche.ed.gov/pr/data_comp.php.

⁸ Koball, H. & Jiang, Y. *Basic Facts about Low-Income Children: Children under 18 Years, 2016*. National Center for Children and Poverty (2018). Retrieved from <http://www.nccp.org/topics/childpoverty.html>.

⁹ Aurand, A. et al. *Out of Reach 2018*. National Low Income Housing Coalition (2018). Retrieved from https://nlihc.org/sites/default/files/oor/OOR_2018.pdf.

¹⁰ Here, low-income is defined as "at or above 200% of the federal poverty threshold (FPT)," as determined by the United States Census Bureau. Koball & Jiang (2018). The U.S. Census Bureau issues the poverty thresholds annually. Thresholds vary by family size and composition. See <http://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html> for the complete 2017 poverty thresholds.

¹¹ Here, poor is defined as "below 100% of FPT," as determined by the U.S. Census Bureau. Koball & Jiang (2018).

¹² The National Low-Income Housing Coalition defines the national Housing Wage as "an estimate of the hourly wage that a full-time worker must earn to afford a modest and safe rental home without spending more than 30% of his or her income on rent and utility costs." Here, "affordability" is consistent with the federal standard that no more than 30% of a household's gross income should be spent on rent and utilities. Aurand et al. (2018).

¹³ Aurand et al. (2018).

¹⁴ Baldari, C. *Family Homelessness: More than Just an Issue of Housing Affordability*. First Focus (2016). Retrieved from <https://firstfocus.org/blog/family-homelessness-more-than-just-an-issue-of-housing-affordability>.

¹⁵ *Children and Youth Experiencing Homelessness: An Introduction to the Issues*. National Center for Homeless Education (August 2017). Retrieved from <https://nche.ed.gov/downloads/briefs/introduction.pdf>.

¹⁶ Morton & Samuels (2017).

¹⁷ Morton & Samuels (2017).

Some primary causes of homelessness among unaccompanied youth include physical and sexual abuse by a parent or guardian, neglect, parental substance abuse, and extreme family conflict. Many youth experience homelessness with their families at first and later on their own; 47% of young people report experiencing homelessness both on their own and with their families at different points in time.¹⁸ A recent study found that the majority of unaccompanied homeless youth interviewed had experiences of housing instability that started in childhood or adolescence.¹⁹

What are the effects of homelessness on students?

Homelessness can harm children before they are even born. Research shows that pregnant women experiencing homelessness are less likely to receive adequate prenatal care than housed mothers, and their children are at increased risk for low birth weight.²⁰ Low birth weight has been demonstrated to jeopardize a child's cognitive, physical, and social-emotional development.²¹ Homelessness in early childhood has been found to be associated with delays in language, literacy, and social-emotional development, putting children at risk for later academic problems.²² A 2015 study found that the younger and longer a child experiences homelessness, the greater the cumulative toll of negative health outcomes, which can have lifelong effects on the child, family, and community.²³

Once they are of school age, children and youth experiencing homelessness frequently encounter unique and significant barriers to educational success. The McKinney-Vento Act provides for immediate enrollment for students experiencing homelessness, even if they lack documents typically required for enrollment. However, residency requirements, proof of guardianship, delays in transferring school records, lack of transportation, and lack of immunization or other medical records can still present barriers to enrollment, particularly in school districts lacking necessary training and capacity to implement the law.²⁴ Research shows that academic achievement in elementary school is slowed during periods of homelessness and housing instability,²⁵ and that highly mobile students demonstrate persistent patterns of lower achievement scores.²⁶ Furthermore, students experiencing homelessness are more likely to be held back from grade to grade, be chronically absent, fail courses, and have more disciplinary issues than their stably housed peers.²⁷ As a result, children and youth who experience

¹⁸ Ingram, E. et al. *Hidden in Plain Sight: Homeless Students in America's Public Schools*. Civic Enterprises and Hart Research Associates (2017).

¹⁹ Morton & Samuels (2017).

²⁰ Richards, R. et al. "Maternal health behaviors and infant health outcomes among homeless mothers: U.S. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) 2000-2007." *American Journal of Preventive Medicine* (2011).

²¹ Stein, J.A., Lu, M.C., & Gelberg, L. "Severity of homelessness and adverse birth outcomes." *Journal of Health Psychology* (2000).

²² Obradovic, J. et al. "Academic achievement of homeless and highly mobile children in an urban school district: Longitudinal evidence on risk, growth, and resilience." *Development and Psychopathology* (2009).

²³ Sandel, M., Sheward, R., & Sturtevant, L. *Compounding Stress: The Timing and Duration Effects of Homelessness on Children's Health*. Insights from Housing Policy Research (2015).

²⁴ *The Educational Rights of Children and Youth Experiencing Homelessness: What Service Providers Need to Know*. National Center for Homeless Education (August 2018). Retrieved from https://nche.ed.gov/downloads/briefs/service_providers.pdf.

²⁵ Cutuli, J.J. et al. "Academic Achievement Trajectories of Homeless and Highly Mobile Students: Resilience in the Context of Chronic and Acute Risk." *Child Development* (2013).

²⁶ Isernhagen, J. & Bulkin, N. "The Impact of Mobility on Student Performance and Teacher Practice." *Journal of At-Risk Issues* (2011).

²⁷ Ingram et al. (2017).

homelessness are at much greater risk of not graduating from high school—in fact, they are 87% more likely to drop out than housed students.²⁸ Without an education, youth are 4.5 times as likely to experience homelessness as young adults.²⁹ While the reasons for this strong correlation have not been studied, the basic economics of income and education are relevant. When looking at incomes by education level, workers with less than a high school diploma are the lowest earners on average and have the highest unemployment rate. With lower incomes and higher unemployment, those without a high school degree are least able to afford housing.³⁰

About the Youth Risk Behavior Survey (YRBS)

The Youth Risk Behavior Survey (YRBS) was developed by the Centers for Disease Control and Prevention (CDC) in 1990 to assess health risk behaviors that contribute significantly to the leading causes of death, disability, and social problems among youth and adults in the United States.³¹ These behaviors commonly begin during childhood and early adolescence and include those pertaining to physical and sexual violence; sexual health; alcohol, tobacco, and drug use; dietary habits; and levels of physical activity. The YRBS also monitors the prevalence of obesity and asthma. Since 1991, the survey has collected data from more than 3.8 million high school students through more than 1,100 separate surveys.³²

For the first time since the survey has been widely administered, the 2017 YRBS optional question list included two questions pertaining to homelessness. The detailed information collected by these questions reveals the prevalence of youth homelessness, as measured by the YRBS, and the variable experiences of homeless youth who stay in homeless shelters, with others temporarily, and in other inadequate situations. Furthermore, the data expose the disproportionate health and mental health risks of youth experiencing homelessness.

QUANTITATIVE DATA ANALYSIS: YRBS QUESTIONNAIRE

Method

This study was based in part on a secondary data analysis of the 2017 national administration of the YRBS, conducted by the Centers for Disease Control (CDC). Below, we provide an overview of methodology used by the CDC to conduct the survey.

Participants

This instrument used a three-stage cluster sample design to produce a representative sample of 9th through 12th grade students in the United States.³³ At the school level, the target population included

²⁸ *Don't Call Them Dropouts: Understanding the Experiences of Young People Who Leave High School Before Graduation*. America's Promise Alliance (2014).

²⁹ Morton & Samuels (2017).

³⁰ *Unemployment rates and earnings by educational attainment, 2017*. Bureau of Labor Statistics (2018). Retrieved from <https://www.bls.gov/emp/chart-unemployment-earnings-education.htm>.

³¹ *2017 YRBS Data User's Guide*. Centers for Disease Control and Prevention (June 2018). Retrieved from https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/2017_YRBS_Data_Users_Guide.pdf.

³² *2017 YRBS Data User's Guide* (2018).

³³ Brener, N. et al. *Methodology of the Youth Risk Behavior Surveillance System — 2013*. Centers for Disease Control and Prevention: Morbidity and Mortality Weekly Report (2013). Retrieved from <https://www.cdc.gov/mmwr/pdf/rr/rr6201.pdf>.

all public and private school students in grades 9-12 in all 50 states and the District of Columbia.³⁴ Puerto Rico, the trust territories, and the Virgin Islands were excluded from the sampling frame. Schools were then selected systematically with probability proportional to enrollment in grades 9 through 12 using a random start. One hundred and ninety-two schools were sampled. At the class level, the sampling frame included all classes in a required subject or all classes meeting during a particular period of the day, depending on the school. Systematic equal probability sampling with a random start was used to select classes from each school that participated in the survey.³⁵ All students in sampled classes were eligible to participate. Schools, classes, and students that refused to participate were not replaced.³⁶ Of the 192 sampled schools, 144 participated—achieving a 75% school response rate. Of the 18,324 sampled students, 14,956 submitted questionnaires and 14,765 questionnaires were usable after data editing—achieving an 81% response rate. The overall response rate (school response rate * student response rate) was 60%.³⁷

Procedure

Administration of the survey allowed for anonymous and voluntary participation and followed local parental permission procedures. Students completed the self-administered questionnaire during one class period and recorded their responses directly on a computer-scannable booklet or answer sheet.³⁸

Measures

Housing status. This variable was assessed using a survey question³⁹ asking where students slept during the 30 days prior to taking the survey. The actual language of the survey question examined and its answer options were as follows:

During the past 30 days, where did you usually sleep?

- A. *In my parent's or guardian's home*
- B. *In the home of a friend, family member, or other person because I had to leave my home or my parent or guardian cannot afford housing*
- C. *In a shelter or emergency housing*
- D. *In a motel or hotel*
- E. *In a car, park, campground, or other public place*
- F. *I do not have a usual place to sleep*
- G. *Somewhere else*

Responses to this question were used to determine if a student was *experiencing homelessness*. For the purposes of this study, and pursuant to the definition of homelessness in the education subtitle of the

³⁴ For the purposes of this study, we only included data from states that (1) included one of the two optional questions pertaining to homelessness (described below) and (2) granted blanket permission to share their YRBS data. These states included: Alaska, Arkansas, California, Colorado, Delaware, Hawaii, Idaho, Illinois, Kansas, Kentucky, Maine, Montana, New Hampshire, North Carolina, Pennsylvania, Virginia, and Wisconsin.

³⁵ 2017 YRBS Data User's Guide (2018).

³⁶ Redfield, R. et al. *Youth Risk Behavior Surveillance — United States, 2017*. Centers for Disease Control and Prevention: Morbidity and Mortality Weekly Report (2018). Retrieved from <https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf>.

³⁷ 2017 YRBS Data User's Guide (2018).

³⁸ Redfield, R. et al. (2018).

³⁹ States including this optional question included: Alaska, Arkansas, California, Delaware, Georgia, Hawaii, Idaho, Illinois, Kentucky, Kansas, Maine, Massachusetts, Montana, New Hampshire, New York, North Carolina, Pennsylvania, Vermont, and Wisconsin.

McKinney-Vento Homeless Assistance Act, students answering B-E were categorized as *experiencing homelessness*. Students answering A, F, or G were not categorized as experiencing homelessness.

Health risk behaviors. To determine the health risk behaviors most strongly associated with student homelessness, we assessed the responses to seven questions pertaining to the consumption of breakfast, missed school due to safety concerns, sexual dating violence, physical dating violence, suicide planning, attempted suicide, and prescription drug misuse. We selected these health risk behaviors because of their relevance to current national policy discussions and because YRBS data shared in conjunction with our previous work with states and localities—including New Mexico, Montana, North Carolina, New York, and Philadelphia—have indicated that students experiencing homelessness are significantly more likely to exhibit and/or experience these health risk behaviors. For each risk factor except consumption of breakfast, we dichotomized each variable. Responses of “No” or “0 times” were categorized as never participating in or experiencing that risk factor. Responses of “Yes” or “1 [or greater] time(s)” were categorized as having participated in or experiencing that risk factor.

Analyses

In executing our analyses, we performed separate logistic regressions predicting missed school due to safety concerns, sexual dating violence, physical dating violence, prescription drug misuse, suicide attempts, and suicide planning by housing status, controlling for gender and race. To compare mean differences between students experiencing homelessness and students not experiencing homelessness in the number of days students ate breakfast, we performed an independent samples t-test. All analyses were conducted using SPSS Statistics Version 25. Analyses incorporated sampling weights to yield national population estimates.

Results

Housing Status and Demographics

Overall, 4.9% (N=220,251) of students surveyed reported experiencing homelessness in the last 30 days. Of these students, 33.4% were female and 66.6% were male. Racial and ethnic minorities were overrepresented, with 20.0% of students experiencing homelessness identifying as African American (as compared to 15% of all students), 31.7% identifying as Hispanic (as compared to 22.6% of all students), 36.1% identifying as White (as compared to 52.4% of all students), and 12.2% identifying as Other (as compared to 9.9% of all students).

Weekly Breakfast Consumption

On average, students experiencing homelessness ate breakfast 3.61 days per week. In contrast, students not characterized as experiencing homelessness ate breakfast an average of 4.88 days per week. The overall model was statistically significant: $t(339)=-7.69, p<.001$.⁴⁰

Missed School Due to Safety Concerns

A logistic regression was performed to ascertain the effects of gender, race, and housing status on the likelihood that students missed school due to safety concerns. The overall model was statistically significant: $\chi^2(978) = 49.71, p < .001$. Of the predictors, housing status was the only significant variable. *See Table 1.*

⁴⁰ The Illinois and Maine questionnaires did not include this question.

Students experiencing homelessness were 5.23 times more likely to miss school due to safety concerns compared to students not characterized as experiencing homelessness.

Sexual Dating Violence

A logistic regression was performed to ascertain the effects of gender, race, and housing status on the likelihood that students were victims of sexual dating violence. The overall model was statistically significant: $\chi^2(901) = 55.97, p < .001$. Of the predictors, housing status and gender were the only significant variables. See *Table 2*.⁴¹

Students experiencing homelessness were 5.03 times more likely to be victims of sexual dating violence compared to students not characterized as experiencing homelessness.

Physical Dating Violence

A logistic regression was performed to ascertain the effects of gender, race, and housing status on the likelihood that students were victims of physical dating violence. The overall model was statistically significant: $\chi^2(978) = 52.34, p < .001$. Of the predictors, housing status, race, and gender were the only significant variables. See *Table 3*.

Students experiencing homelessness were 5.88 times more likely than students not characterized as experiencing homelessness to be victims of physical dating violence.

Prescription Drug Misuse

A logistic regression was performed to ascertain the effects of gender, race, and housing status on the likelihood that students used prescription drugs not prescribed to them. The overall model was statistically significant: $\chi^2(341) = 52.84, p < .001$. Of the predictors, housing status and gender were the only significant variables. See *Table 4*.

Students experiencing homelessness were 4.63 times more likely than students not characterized as experiencing homelessness to misuse prescription pain medicine.

Suicide Plan

A logistic regression was performed to ascertain the effects of gender, race, and housing status on the likelihood that students had made a suicide plan. The overall model was statistically significant: $\chi^2(341) = 78.29, p < .001$. Of the predictors, housing status and gender were the only significant variables. See *Table 5*.⁴²

Students experiencing homelessness were 3.21 times more likely than students not characterized as experiencing homelessness to make a suicide plan.

Suicide Attempts

A logistic regression was performed to ascertain the effects of gender, race, and housing status on the likelihood that students had attempted suicide. The overall model was statistically significant: $\chi^2(978) = 80.12, p < .001$. Of the predictors, housing, status, race, and gender were the only significant variables. See *Table 6*.

⁴¹ The Hawaii, Idaho, Maine, New Mexico, and Virginia questionnaires did not include this question.

⁴² The New Hampshire questionnaire did not include this question.

Students experiencing homelessness were 7.19 times more likely to attempt suicide than students not characterized as experiencing homelessness.

QUALITATIVE DATA ANALYSIS: ONLINE YOUTH SURVEYS

Method

The second part of our study was based on an analysis of the administration of an online survey via the SurveyMonkey website. Below, we provide an overview of the methodology we used to conduct the survey. It should be noted that we recognize that the results of this informal survey do not stand alone as a replacement for independent surveys with a rigorous methodology. Rather, we anticipated that this questionnaire would build upon the YRBS data by augmenting its quantitative data with personal stories from young people who have experienced homelessness.

Participants

This instrument was distributed to 85 young people in SchoolHouse Connection’s Youth Leadership and Scholarship Program and the National Network for Youth’s National Youth Advisory Council. SchoolHouse Connection and National Network for Youth staff have significant relationships with these young people, each of whom has a documented history of child or young adult homelessness. Of the 85 sampled youth, the youngest graduated from high school in the spring of 2018 and the oldest graduated from high school in the spring of 2008. Of the 85 sampled youth, 49 participated, indicating a response rate of 57.6%.

Procedure

Administration of the survey as a link via email allowed for anonymous and voluntary participation. Participants completed the survey via computer or other electronic device on their own time and were given a five-day period within which to complete the survey. Participants received an Amazon gift card in recognition of their time.

Measures

Housing status. This variable was assessed based on a survey item inquiring what kind or kinds of living situations youth were in when they experienced homelessness. The response set included the following five items, and participants were asked to check all answers that applied to their experience:⁴³ *in the home or homes of other people; in a shelter or emergency housing; in a motel or hotel; in a car, park, campground, or other public place; somewhere else (please specify where)*. Participants were able to write in their own responses for the final answer option. Responses to this question were used to evaluate the range of housing experiences during periods of homelessness and the relationship between different types of homelessness and youth experiences with specific health risk behaviors.

Health risk behaviors. To determine the health risk behaviors most strongly associated with student homelessness, we assessed the responses to seven questions—based on similar questions administered in the YRBS survey—pertaining to hours of sleep per night, missed school due to safety concerns, sexual dating violence, physical dating violence, suicide planning, attempted suicide, and prescription drug misuse. Again, we selected these health risk behaviors because YRBS data in states and localities including New Mexico, Montana, North Carolina, New York, and Philadelphia have indicated that

⁴³ In contrast, the YRBS homelessness question that we examined only allows for a single answer and asks students to reflect on their sleeping circumstances over the past 30 days.

students experiencing homelessness are significantly more likely to exhibit and/or experience these health risk factors. For each risk factor except hours of sleep each night, we dichotomized each variable. Responses of “No” or “0 times” were categorized as never participating in or experiencing that risk factor. Responses of “Yes” or “1 [or greater] time(s)” were categorized as having participated in or experiencing that risk factor.

Policy and practice recommendations. To solicit suggestions for policy and practice in serving and supporting students experiencing both homelessness and specific health risk behaviors, we asked open-ended questions framed as follows: *What could teachers, counselors, nurses, and other school staff do so students experiencing homelessness don't miss so much school due to safety concerns? What could teachers, counselors, nurses, and other school staff do to help students misusing prescription pain medicine? What could teachers, counselors, nurses, and other school staff do to help prevent sexual and physical dating violence? What could teachers, counselors, nurses, and other school staff do to help youth cope with sexual and physical dating violence when it happens? What could teachers, counselors, nurses, and other school staff do to identify and support students who may be considering suicide?*

Analyses

As noted previously, we did not intend for the analyses or results of this informal survey to stand alone as a replacement for independent surveys with a rigorous methodology. Accordingly, we chose to use the online SurveyMonkey automated analytics to obtain data exports containing the response percentages, response counts, and open-ended responses. We reviewed each response to open-ended questions to determine trends and to contribute to policy and practice recommendations.

Results

Housing Status

Of youth surveyed online, 85.71% reported living in the home or homes of other people; 53.06% of students reported living in a shelter or emergency housing; 34.69% of students reported living in a hotel or motel; and 32.65% of students reported experiencing homelessness living in a car, park, campground, or other public place. These percentages add up to 206.11%, greater than 100%, because youth were allowed to select multiple responses to indicate the various homeless situations in which they had lived throughout their lives.⁴⁴

Hours of Sleep Each Night

Of youth surveyed online, 30.61% of respondents reported sleeping four or less hours each night while in high school; 61.22% of respondents reported sleeping between five to seven hours each night; 4.08% of respondents reported sleeping eight or more hours each night; and 4.08% of respondents did not know how many hours they slept each night while in high school.

Missed School Due to Safety Concerns

Of youth surveyed online, 24.48% of respondents reported missing school due to safety concerns while in high school.

Prescription Drug Misuse

Of youth surveyed online, 18.36% of respondents reported misusing prescription pain medicine while in high school.

⁴⁴ This is in contrast to the YRBS questionnaire, which only allows one answer.

Sexual Dating Violence

Of youth surveyed online, 36.74% of respondents reported experiencing sexual dating violence while in high school.

Physical Dating Violence

Of youth surveyed online, 20.41% of respondents reported experiencing physical dating violence while in high school.

Suicide Plan

Of youth surveyed online, 59.18% of respondents reported making a suicide plan while in high school.

Suicide Attempt

Of youth surveyed online, 24.49% of respondents reported attempting suicide while in high school.

Discussion

The purpose of this multi-part study was to (1) assess the prevalence of homelessness among students in high school, as indicated by YRBS data; (2) determine the extent to which seven risk factors were associated with the experience of youth homelessness, as measured by YRBS data; (3) compare the incidence of seven risk factors among youth experiencing homelessness as indicated by YRBS data to those indicated by a qualitative data analysis; and (4) solicit insights from young people to help shape policy and practice recommendations to improve outcomes for youth experiencing homelessness. Broadly, our findings demonstrate that young people experience homelessness at an even higher rate than currently measured by the United States Department of Education. Additionally, young people who experience homelessness engage in a wide variety of health risk behaviors at significantly higher rates than their housed peers.

Prevalence of Student Homelessness

The results of the 2017 national administration of the YRBS indicate that 4.9% of students surveyed experienced homelessness at some point during the 2016-2017 school year. In contrast, public schools reported only 2.57% of their students as experiencing homelessness.⁴⁵ YRBS data indicate that public schools are identifying only slightly more than half of students experiencing homelessness. Though the YRBS—which is administered only to high school students—captures a narrower student count, the discrepancy between the percentage of students self-reporting homelessness on the YRBS and the percentage identified by public schools is striking and illustrates the aforementioned challenge of significant under-identification of students experiencing homelessness.

As mentioned previously, under-identification of students experiencing homelessness in public schools is a challenge for many reasons. School-level personnel are often not consistently or comprehensively trained to recognize the warning signs of student homelessness, and staff who do receive training are rarely granted adequate time to address this responsibility.⁴⁶ Questionnaires like the YRBS may capture a more accurate picture of student homelessness because they allow for anonymous self-reporting. Furthermore, the language used to inquire about housing status responds to issues of stigma by being

⁴⁵ The total number of students enrolled in grades preK-12 during the 2016-2017 school year was 50,706,832.

⁴⁶ Ingram et al. (2017).

sensitive and descriptive (“Where did you usually sleep?”) rather than categorical (“Are you experiencing homelessness?”).

The significant under-identification indicated by the YRBS means as many as one million students experiencing homelessness are not receiving the services that are their right under federal law. The McKinney-Vento Homeless Assistance Act provides students experiencing homelessness with the ability to remain stable in one school despite moves caused by homelessness, the right to full participation in school (including extracurricular activities), and access to transportation. If schools cannot identify these students, however, they cannot provide them with these critical services.

Experience of Health Risk Behaviors

Studies confirm what many children and families report: homelessness is a stressful, lonely, and dehumanizing experience that often involves close proximity to high-risk situations and perpetrators.⁴⁷ More than eight in 10 formerly homeless youth say that being homeless had a big impact on their life overall, affecting their ability to feel safe and secure; their mental, emotional, and physical health; their ability to stay and succeed in school; and their self-confidence.⁴⁸ Youth surveyed shared that the experience of homelessness was sometimes so emotionally debilitating that they lost the will to seek help. Commented one young person, “I never worried about my safety because I became worthless to my own eyes.” These lasting emotional and physical traumas, coupled with concrete deficits in housing, the financial support of employment, and social capital, arguably make students experiencing homelessness more vulnerable to a wide range of health risks than their housed peers. Said another young person, “[W]e don't have the same ‘base’ or ground level of security [when] we're arriving at school each morning.”

Homeless mothers indicate, for example, that lack of money is the primary reason they cannot provide their children with three meals a day.⁴⁹ YRBS survey data corroborate that students experiencing homelessness consistently eat breakfast fewer times per week than other students. Even with the availability of free and reduced-fee breakfast at school, lack of reliable transportation (despite the provisions of the McKinney-Vento Homeless Assistance Act) may mean that students experiencing extremely high mobility do not arrive at school in time to take advantage of free or reduced-fee breakfast. In addition, far fewer schools offer breakfast than lunch; school participation in the School Breakfast Program is half of the participation in the National School Lunch Program.⁵⁰ Furthermore, homeless children and families often face barriers in accessing federal food programs that might otherwise help compensate for poverty, such as the Supplemental Nutrition Assistance Program (SNAP) or the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), due to lack of documents and high mobility.

Comparable in scope and impact to the financial hardships associated with student homelessness are the burdens of mental, emotional, and physical trauma. Compared to their peers, children experiencing homelessness are more vulnerable to and experience higher rates of mental health challenges like

⁴⁷ Gaetz, S. “Safe streets for whom? Homeless youth, social exclusion, and criminal victimization.” *Canadian Journal of Criminology and Criminal Justice* (2004).

⁴⁸ Ingram, E. et al. (2017).

⁴⁹ *Homeless Children: America's New Outcasts*. Better Homes Fund (1999).

⁵⁰ School Meal Trends & Stats. School Nutrition Association (2017). Retrieved from <https://schoolnutrition.org/AboutSchoolMeals/SchoolMealTrendsStats/>.

depression.⁵¹ Research indicates that children and youth experiencing homelessness with their families have over twice the risk of severe emotional distress and self-harm than their housed peers.⁵² The pervasive stress of such mental health adversities—as well as challenges accessing high-quality, consistent mental health treatment and other healthy coping mechanisms—may explain why the YRBS survey analysis found that students experiencing homelessness are almost five times more likely to misuse prescription pain medicine and over seven times as likely to attempt suicide as their peers. Reported one young person, “Often, I used [prescription drugs] to combat the results of stress. Helping students find other ways of relieving stress and the effects of stress would help reduce misuse.”

Indeed, many runaway and homeless youth have histories of multiple traumas: family violence, parental mental illness, and sexual abuse may make these young people more susceptible to future relationship violence and less likely to ask for help.⁵³ The YRBS survey analysis indicates that students experiencing homelessness are over five times more likely to be victims of sexual dating violence and almost six times more likely to be victims of physical dating violence compared to their peers in stable housing. Many youth reported that schools failed to raise awareness about existing supportive resources. Said one young person, “I felt that it was pointless to talk about the sexual violence I was experiencing because I didn't think I would be able to find the help I needed. I didn't have transportation to see a therapist, and there weren't any in my area that took my insurance. I needed to have a physical exam done following the sexual violence, but didn't think there were any resources in my area that could help me.”

Notably, research shows that young people who identify as lesbian, gay, bisexual, transgender, or questioning (LGBTQ) make up about 20% of those young adults who report experiencing homelessness,⁵⁴ and that LGBTQ youth are more likely to experience all forms of relationship violence compared to heterosexual or cisgender youth.⁵⁵ Furthermore, unaccompanied youth under age 18 generally cannot access shelter or housing programs without the involvement of their parents or the child welfare system. Youth experiencing homelessness also struggle to find and maintain employment due to lack of transportation. As a result, they may rely on abusive partners who often force them into sex work.⁵⁶ In one study, 41% of homeless youth surveyed reported being victims of sex trafficking at least once in a single year.⁵⁷ The exposure to sex trafficking, family violence, and staying in unsafe neighborhoods⁵⁸ may also explain why students experiencing homelessness are more than five times more likely to miss school due to safety concerns compared to students in stable housing.

⁵¹ The Characteristics and Needs of Families Experiencing Homelessness. The National Center on Family Homelessness (2011). Retrieved from: <https://files.eric.ed.gov/fulltext/ED535499.pdf>.

⁵² Barnes, A.J., Gilbertson, J., & Chatterjee, D. “Emotional Health Among Youth Experiencing Family Homelessness.” *Pediatrics* (2018). Retrieved from <http://pediatrics.aappublications.org/content/pediatrics/early/2018/03/15/peds.2017-1767.full.pdf>.

⁵³ Slesnick, N. et al. “Prevalence of Intimate Partner Violence Reported by Homeless Youth in Columbus, Ohio.” *Journal of Interpersonal Violence* (2010).

⁵⁴ Morton, M. H., Samuels, G. M., Dworsky, A., & Patel, S. *Missed opportunities: LGBTQ youth homelessness in America*. Chapin Hall at the University of Chicago (2018).

⁵⁵ Dank, M. et al. “Dating Violence Experiences of Lesbian, Gay, Bisexual, and Transgender Youth.” *Journal of Youth and Adolescence* (2014).

⁵⁶ *Runaway & Homeless Youth and Relationship Violence Toolkit*. National Resource Center on Domestic Violence (2013). Retrieved from <https://www.nrcdv.org/rhydvtoolkit/>.

⁵⁷ *Youth Experiences Survey*. University of Louisville (2016). Retrieved from: <https://louisville.edu/kent/research-special-programs-projects/current-projects/kentucky-2016-yes-report>.

⁵⁸ Students staying with others are most likely to be staying in neighborhoods challenged by poverty and violence; students staying in hotels or motels are more likely to be exposed to drugs, prostitution, and other dangers.

Policy and Practice Recommendations

Both the quantitative and qualitative data analyses—especially the open-ended survey responses from young people—shed light on various policy and practice strategies that could improve access to educational services and interventions to protect the health and well-being of students experiencing homelessness. The following recommendations draw on these survey responses to suggest policies and practices to both improve implementation of the protections and supports provided to homeless children and youth by federal law and to address and mitigate highly prevalent health risk factors. Based on the value of YRBS survey data in demonstrating the prevalence of homelessness and the disproportionality of risk behaviors, the recommendations also suggest that every state and school district that participates in the YRBS include questions on homelessness.

- ***Policies and practices to improve implementation of the protections and supports provided to homeless children and youth by federal law***

While the provisions of the education subtitle of the McKinney-Vento Homeless Assistance Act are intended to support the academic stability and success of children and youth experiencing homelessness, they may also help serve as protective factors against a wide range of health risk behaviors. Young people responding to this study’s online survey noted that barriers to identification, engagement and participation in school, and transportation can cause, among other problems, lingering emotional distress, and that these barriers often impede their ability to access the mental health services to which the law requires they be referred. Such mental health services can protect against some of the risk factors shown to disproportionately affect students experiencing homelessness.

Identification. Schools cannot provide McKinney-Vento-related services to students not identified as eligible for those services. Identification is an essential first step to ensuring students receive the protections and supports to which they are entitled under federal law. The YRBS data analysis exposed significant under-identification of McKinney-Vento-eligible students. Youth surveys provided insight into practices to improve identification.

- Ensure that McKinney-Vento liaisons, which the McKinney-Vento Homeless Assistance Act requires every LEA to designate, have adequate capacity to conduct adequate identification. The McKinney-Vento Homeless Assistance Act requires that liaisons be “able to carry out the duties described” in the law.
- Adopt LEA policies requiring school personnel—including such front-line staff as bus drivers, office secretaries, registrars, and security officers—to receive annual training on the definition of homelessness, signs of potential homelessness, and how to respond to such indicators. The McKinney-Vento Homeless Assistance Act requires that liaisons ensure “school personnel providing services under th[e] subtitle receive professional development and other support.”⁵⁹ Training should include trauma-informed practices to cultivate an environment that encourages students experiencing homelessness to self-identify. As one survey participant noted, “Students experiencing homelessness are more likely to seek and ask for help from those they trust.”

⁵⁹ 42 U.S.C. § 11432(g)(6)(A)(ix).

Engagement and participation in school.⁶⁰ Young people surveyed observed that the toxic stress of homelessness—the result of prolonged exposure to trauma, violence, or deprivation—can make it difficult to participate fully and succeed academically at levels comparable to their housed peers. As noted, students experiencing homelessness are 87% more likely to drop out of high school than housed students.⁶¹ However, schools offer services that can help protect students from some of the risk factors analyzed. A high school diploma can also protect against homelessness in young adulthood; engagement and participation in school is therefore critical. Chronic absenteeism resulting from high mobility, unreliable transportation, or enrollment challenges; missed assignments due to lack of resources like computers, internet access, or a quiet space to complete homework; and the burden of poor mental health are just some of the youth-reported examples of barriers to satisfying course requirements. Youth surveys suggested several steps LEAs can take to improve homeless students’ engagement and participation in school.

- Adopt LEA policies to ensure students receive credit for full and partial coursework completed at prior schools, as required by federal law. 42 USC 11432(g)(1)(F)(ii). Especially during times of acute crisis, youth noted that it would be helpful to have flexible course loads with built-in opportunities to earn missed credits, request extensions, or complete credits online. Youth also requested increased classroom staff and support to help them succeed in alternative programs.
- Support parenting students. Recent research found having a child to be the second greatest risk factor for young adult homelessness.⁶² In surveys, parenting youth stated that transportation to day care for their children would support their own goals for graduation.
- Ensure consistent, safe transportation to school. The McKinney-Vento Homeless Assistance Act contains provisions requiring transportation to school in a variety of circumstances.⁶³ Young people noted that gas cards and carpools were welcome resources. But while it is common for schools to give gas cards and Metro passes directly to youth, it is especially important to distribute such resources upon request—circumventing a reimbursement process—as many families do not have the financial ability to pay up front. Additionally, young people frequently commented that the most significant barrier to accessing safe transportation services provided by districts was uncertainty. Said one youth, “Arranging safe transportation would have helped me not miss so much school. If we needed to sleep in emergency shelters, we would not know where we’d be staying until the day before, and the shelters we stayed in were up to an hour and a half drive away from my high school. Though my district said they could offer help with transportation, it was nearly impossible to arrange because we didn’t know where we would be staying.”

Access to mental health services.⁶⁴ Young people surveyed repeatedly requested increased mental health services. It was evident that many had not been referred to counseling or other social services and supports as provided for by federal law. Those youth who did receive referrals indicated that services were not always affordable or accessible. Timely mental health services could help prevent and

⁶⁰ 42 U.S.C. § 11432(g)(6)(A)(ii).

⁶¹ *Don’t Call Them Dropouts: Understanding the Experiences of Young People Who Leave High School Before Graduation*. America’s Promise Alliance (2014).

⁶² Dworsky, A., Morton, M. H., Samuels, G. M. *Missed opportunities: Pregnant and parenting youth experiencing homelessness in America*. Chapin Hall at the University of Chicago (2018). Retrieved from <http://voicesofyouthcount.org/wp-content/uploads/2018/05/VoYC-PP-Brief-FINAL.pdf>.

⁶³ 42 U.S.C. § 11432(g)(6)(A)(viii).

⁶⁴ 42 U.S.C. § 11432(g)(6)(A)(iv).

mitigate many of the risk behaviors disproportionately reported by students experiencing homelessness. Youth indicated several policies and practices to improve access to these services.

- Revise mandatory child protective services reporting requirements to allow youth to request and receive services without involving the child welfare system. Many youth surveyed noted that they refused services due to fear they would be reported to the child welfare system. They feared such reports would have jeopardized their familial relationships or unnecessarily involved the child welfare system. Noted one young person, “Again, I would emphasize confidential, non-reporting counseling options. Having experienced this kind of violence post-homelessness as an adult, I again never sought the therapy that could have helped me cope or provided me with strategies to better my situation for fear of legal reporting requirements.”
- Locate services on school campuses and ensure youth experiencing homelessness can access them. Many youth surveyed felt that mental health, substance abuse, and intimate partner violence services and supports should be sited in the schools themselves—and, due to transportation issues, they noted that services should be available at a range of times during, before, and after the school day. LEAs can partner with community mental health agencies to offer services at schools on a rotating basis. In addition, given the disproportionate risk behaviors indicated by the YRBS, LEAs should reach out to homeless students in particular to ensure they are able to access available services.
- Incorporate education about sexual and physical dating violence and the hidden dangers of prescription drug misuse into existing health classes.
- Offer school office phones to call hotlines or to report violence. Youth experiencing homelessness often struggle to maintain functioning cell phones and cell phone plans.
- Create school-based peer educational training programs to inform young people about depression, suicidality, and dating violence and to support students experiencing these risk behaviors.

- ***Policies and practices to address and mitigate highly prevalent risk behaviors.***

While improving implementation of federal law will serve to support both the academic and health risk needs of children and youth experiencing homelessness, young people responding to this study’s online survey offered many concrete suggestions for teachers, counselors, and nurses that reached beyond the provisions of the McKinney-Vento Homeless Assistance Act. Their suggestions to address and mitigate risk behaviors are practical, often simple, and speak to the heightened vulnerability to a wide range of health risks borne by young people experiencing homelessness.

Establish a culture of care. Complex trauma includes both children’s exposure to multiple traumatic events and the long-term biological, psychological, and social effects of this exposure.⁶⁵ The negative impact of trauma is frequently amplified when experienced in clusters, such as experiencing homelessness coupled with exposure to domestic violence.⁶⁶ Research shows that educators, administrators, and school support staff can markedly benefit from a better understanding of how trauma affects child development and are especially well-positioned to implement trauma-informed

⁶⁵ *Complex Trauma*. The National Child Traumatic Stress Network. Retrieved from <https://www.nctsn.org/what-is-child-trauma/trauma-types/complex-trauma>.

⁶⁶ *Adverse Childhood Experiences*. Substance Abuse and Mental Health Services Administration (2018). Retrieved from <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences>.

intervention efforts in helping children and youth heal.⁶⁷ Youth surveyed repeatedly called upon schools to build a compassionate and inclusive culture on campus and offered several suggestions for doing so:

- Talk about mental health openly and often. One youth noted that, “Destigmatizing depression, anxiety, and mental illness in general would be a big step in the right direction. Nurses and counselors could visit classrooms and discuss the commonality of things like this.”
- Encourage an “open door policy” that facilitates emotional security and trust. Relatedly, youth noted that schools need to “have enough staff that students are able to make personal connections, and to help foster informal check-ins.”
- Be clear about cultural norms and immediately address inappropriate behavior and toxic language through conflict resolution strategies. Help perpetrators understand why their behavior hurts others, and let victims know that they are supported.
- Respond immediately to warning signs for drug abuse, suicidality, and intimate partner violence by referring students to health and mental health services, while also taking care to respect students’ health care preferences and avoid police intervention when unnecessary. Within the bounds of confidentiality, alert all relevant personnel when a student is experiencing abuse so that their safety can be preserved on school grounds.
- Review all school policies to ensure they are trauma-informed and specifically include students experiencing homelessness. School policies on a wide range of issues, including absenteeism, school discipline, mental health supports, and professional development, are opportunities to ensure a culture of care in school. These policies must address the particular needs of students experiencing homelessness to ensure those students can access supports and that responses to their needs are trauma-informed.

Empower self-advocacy. Studies show that students experiencing homelessness often report feeling trapped or helpless—a core element of their emotional distress.⁶⁸ Building the self-esteem of students experiencing homelessness and empowering them with tools for self-advocacy is therefore critical in building resilience and educational success and social connectedness. Youth surveyed offered extensive feedback on strategies for helping them develop healthy relationship skills and coping mechanisms:

- Equip students with the language to identify abuse. Noted one young person, “Educate [students about] what physical and sexual dating violence looks like so they can identify whether they are in a violent relationship. Explain prevention methods, how to deescalate a physically and sexually violent person, [and] how to leave such a relationship without promoting any more violence. When I was experiencing sexual violence in a relationship, I did not realize right away that it was abuse even though I knew I was being coerced.” Echoed another youth, “If people can’t identify that they’re in an abusive relationship, they won’t leave it.”
- Respect youth autonomy. One young person stated, “Let students know what resources are available to them. Be clear about the procedure followed when students disclose [feelings of suicidality] so they can make an informed choice about disclosure—don’t force interventions that students don’t want, [and] let them know what they need to do to avoid them. [Not] allowing students to safely disclose suicidal feelings is more dangerous than allowing someone to leave after disclosing.”

⁶⁷ Walkley, M. & Cox, T.L. “Building Trauma-Informed Schools and Communities.” *Children & Schools* (2013).

⁶⁸ Kidd, S. & Shahar, G. “Resilience in Homeless Youth: The Key Role of Self-Esteem.” *American Journal of Orthopsychiatry* (2008).

- Create targeted resources for female students, male students, victims, perpetrators, and LGBTQ and non-binary youth.
- Make informational resources and peer reporting mechanisms easily available so that young people do not have to wait for formal instruction or school assemblies (although these are also welcome). Said one youth, “Offer information on generational violence/poverty/trauma so they can identify patterns they relate to; offer resources to reduce harm like birth control so they have less to worry about when it happens. Even having a reference system where students can report if they feel like their friends are in an abusive relationship would be helpful. That way those that are being abused do not have to be responsible for making the first move.”

Create physical safe spaces. Research shows that a sense of belonging is essential for learning: human beings are inherently social and naturally seek group membership.⁶⁹ Schools are beginning to acknowledge this need, particularly as it pertains to homeless students.⁷⁰ Several youth surveyed commented on the need for safe spaces on school campuses—often because school was the only refuge they had—and offered varying recommendations for structuring those spaces:

- By definition, most students experiencing homelessness do not have access to any kind of physical quiet refuge. Permit before- and after-school use of classrooms, libraries, offices, and other school spaces so that students experiencing homelessness can decompress from the traumas they endure off-campus.
- Fill these spaces with affirming messages and health, mental health, and basic needs resources and make sure that all students know they are available. If possible, offer resources and supplies for art and music expression.
- Be clear about anti-bullying policies and proactively respond to reports or warning signs about bullying or intimate partner violence on campus. Create mechanisms for separating victims and perpetrators in classes, hallways, and cafeterias.

- ***Inclusion of homelessness question(s) in state and local YRBS questionnaires.***

Schools use a variety of strategies to identify students experiencing homelessness; however, YRBS data demonstrate that current identification strategies miss large numbers of homeless students. Many parents and youth strive to keep their housing situation private for fear of stigma, judgment, child welfare or law enforcement involvement, or other repercussions.

Twenty-four states and 10 localities included the housing status question in their 2017 YRBS. The CDC has retained both questions on the optional questionnaire for 2019. As this analysis suggests, states and localities that have included homelessness questions in their YRBS have found two important uses for the data: 1) improving the identification of students experiencing homelessness, thereby generating a more accurate estimate of the extent of student homelessness; and 2) exposing the health risks associated with homelessness and designing targeted interventions to mitigate those risks. For example, since 2005, the Massachusetts Department of Elementary and Secondary Education (MADESE) has incorporated a question about housing status into the YRBS. A recent administration of the YRBS

⁶⁹ Walton, G.M. & Cohen, G.L. “A question of belonging: Race, social fit, and achievement.” *Journal of Personality and Social Psychology* (2007).

⁷⁰ Tuten, E. “Beyond the Basics, Students Experiencing Homelessness Need Safe Spaces and Caring Adults.” *Communities in Schools* (2017). Retrieved from <https://www.communitiesinschools.org/blog/2017/11/beyond-basics-students-experiencing-homelessness-need-safe-spaces-and-caring-adults/>.

indicated that 4.1%, or approximately 13,157 high school students, were homeless, including approximately 5,853 unaccompanied homeless youth. Extrapolating these high school numbers to estimate overall student homelessness in the state, MADESE estimated over 44,000 homeless students enrolled in Massachusetts public schools. That same year, however, public schools in Massachusetts identified only 14,247 students. The YRBS data indicated that public schools were identifying only 32% of their homeless students, representing over 29,000 missed opportunities to support these children and youth with better life outcomes.

MADESE used this discrepancy to improve school districts' identification of students experiencing homelessness across the state, achieving an increase of 16% over three school years. This increase translates into 16% more youth receiving referrals to health and mental health services, benefiting from on-site evaluation by school nurses, being automatically enrolled in free school meals, and receiving other services that impact their health and well-being. Improving identification can also help schools better understand student behavior that results from the trauma and instability of homelessness and, consequently, reduce suspensions and disciplinary referrals. The data also indicate better compliance with the McKinney-Vento Homeless Assistance Act and provide policymakers more complete and accurate information on youth homelessness. In fact, the Massachusetts state legislature prioritized funding for homeless youth—in part due to these new data.

Similarly, New Mexico's YRBS revealed that 6% of high school students had experienced homelessness, representing over 6,000 students. This contrasts sharply with the 2,544 students identified by schools. New Mexico is using that data to improve identification strategies in school districts across the state. YRBS data have proven extremely valuable in understanding the serious risk behaviors in which students experiencing homelessness are likely to engage. In states and cities as different as New Mexico, Montana, North Carolina, New York City, and Philadelphia, analyses of YRBS data have already revealed the disturbing trends in risk behaviors among youth experiencing homelessness that our study corroborates.

By adding housing-related questions to their YRBS questionnaires, states and localities will obtain a wealth of insight into the scope of youth homelessness and establish a baseline for schools to use in improving their efforts to identify and serve students experiencing homelessness. Furthermore, these data will inform public and private agencies about both the prevalence of homelessness among high school students and corresponding high-risk behaviors, creating an opportunity to develop appropriate services for youth experiencing homelessness.

CONCLUSION

The information gathered by the present study, as well as previous analyses of specific local and state administrations of the YRBS, highlights the importance of robust policies and practices to identify students experiencing homelessness and provide a wide variety of interventions for students experiencing homelessness—from supporting the development of self-esteem and healthy relationship skills to prevent dating violence, to providing mental health supports that can prevent substance abuse and self-injurious behavior. In addition to helping schools keep students experiencing homelessness safe and healthy, YRBS data actually can help end youth homelessness. By contributing to data on the prevalence of youth homelessness and revealing the most important supports necessary for students experiencing homelessness, YRBS data can help schools increase the high school graduation rates of such students. Obtaining a high school diploma is imperative to preventing continued homelessness into young adulthood.

APPENDIX

Table 1. Logistic Regression predicting likelihood of missing school due to safety concerns

Variable	Odds Ratio (95% Confidence Interval)	<i>p</i>
Housing Status	4.63(3.83-5.62)	<.001
Gender	1.15.(1.01-1.32)	.05
White	0.840(0.63-1.12)	.223
African American	0.79(0.57-1.01)	.159
Hispanic	0.76(0.56-1.03)	.072

Table 2. Logistic Regression predicting likelihood of being a victim of sexual violence

Variable	Odds Ratio (95% Confidence Interval)	<i>p</i>
Housing Status	5.03(3.53-7.19)	<.001
Gender	4.01(3.26-4.91)	<.001
White	0.84(0.59-1.18)	.308
African American	1.11(0.73-1.67)	.624
Hispanic	0.88(0.62-1.26)	.506

Table 3. Logistic Regression predicting likelihood of being a victim of physical violence

Variable	Odds Ratio (95% Confidence Interval)	<i>p</i>
Housing Status	5.88(4.48-7.75)	<.001
Gender	1.53(1.23-1.86)	<.001
White	0.85(0.55-1.31)	.455
African American	1.91(1.16-3.15)	.01
Hispanic	0.65(0.39-1.07)	.095

Table 4. Logistic Regression predicting likelihood of using non-prescribed prescription drugs

Variable	Odds Ratio (95% Confidence Interval)	<i>p</i>
Housing Status	4.63(3.83-5.61)	<.001
Gender	1.15(1.01-1.32)	.05
White	0.84(0.62-1.15)	.223
African American	0.79(0.57-1.01)	.159
Hispanic	0.76 (0.56-1.02)	.072

Table 5. Logistic Regression predicting likelihood of a suicide plan

Variable	Odds Ratio (95% Confidence Interval)	<i>p</i>
Housing Status	3.21(2.56-4.03)	<.001
Gender	2.02(1.83-2.22)	<.001
White	1.06(0.89-1.28)	.506
African American	1.12(0.95-1.34)	.456
Hispanic	0.98(0.75-1.26)	.986

Table 6. Logistic Regression predicting likelihood of suicide attempt

Variable	Odds Ratio (95% Confidence Interval)	<i>p</i>
Housing Status	7.19(5.49-9.43)	<.001
Gender	1.78(1.49-2.11)	<.001
White	1.27(0.99-1.61)	.058
African American	0.91(0.69-1.19)	.050
Hispanic	0.81 (0.62-1.03)	.096