Pathways into and out of Street-Involvement: The Risky Business Study

Much concern about young people has to do with a real or perceived mismatch between their biological age and their lived experience, long described by theorists and researchers as the “wrong age.” For example, Erik Erikson (1963) described a norm during adolescence of a “moratorium” on identity, and the developmental problem was considered to be premature identity—foreclosure--and commitments that come too early, a “wrong age” that few now study. More recently, Smith (2011) was concerned about experience or maturity that comes too late or not at all. There is also a concern in the popular literature about “millennials” (Williams, 2012) such that researchers and the popular press today are troubled by commitment too late and by too little “youth engagement.”

We mention these issues early in this description of the study because we make the claim that many street-involved youth cope with and manage their early independence, however fraught, and their lives have something to teach us about the capacities and potential of all young people, even very young people. They are engaged and exploring the world. We suggest that these street-involved youth are members of the “normative” (Arnett, 2007) class of emerging adults, albeit early by chronological age, even though they share histories that worry most adults. These young people can teach us about developmental capacities and about a certain kind of thriving despite—and because of—daunting circumstances linked to adverse conditions in early childhood, growth of precarious employment, and fewer supports due to a shrinking social welfare state. The participants in our study experience the commonly understood characteristics of emerging adulthood early even though their life experiences include abuse and trauma, depression, suicidal ideation and, for some, childhood separation from their family and placement in foster care, group care, and juvenile detention. These are not the young people we would expect to be entering into and coping successfully with emerging adulthood as it is understood to develop during the late teens and twenties of housed youth.

Despite adverse structural circumstances most street-involved youth in our study manage their health, their finances and income, their housing, their social network, and safety risks at an earlier age. To our surprise, at every wave, from their early teens into their early 20s, their mean scores on measures of emotional well-being, happiness, hope, and trust are high. The territory between their perceptions and their difficult circumstances needs exploring.

Throughout this book we present narrative portraits of emerging adulthood by drawing on interview excerpts from our street-involved participants. In this chapter we prepare for those portraits with a description of the study, an overview of the sample, and some background about the way that street-involved youth are perceived and studied by theorists and researchers.

<1>Risky Business? Youth Experiences of Street-Involvement

The Risky Business study (Benoit, Jansson, & Anderson, 2012; Jansson & Benoit, 2006; Janson, et al, 2010; Magnuson, Jansson, Benoit, & Kennedy, 2015) was a panel study, composed of five waves, focused on the impact of street life on the health and well-being of a diverse sample of youth. The term “street-involved” has been used to describe young people who are “absolutely, periodically, or temporarily without shelter, as well as those who are at substantial risk of being in the street in the immediate future” (Daly, 1996, p. 24). These include those living on the street full- or part-time, those staying in shelters, “couch surfers,” and youth in and out of government care who struggle with housing. Street-involved youth include those who participate in “street lifestyle practices” (Kelly & Caputo, 2007) or the illegal street economy (DeMatteo, et al 1999). The youth were interviewed between 2002 and 2012 in Victoria, British Columbia. Its metropolitan area includes about 350,000 people and is located on Vancouver Island between the larger metropolitan areas of Vancouver and Seattle. Like Seattle and Vancouver, Victoria has struggled in recent decades to house and care for both its street-involved adult and youth population, even though there are numerous public services for the street-youth population to access, including health clinics, employment services, mobile vans, and shelters.

Young people become street-involved through some familiar pathways. During the duration of our study 20 to 25 percent of young people in British Columbia did not finish high school by the typical ages of 17 to 18. Most of them entered the work force, but some had difficulty finding jobs or had other problems such as substance misuse or a disability, and some left school because they lost or left housing. Some youth were evicted from their family homes because of family conflict; these include youth who left their family home because of abuse, witnessing violence between their parents, or the allure of the street. The other primary route to street-involvement was exit from foster care, group homes, or the juvenile justice system. Other research shows the proportion of the street youth population with a history in foster care varies from 20 to 50 percent (Butler & Benoit, 2015). Finally, housing is expensive. Most young people cannot get a lease, but as they grow older and become eligible for an apartment, even the cheapest apartment is usually out of their range.

To be eligible for the study participants had to be between 14 and 18 years of age at first contact, with loose or no attachment to family and school, living on the street part- or full- time in the past month, and earning part or all of their income through street activities such as busking or drug dealing. These criteria of being “street-involved” are more inclusive than those for homelessness, most literally the experience of not being housed. While street-involved youth are chronically vulnerable to being homeless, being street-involved is a more comprehensive experience than struggles with housing.

Half of the youth were recruited using “respondent-driven sampling’ (Heckathorn, 1997), a variation on snowball sampling. In respondent-driven sampling, participants serve as “seeds.” Seeds receive recruitment coupons that describe the study and invite others to an interview. The seeds receive a small honorarium for each referred peer (a maximum of three) who participate in the study (Heckathorn, 2002). Respondent-driven sampling assumes that networks of hard-to-reach populations often overlap and that members are more likely to respond to the appeals of their peers than those of unfamiliar researchers. We collaborated with local professionals to help recruit youth, particularly four community partner organizations that provide service to street-involved youth. We also recruited youth through the Ministry of Health Services of British Columbia as well as other frontline health and social services. In addition, we advertised the study at various locales where street youth are concentrated.

Youth were asked to phone a dedicated cell phone and anonymously answer a series of questions that assessed their age (they had to be 18 years or younger) and levels of involvement with the parent or guardian, the school system, the formal labour market activity and the street-economy (e.g., pan-handling, petty crime, selling drugs and prostitution). As we noted above, we used a relatively conservative measure of street involvement (loose or no attachment to family and school, living on the street part or full-time in the past month and making part or all money for survival through street activities). We hoped to access those least connected to societal institutions and most likely to be facing health challenges.

The sample at wave one included 189 youth from 14-19 years of age at the time they had completed the first interviews (wave 1). Over half of these participants identified as female (54 percent). Ninety-two participants had experience in government care, primarily foster care, either as temporary or permanent wards. The difference between “temporary” and “permanent” is a bureaucratic distinction but one that matters. “Permanent” refers to youth who were taken into care and the legal rights of the parent or parents were terminated. “Temporary” refers to those who were taken into care, typically for a few weeks or months, but the legal rights of the parents were not terminated. Fifty-eight self-identified as Indigenous; Indigenous youth (and adults) are disproportionately represented in the street population in Victoria and across Canada. The average age at first interview was 16.5 years, with a standard deviation of 1.6.

Of these 189, sixty-four participants were interviewed five times, and they are the primary source for our narrative portraits of emerging adulthood and street-involvement. We have data about them at regular intervals, and for most we were in contact as long as 10 years. Twenty two of the sixty-four identify as Indigenous and 38 as female with a mean age at the time of the first interview of 16.7 years. One-half of these 64 participants had experience in foster care, with eight of those having been in permanent care during their childhood and adolescence. These are the most vulnerable youth. At each wave participants completed an interviewer-administered questionnaire that included both open- and closed-ended questions. Interviews ranged from 45 minutes to two hours in length.

<2> Description of the Dataset

The data was collected on a paper form, except for the open-ended questions, which were recorded and later transcribed. Data were collected on the variables listed in

Table 2.1, and the open-ended questions are in Table 2.2.

<2>Analysis Strategy

We used two approaches to the data. Because we wanted to discuss the lives of these young people longitudinally, we constructed narratives of their lives, using the quantitative and nominal data. Then we used the qualitative stories and examples to complete the narrative. The stories we tell in this book are written from the point of view of each young person, and we interpret these stories using, particularly, ideas from emerging adulthood.

The qualitative stories for each youth were read first for ideas about each of the five characteristics of emerging adulthood—instability, self-focus, possibilities, inbetween, and identity, following one of the examples of Braun and Clark (2006). These broad categories were used as codes. Next, the data were read by theme—across youth--for similarities and differences between them. Finally, we read the data again within the biography for each youth, this time interpreting their experience with the language of emerging adulthood.

<2>An Overview of Street-Involved Youth in Victoria

The youth were distinguished by histories of vulnerability, not surprisingly. Youth who are street involved have experienced hardship, changes in guardians and living situation, and trauma.

<3> Risk, Trauma, and Guardianship

Because foster care is over-represented in the lives of street-involved—and homeless--young people, there is some suspicion that foster care contributes something to the risks. While we think foster care could do something about homeless youth, which we discuss in the policy chapter, we think it is possible that researchers might be mistaken about foster care. For example, it is possible that foster care is responding to the same biological families from whence street-involved youth come and that the difference between youth in foster care and youth not in foster care is accidental rather than substantive. That is, youth who are in care and on the street are not much different than youth from biological families and on the street.

We have a bit of data about this. Table 2.3 shows odds ratios about several trauma and risk variables, with comparisons between those with foster experience and those without. The odds ratios suggest that there are not many differences in this sample between those with and without foster care experience. This data includes all 189 who were present in the first year.

[Insert Table 2.3 here]

Overall, our participants had extensive experience with depression, trauma, suicide attempts, and many had never experienced a positive female or male guardian influence. We did find some difference between foster and non-foster youth in their ability to cope with depression and trauma. Those youth who had suffered trauma in childhood were far more likely to have been depressed and to have attempted suicide, and those not in care were twice as likely to have attempted suicide than in care youth who were depressed. We are not sure about this, and it deserves more study, but it may be possible that at least those youth in care have access to emergency help.

There were also some interesting differences between foster and non-foster youth when comparing variables of current outlook (while street-involved) to past experience with trauma. Those who had suffered trauma in the past were less happy now, but those with care experience who had suffered trauma were more likely to be happy now than those without care experience and who had suffered trauma. Those who had suffered trauma in the past were also less hopeful now, with non-care youth being worse off. Those who had been in permanent foster care do better than anyone else in coping with suicide, being 3.4 times as likely to be hopeful as compared to those with temporary foster care experience or no care experience. The one exception to these patterns were youth who were victims of sexual abuse: non-care youth coped better than those with care experience.

<3>Living Situation

We collected life history data chronicling with whom our participants lived each year of their life from birth to the time of the first interview. The sparklines in Figure 2.1 are from a sample of youth who had been placed in foster care as permanent wards of the state. The data illustrate a variety of life patterns and a wide variety of locations and people with whom they lived. The average number of transitions until that first interview was nine, with a standard deviation of 4.5.

[Insert Figure 2.1 here]

There were some differences between Indigenous and non-Indigenous youth in this respect. For Indigenous youth with experience in foster care, the mean age of their first placement was about seven, while for non-Indigenous it was about 10. For all participants the mean age of independence was 14.6 (defined here as the first time they lived without an adult authority). For half of the Indigenous group and 41 percent of the non-Indigenous group their first time was on the street.

The most common alternatives to the street were living with friends, either in a shared space or with a friend’s family. Just prior to being on the street there was often a period of acute change, probably reflecting some difficulty between youth and caregivers. For those who came from foster care, a common trajectory was foster care to group home to detention centre and then to the street. For those who came from family a common trajectory was being shuttled from one extended family member to another, with some going to friends of family members, who seemed to be the placement of last resort before the street.

Fifty-seven percent of the sample had at least one parent who disappeared permanently from the youth’s lives or were never present in their childhood. Many of the other 43 percent experienced at least one major disruption in the parenting relationship. Once youth lived independently of their parents, only 16 percent of the Indigenous and 21 percent of the non-Indigenous ever lived again with a biological parent, even if this independence came at a young age.

In the early life history of these youth there was often a period of stability and a period of acute instability. For some, as suggested above, the period of acute instability occurred just before street-involvement. For another group it occurred just before placement in foster care, and for the remainder there was no typical pattern. Once this instability began, few youth and their families were able to re-establish any continuity of care. There also seemed to be some risk of introducing a temporary placement. A detention center, living temporarily with a family acquaintance, and some foster placements were intended to be transitional until a more permanent arrangement was made. Once young people were in these temporary placements there did appear to be more risk of ending up on the street. Next we turn to the literature on street-involvement and homelessness.

<2>The Context of Street-Involvement and Homelessness

Street-involvement is complicated to operationalize, and there are few studies that agree on an operational definition. Studies that are most closely related to ours are studies of the homeless. According to Gaetz, Donaldson, Richter, and Gulliver (2013) there are an estimated 6000 homeless youth on any given night in Canada and perhaps 35,000 youth who become homeless in any year. Who is classified as a youth varies, especially at the upper end, usually from 18 to the mid-20s although some studies include young adults as old as 30 (Kelly & Caputo 2007; Kidd, Karabanow, Hughes, & Frederick, 2013). There is also variation in the criterion of homelessness, from temporary and acute to chronic. In 2011 a total of 349 unaccompanied youth (under age 25) in Vancouver were counted as homeless (Basi, Clelland, Khind, Morris, & Severson, 2012). In 2004, the number of street youth (aged 16 to 24) in Toronto on any given night was estimated to be in the range of 2000 (O'Grady & Gaetz, 2004). In Halifax, 300 youth (aged 16 to 24) used a youth drop-in centre between April 1 and July 31st in 2000; also in 2000, over 500 youth (aged 16 to 24) in Ottawa sought help in emergency shelters (Kraus, Eberle, & Serge, 2001). In Victoria, local youth service providers estimated that there are approximately 220 street-involved adolescents (age 13-18), 323 “emerging” adults (aged 19-24), and 73 young adults (aged 25-30) (Community Social Planning Council, 2008).

Being street-involved and under the age of majority is an interesting and curious situation, not least of all legally. Street-involved youth have a legal guardian—biological parent, adoptive parent, or the State (in foster care), and all youth have a legal right to a home. Youth leave those homes for reasons of “push” and “pull.” Some youth are pushed out through eviction, to escape abuse, because their families become homeless first, or to escape violence against other family members, such as intimate partner violence. For these youth, the proximate causes and predictors of being street-involved are, not surprisingly, serious. Sanabria (2006) suggests that family conflict, neglect and abuse in the home, residential instability, broken ties in families of origin, and substance use in the family are major push factors.

Other youth are “pulled” out because of boredom, by friends and romantic partners who are already involved in street life, and the allure of the street. Aptekar and Stoecklin (2014) point out how little we understand about the experience of these youth leaving home, despite the hundreds of published studies. We have answers from youth about why they left, but we do not have answers that quite satisfy causal conditions. For example, Aptekar and Stoecklin point out that most street-involved youth have siblings who do not leave home, despite living under at least some of the same conditions. Kidd (2012) pointed out that there are sizable groups of youth on the street whose family homes did not have particularly serious difficulties.

There is a population of youth who run away from home, and then there is the population of those run-aways who stay away from home, a group that is much smaller (Aptekar & Stoecklin, 2014). About those who run away but do not necessarily stay away from a group home or foster care, Attar-Schwartz (2013) found that about 44% of participants reported attempting to run away at some point in the past. From a population that runs away and stays away, Fowler, Toro, and Miles (2011) found that half had separated from foster care before the age of majority.

Benoit, Jansson, Hallgrimsdottir and Roth (2008) described the street-involved youth population as more heterogeneous and less deviant than is sometimes depicted, as does Aptekar and Stoecklin (2014). These youth are coping with responsibilities more commonly—and normatively--associated with young people in their early 20s (Mitchell, 2006). Street-involved youth are temporally different by virtue of their detachment from the education system and their reliance on the informal economy. Most have tried many different types of illegal substances that are easily available in their social environment. Street-involved youth are routinely making decisions about how to get money for food and other necessities, where to sleep each night, how to entertain themselves, what responsibilities they have to friends and who in their social networks to trust. Many are also involved in romantic partnerships.

One difference between street-involved youth and youth in the general population is that the “transition between adolescence and adulthood for street youth is experienced in the context of a lack of social support and access to financial resources. Street-involved youth are thus “experimenting” with the markers and experiences of adulthood without a safety net, and the conditions of their lives include “…poverty, a chronic lack of shelter, unstable family relations, early severance of ties with educational institutions and a dependence on the informal economy” (Benoit, Jansson, Hallgrimsdottir & Roth, 2008**,** p. 349). At these young ages it is difficult to think about their “independence” without also being reminded of their vulnerability, and the lack of social supports for these marginalized youth at this age increases the risk of vulnerability. A report by Public Interest (2009) on youth in Toronto found that those who “arrive on the street” (p. 3) before age 15 stay there an average of seven years.

Rokach (2005) reported on their loneliness and cited literature about problems with substance use, unemployment, and mental health. Hughes, et al (2010) found that half of their sample had clinical psychological troubles and most had difficulties accessing health services. Walls and Bell (2011) reported high rates of participation in survival sex. Sanabria (2006) cited studies finding that homelessness itself can be the cause of “suicide attempts, poor health, and increased risk of pregnancy and sexually transmitted infections” (p. 55). Kirst and Erickson (2011) studied concurrent mental health and addiction difficulties. Most studies report low rates of participation in formal education and the formal economy. Other risks include poverty, violence, and barriers to health care, social services and adequate shelter (Kipke, Montgomery, Simon, & Iverson, 1997; Rachlis, Wood, Zhang, Montaner, & Kerr, 2009; Whitbeck, Hoyt, & Ackley, 1997). Compared with Canadian youth in the general population, street-involved youth have higher rates of substance use, sexually transmitted infections (STIs), unsafe sexual health practices, blood borne infections, mental health problems, and mortality (Edidin, Ganim, Hunter, & Karnik, 2012; Kirst & Erickson 2013; Roy, Haley, LeCelrc, Sochanski, Boudrea, & Boivin, 2004).

It is important that these risks and challenges be documented. Still, it is also true that when researchers look for trouble, they find it. For example, Barker, et al (2014) gathered a sample of street-involved youth and the criterion for being street-involved was having used hard drugs within the last 30 days. Too often researchers generalize to the street-population as a whole from such clinical samples, and we do not always know what is missing from the diverse portrait of street-involved youth. In contrast some researchers in recent years have gathered data about well-being, suggesting that risk and victimhood is an incomplete picture.

<2>The Well-being of Street-Involved Youth

Howell, Emmons, and Frank (1973) showed that many former street-involved youth recall their street involvement as a positive life event, and since then there has been a trickle of literature on the antecedents of resilience and well-being of street-involved youth. Miller, Donahue, Este, and Hofer (2004) reported that the street-involved youth in their study had a high level of determination and a commitment to be responsible for themselves. Most had connection to a biological, foster, or fictive family, and all reported good friendship networks. Kidd and Golan (2008) outlined the important role of self-esteem in determining resilience, and Cleverly and Kidd (2011) reported that street youth with characteristics of resilience had less psychological distress and suicidal ideation, although it may be possible that resilience and the absence of distress are confounded.

Similarly, Hughes et al (2010) noted that resilience among street-youth was associated with less loneliness, less hopelessness, and participating in fewer life-threatening behaviours. Bender et al. (2007) reported on the competencies of being street-involved including street smarts, coping skills, good motivation, positive attitude, and spirituality. Most studies with data from interviews of youth (e.g., Lindsey et al. 2000) found that friends and extended networks of acquaintances were seen by youth as crucial to their survival. Hagan and McCarthy (1997) showed that youth seek to connect with other youth because they are concerned about their own safety. Many youth sustain relationships with their family of origin, even when that family is troubled and, according to Hughes et al. (2010), older youth have better relationships.

<2> The Well Being of Street-involved Youth and Government Care

Zlotnick, Tam, and Zerger (2012) documented the long-standing connection between foster care and street-involvement. In Canada many street-involved youth have a history of out-of-home placement care, with estimates ranging from 21 to 53 percent (Basi, Clelland, Khind, Morris, & Severinson, 2012). Sixty-eight percent of street-involved youth in Calgary, Toronto, and St. Johns came from foster care, a group home, or a state-funded care centre (Raising the Roof, 2009). Circumstances are similar in other jurisdictions in North America. Bass (1992) reported that 25% of youth in 170 runaway shelters in the United States arrived directly from foster and group care. Courtney and Zinn (2009) report that rates of foster care to shelters cited in other studies vary from 3% to 18%. The proportions of youth on the street who have some foster care experience at any point in their past are higher yet: Hudson and Nandy (2012) found that 44 of 156 predominantly male, white participants--all substance users--had some foster care experience. In Vancouver, Martin, et al (2008) reported that about 50% of the participants in a study of homeless substance users (other than marijuana) aged 14 to 26 had a history in foster care or living away from their parents. The Wilder Research Centre (2001) found that 41% of homeless young people under the age of 18 had lived in foster care.

Being in care is iself often perceived as a risk factor with suggestions that foster youth are more likely to than non-foster youth to have been arrested, experienced homelessness, suffer from mental health issues, and to be undereducated and unemployed (Courtney & Dworsky, 2006; Courtney & Hughes-Heuring, 2005). A few studies suggest a somewhat less pessimistic situation. Faruggia, Greenberger, Chen, and Heckhausen (2006) found that, compared to their same age cohort, foster youth had lower educational aspirations and lower grades but a higher work orientation and no difference on mood, behavior, self-esteem, and peer support. They also found that foster youth were more likely to have a “very important person”--a non-parental supportive adult—in their lives, a finding also reported by Hass and Graydon (2009) and Tweddle (2007).

Tyler and Melander (2010) studied a sample of street-involved youth and young adults that included former foster youth. Among the explanations for possible differences between foster youth and non-foster youth is that “…the early experiences of homeless adolescents formerly in foster care will be more detrimental and put them at higher risk for negative outcomes because these individuals experienced such extreme forms of abuse that they came to the attention of state authorities” (p. 788). Nevertheless, the authors noted that foster youth were likely to fare better than non-foster care street-involved youth because the former were more likely to receive help. Although not a sample of street-involved youth, DeGue and Widom (2009) also found some support for positive foster care associations: “…although almost half the youth who remained at home following substantial maltreatment were arrested as adults, only one-third of those who were placed in foster care experienced the same outcome” (p. 352). Still, Tyler and Merlander argue that what street-involved youth have in common—“unfavourable backgrounds”--may be more powerful than the differences in care setting.

These backgrounds may include early trauma, abuse, neglect, and considerable instability. Widom and her colleagues have documented the long-term harmful effects of these factors. Abuse and neglect in early childhood is associated with significant risks of diabetes, poorer lung functioning, and vision and health problems (Widom, Czaja, Bentley, & Johnson, 2012). Neglect predicts post-traumatic stress disorder, crime, and academic achievement (Nikulina, Widom, & Czaja, 2011). Abused and neglected children are twice as likely to engage in prostitution and to be at risk for early sexual initiation, running away, juvenile crime, and school problems. In addition, DeGue and Widom (2009) found that unstable placement histories contribute to adult arrests for criminality. Christian and Schwarz (2011) and Gilbert, et al (2009) also found associations between early life trauma and later physical and mental health problems. In contrast, Dumont, Widom, and Czaja (2007) found that “…living in ‘a stable living situation’ (either with both parents or through a long foster care placement) at least triples the odds of being resilient in adolescence…” (p. 269).

In sum, researchers find trouble when they look for it, and these troubles are real. Others have looked for evidence that even in the midst of trouble there might be evidence of well-being and resilience, and these researchers claim evidence of competence and resilience.

<1>How do the Youth in Our Sample Compare to these Studies?

Widom (1989) points out the obvious but rarely remembered fact that even when statistical associations are significant in prospective and retrospective studies, the majority of participants usually do not measure meaningfully different on the variable of interest. For example, when a prediction of later trouble is made say, from early life trauma, the coefficient is based on group data and there is usually considerable individual variance. In Widom’s case, she cited studies of the “cycle of violence,” arguing that while being a victim of violence increases the risk of being a violent adult, most victims of violence do not become violent themselves.

We remind ourselves of this because group and individual variances is the space in which debates about how to interpret the past and contemporary experience of street-involved youth take place. This variance is difficult to remember, even by researchers who ought to know better. One of the reasons this is important is that the overarching narrative that ensues from data collection is heavily colored by the data that are collected, even when that data are limited, say, only to data about the risks. Earlier in this chapter we chronicled some of the typical trouble that the street-involved youth in our sample experienced. These are real.

At the same time, we collected quantitative, longitudinal data about a wide range of other variables, including variables with options for reporting health, well-being, and happiness. These variables include their physical health; their management of their health care; emotional well-being; friendship network; crisis support system; the presence or absence of happiness, trust, and loneliness; their romantic partnerships and sex life; degree of participation in recreational, illegal substances and alcohol, and; whether their income sources were illegal or illegal. We summarize the overall profile of the participants as composed of a) challenging, troubled personal, familial, and interpersonal histories consistent with the trouble found in other studies; b) challenges as a result of practical and structural absences, including housing, lack of access to education and work, and the gap between their age and mainstream sources of social welfare, and c) contemporary experience that we are characterizing here as emerging and young adulthood. It is the features of their contemporary experience that we focus on in this book, contemporary experience defined as their perceptions about the state of their lives at the time of the interviews. Many difficulties remain in their life, and in comparison to the experience of other youth during emerging adulthood their life situations are tenuous and marginalized. Still, as a group they report remarkable optimism and good evidence of improvement over time.

Here are some examples of well-being variables, in Table 2.4 At all five waves, over almost 10 years, participants were asked whether they were hopeful, happy, have friends and family who help them feel safe, or lonely. Some caution should be used with comparisons across waves, because the timing of each wave does not line up across all youth in the sample.

[Insert Table 2.4 here]

Nearly every youth was able to identify three people who would help them in a crisis, and they note having people they trust. Most report being in control of their own finances and their sexuality. They also state they know how to make money illegally but do not participate and maintain most of their close friends do not participate either. Most report having multiple close friends.

Earlier we briefly described some of the troubles in their lives, prior to street-involvement, and after. The additional data here provides a happier portrait, albeit brief. There are some questions about how both can be true, and how this happier data compares to most other studies of similar populations, and there is a question of how this can be the case by comparison with almost any other cohort of youth. The answer to the question about how both can be true can only be dealt with at the end of this book, when we revisit it in light of the better understanding of their experience that the narrative data provides, as well as examining further group data. The answer to the question about why this data are so different than other samples may be that our sample is more diverse and our data are longitudinal. The large number of youth in the first wave may have comprised eighty percent or so of the total street-involved population in the study site at the time, and because of this the sample included youth who are most vulnerable, who are usually easier to find, and it also included those youth who had learned to cope with the complexities of being street-involved and achieved a certain kind of success in managing street-involvement.

Further, because the sample criteria did not include acute criteria, such as not requiring that the sample be homeless on the day when data were collected or requiring that participants be engaged in a risky or illegal activity, these youth may represent a different, possibily more accurate picture of a heterogeneous street-involved population. To a person every member of this sample had experienced difficulties on the street, but the data collection criteria did not restrict collection to their most difficult moments.

The answer to the last question, of how these youth can be doing somewhat well—in the limited terms we describe here--compared to other youth, is more complicated and less definitive. Part of the reason has to do with their coping strategies in the context of emerging adulthood and young adulthood, and much of this book has to do with displaying those characteristics. There is some reward and satisfaction in being responsible for oneself, and a sense of responsible identity when conditions are challenging. There is a narrative of overcoming and courage. It may also have to do with their being homeless in Victoria, which does have a fair amount of support—at least for short-term help.

The other part of the answer has to do with their frame of reference. First, we might compare the transition to street-involvement for these young people with the transition to emerging adulthood for middle-class youth. The latter graduate from high school or post-secondary education with a mixture of aspirations and social supports. Their lives are rarely easy or simple, but most do have access to some employment, however unrewarding or low paying it might be. Most have a social support network composed of family, friendship, and relationships associated with mainstream social institutions. Their graduation, and the transitions to at least semi-independence associated with it, are desirable and mostly happy occasions, even if the next transition to adulthood is delayed.

The transition to street-involvement is comparable but more complicated. For those youth who are fleeing trouble at home, with relatives, or in a group home, there is an element of escape, with some likely relief from the stress. For those who are motivated by the pull of independence and freedom, initially the experience might be attractive. And the transition to street life and the transition to being homeless are two different types of transitions, even if in our sample a large proportion experienced independence and first encounter with the street very close in time. For most the experience of being homeless succeeded the introduction to street life; street life often involves a little bit of planning, while being homeless is more of a surprise. For example, several youth left their biological home to live with friends, and a small number of left home to live with a romantic partner. Those relationships frequently failed, and the consequence was being homeless or barely escaping homelessness.

Hence the transition to street-life has some element of attraction even while the threat of being homeless is more real and more worrisome. What the transition has in common with other emerging adults is that there is some risk and much change, but if that risk and change is managed and mastered, it is likely to result in some satisfaction. Further, the independence they have acquired has some attraction because of the absence of negative experience such as being free of the humiliations of being a struggling and low status student in high school. The overwhelming majority reported that their formal educational experiences were stressful. There is also a positive lure, that of being in charge of one’s life.

One reference point for their self-evaluation is there circumstances prior to arrival on thes street, and a second reference point has to do with their entry into a subculture of street-youth. One characteristic of this subculture is that young people do find a community of some sort, of at least a few friends, and have access to some professionals interested in their well-being. Finally, most of these youth see their circumstances as temporary. These youth are not members of a counter culture, and they have aspirations similar to other emerging adults, including finding useful work with enough income to thrive, sustaining long-term romantic partnerships, having families, and achieving enough stability so that everyday life is less of a struggle. Although many of them have lived with instability for several years, they see signs of progress. We will describe the experiences of youth who make progress and youth who struggle, theorizing about how management of emerging adulthood and young adulthood is done.

<1>Summary

In emerging adulthood terms there are some notable, meaningful similarities and differences between this sample and many other emerging adults, and in the succeeding chapters we tell the stories of youth who illustrate the similarities and differences. For example, the idea of transition associated with emerging adulthood suggests movement from one stable reference point to another, with the period between characterized by instability. For most of these youth, instability has been a semi-permanent feature. By their thirteenth birthday, only 25 percent of these youth lived in the same family situation into which they were born. Analysis of a random sample of youth in the same city showed that 60 percent of all youth lived in the same family situation that they were born into up to their 13th birthday (Benoit, Jansson, Hallgrimsdottir & Roth, 2008).

Other typical sources of childhood stability were also problematic, such as their difficulties with formal education. Arnett (2007) describes emerging adulthood as the period when social institutions have less influence than during childhood and adolescence. For many of the street-involved youth in our study, the relationship to social institutions has long been tenuous and weak. These missing relationships have consequences for the sense of being in-between, identity exploration, and the aspirations for adult life. In the subsequent chapters we show that these young people manage the acute and chronic instability, and this might be instructive for other cohorts. We also show that one way they cope with such instability is, over time, by taking on the responsibilities of young adulthood, earlier than most. Further, we illustrate the risks to their well-being, development, and possibilities of adulthood if the structural and social policy influences on their lives do not provide them assistance.

References

Aptekar, L., & Stoecklin, D. (2014) *Street children and homeless youth.* New York: Springer.

Arnett, J. E. (2007). Afterword: Aging out of care—toward realizing the possibilities of emerging adulthood. *New Directions for Youth Development*, *113*, 151-161.

Attar-Schwartz, S. (2012) Runaway behavior among adolescents in residential care: The role of personal characteristics, victimization experiences while in care, social climate, and institutional factors. *Children And Youth Services Review*, *35*(2), 258–267.

Barker, B., Kerr, T., Alfred, G. T., Fortin, M., Nguyen, P., Wood, E., & DeBeck, K. (2014). High prevalence of exposure to the child welfare system among street-involved children in a Canadian setting: Implications for policy and practice. *BMC Public Health, 14*, 197.

Basi, S., Clelland, T., Khind, N., Morris, A., & Severson, P. (2012) Housing homeless youth in Vancouver: key barriers and strategic responses. Available: http://www.homelesshub.ca/ResourceFiles/Housing%20Homeless%20Youth%20in%20Vancouver%20Key%20Barriers%20and%20Strategic%20Responses.pdf

Bass, D. (1992) Helping vulnerable youths: Runaway and homeless adolescents in the United States. Washington, DC: NASW Press.

Bender, K., Thompson, S. J., McManus, H., Lantry, J., & Flynn, P. M. (2007). Capacity for survival: exploring strengths of homeless street youth. *Child & Youth Care Forum, 36*, 25-42.

Benoit, C., Jansson, M., & Anderson, M. (2012). Understanding health disparities among female street youth. In B. Leadbetter & N. Way (eds). *Urban Girls Revisited* (pp. 1-26)*.* New York: New York University Press.

Benoit, C., Jansson, M., Hallgrimsdottir, H. & Roth, E. (2008). Street-youth’s life course transitions. *Comparative Social Research, 25,* 325-353.

Braun, V., & Clark, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101.

Butler, K., & Benoit, C. (2015). Citizenship practices among youth who have experienced government care. *Canadian Journal of Sociology*, *40*, 25-49.

Christian, C. W., & Schwarz, D. F. (2011). Child maltreatment and the transition to adult-based medical and mental health care. *Pediatrics, 127*(1), 139-145.

Cleverly, K., & Kidd, S. (2011). Resilience and suicidality among homeless youth. *Journal of Adolescence, 34*, 1049-1054.

Community Social Planning Council of Greater Victoria. (2008). A youth housing study for BC’s capital region. Unpublished report.

Courtney, M. E., & Dworsky. A. (2006). Early outcomes for young adults transitioning from out-of-home care in the USA. *Child & Family Social Work, 11*, 209-219.

Courtney, M. E., & Hughes-Heuring, D. (2005). The transition to adulthood for youth “aging out” of the foster care system. In D. W. Osgood, E. M. Foster, C. Flanagan, & G. R. Ruth (Eds.), *On their Own Without a Net: the Transition to Adulthood for Vulnerable Populations.* Chicago, IL: University of Chicago Press.

Courtney, M. E., & Zinn, A. (2009). Predictors of running away from out-of-home care. *Children And Youth Services Review*, *31*(12), 1298–1306.

Daly, Gerald. (1996). *Homeless: policies, strategies, and lives on the streets.* London: Routledge.

Degue, S., & Widom, C. S. (2009). Does out-of-home placement mediate the relationship between child maltreatment and adult criminality? *Child Maltreatment, 14*, 344-355.

DeMatteo, D., Major, C., Block, B., Coates, R., Fearon, M., Goldberg, E., King, S. M., Millson, M., O’Shaughnessy, M., & Read, S. E. (1999). Toronto street youth and HIV/AIDS: Prevalence, demographics, and risks. *Journal of Adolescent Health, 25*(5). 726-736.

Dumont, K. A., Widom C. S., & Czaja, S. J. (2007). Predictors of resilience in abused and neglected children grown-up: the role of individual and neighborhood characteristics. *Child Abuse & Neglect, 31*, 255-274.

Edidin, J. P., Ganim, Z., Hunter, S. J., Karnik, N. S. (2012). The mental and physical health of homeless youth: a literature review. *Child Psychiatry and Human Development, 43*(3), 354-375.

Erikson, E. (1963). *Childhood and Society*. New York: Norton.

Farruggia, S. P., Greenberger, E., Chen, C., & Heckhausen, J. (2006). Perceived social environment and adolescents’ well-being and adjustment: comparing a foster care sample with a matched sample. *Journal of Youth and Adolescence, 35*(3), 330-339.

Fowler, P. J., Toro, P. A. & Miles, B. W. (2011) Emerging adulthood and leaving foster care: settings associated with mental health. *American Journal of Community Psychology, 46*, 335-48.

Gaetz, S., Donaldson, J., Richter, T., & Gulliver, T. (2013). *The state of homelessness in Canada 2013*. Toronto: Canadian Homelessness Research Network Press. Available from http://homelesshub.ca/resource/state-homelessness-canada-2013

Gilbert, R., Widom, C. S., Browne, K., Fergusson, D., Webb, E., & Janson, S. (2009). Burden and consequences of child maltreatment in high income countries. *Lancet, 373*(9657), 68–81.

Hagan, J., & McCarthy, B. (1998). *Mean streets: youth crime and homelessness*. Cambridge: Cambridge University Press.

Hass, M., & Graydon, K. (2009). Sources of resiliency among successful foster youth. *Children and Youth Services Review, 31*(4), 457-463.

Heckathorn, D. D. (1997). Respondent driven sampling: a new approach to the study of hidden populations. *Social Problems, 44*, 174-199.

Howell, M. C., Emmons, E. B., & Frank, D. A. (1973). Reminiscences of runaway adolescents. *American Journal of Orthopsychiatry, 43*(5), 840-853.

Hudson, A. L., & Nandy, K. (2012). Comparisons of substance abuse, high-risk sexual behavior and depressive symptoms among homeless youth with and without a history of foster care placement. *Contemporary Nurse, 42*(2), 178-186.

Hughes, J. R., Clark, S. E., Wood, W., Cakmak, S., Cox, A., MacInnis, M., Warren, B., Handrahan, E., & Broom. B. (2010). Youth homelessness: the relationships among mental health, hope, and service satisfaction. *Journal of Canadian Academy of Child and Adolescent Psychiatry, 19*(4), 274-283.

Jansson, M., & Benoit, C. (2006). Respect and protect? Conducting community-academic research with street-involved youth. In B. Leadbetter, et al (eds.), *Ethical Issues in Community-based Research with Children and Youth* (pp. 175-189). Toronto: University of Toronto Press.

Jansson, S. M., Benoit, C., Casey, L., Phillips, R., Burns, D. (2010). In for the long haul: knowledge translation between academic and nonprofit organizations. *Qualitative Health Research, 20*(1), 131-143.

Kelly, K., & Caputo, T. (2007). Health and street/homeless youth. *Journal of Health Psychology, 12*(5), 726-736.

Kidd, S. (2012). Seeking a coherent strategy in our response to homeless and street-involved youth: a historical review and suggested future directions. *Journal of Youth and Adolescence, 41*, 533-543.

Kidd, S., & Golan, S. (2008). Resilience in homeless youth: the key role of self-esteem. *American Journal of Orthopsychiatry, 78*, 163–172.

Kidd, S., Karabanow, J., Hughes, J., & Frederick, T. (2013). Brief report: youth pathways out of homelessness. Preliminary findings. *Journal of Adolescence, 36*, 1035-1037.

Kipke, M. D., Montgomer, S. B., Simon, T. R., & Iverson, E. F. (1997). “Substance use” disorders among runaway and homeless youth. *Substance Use and Misuse*, *32*(7-8), 969-986.

Kirst, M., & Erickson, P. (2013). Substance use and mental health problems among street-involved youth: the need for a harm reduction approach. In S. Gaetz, B. O’Grady, K. Buccieri, J. Karabanow, & A. Marsolais (eds). *Youth Homelessness in Canada: Implications for Policy and Practice* (pp. 185-198). Canadian Homelessness Research Network Press, Toronto.

Kraus, D., Eberle, M., Serge, L. (2001). Environmental scan on youth homelessness: final report. Ottawa: Canada Mortgage and Housing Corporation.

Lindsey, E. W., Kurtz, P. D., Jarvis, S., Williams, N. R., & Nackerud, L. (2000). How runaway and homeless youth navigate troubled waters: personal strengths and resources. *Child and Adolescent Social Work Journal, 17*(2), 15-26.

Magnuson, D., Jansson, D., Benoit, C., & Kennedy, M. C. (2015). Instability and caregiving in the lives of street-Involved youth from foster care. *Child & Family Social Work*. http://doi.wiley.com/10.1111/cfs.12262

Martin, I., Palepu, A., Wood, E., Li, K., Montaner, J. & Kerr, T. (2008). Violence among street-involved youth: the role of methamphetamine. *European Addiction Research*, *15*(1), 32-38.

Miller, P., Donahue, P., Este, D., & Hofer, M. (2004). Experience of being homeless or at risk of being homeless among Canadian youths. *Adolescence, 39*(156), 735-755.

Mitchell, B. A. (2006). Changing courses: the pendulum of family transitions in comparative perspective. *Journal of Comparative Family Studies, 37*(3), 325-343.

Nikulina, V., Widom, C. S., & Czaja, S. (2011). The role of childhood neglect and childhood poverty in predicting mental health, academic achievement and crime in adulthood. *American Journal of Community Psychology, 48*, 309-321.

O’Grady, B., & Gaetz, S. (2004). Homelessness, gender, and subsistence: the case of Toronto street youth. *Journal of Youth Studies, 7*(4), 397-416.

Public Interest. (2009). *Changing patterns for street-involved youth*. Toronto, ON: Author.

Rachlis, B. S., Wood, E., Zhang, R., Montaner, J. S. G., & Kerr, T. (2009). High rates of homelessness among a cohort of street-involved youth. *Health and Place, 15*, 10-17.

Raising the Roof. (2009). Youth homelessness in Canada: The road to solutions. Toronto: Author. <http://raisingtheroof.org/RaisingTheRoof/media/RaisingTheRoofMedia/>Documents/RoadtoSolutions\_fullrept\_english.pdf

Rokach, A. (2005). The causes of loneliness in homeless youth. *Journal of Psychology, 139*(5), 469-480.

Roy, E., Haley, N., Leclerc, P., Sochanski, B., Boudreau, J. F., & Boivin, J. F. (2004). *Journal of the American Medical Association, 292*(5), 569-574.

Sanabria, J. J. (2006). Youth homelessness: prevention and intervention efforts in psychology. *University Psychology Bogota, 5*(1), 51-67.

Smith, C. (2011). *Lost in transition*. Oxford.

Tweddle, A. (2007). Youth leaving care: How do they fare? *New Directions for Youth Development, 113*(9), 15-31.

Tyler, K. A., & Melander, L. A. (2010). Foster care placement, poor parenting, and negative outcomes among homeless young adults. *Journal of Child and Family Studies, 19*, 787-794.

Walls, N. E., & Bell, S. (2011). Correlates of engaging in survival sex among homeless youth and young adults. *Journal of Sex Research, 48*(5), 423-436.

Whitbeck, L. B., Hoyt, D. R., & Ackley, K. A. (1997). Abusive family backgrounds and later victimization among runaway and homeless adolescents. *Journal of Research on Adolescence, 7*(4), 375-392.

Widom, C. S. (1989). The cycle of violence. *Science, 244*(4901), 160-166.

Widom, C. S., Czaja, S. J., Bentley, T., & Johnson, M. S. (2012). A prospective investigation of physical health outcomes in abused and neglected children: new findings from a 30-year follow-up. *American Journal of Public Health, 102*(6), 1135-1144.

Wilder Research Center (2001) Homeless youth in Minnesota: Statewide survey of people without permanent shelter. Wilder research Centre, St. Paul. Minnesota. Available at [http://www.wilder.org/Wilder-Research/Publications/Studies/Homelessness%20in%20Minnesota,%202000%20Study/Homeless%20Youth%20in%20Minnesota%20-%20Statewide%20Survey%20of%20People%20Without%20Permanent%20Shelter,%20Full%20Report.pdf](http://www.wilder.org/wilder-research/publications/studies/homelessness%252520in%252520minnesota,%2525202000%252520study/homeless%252520youth%252520in%252520minnesota%252520-%252520statewide%252520survey%252520of%252520people%252520without%252520permanent%252520shelter,%252520full%252520report.pdf). Accessed January 22, 2015.

Williams, M. (2012, Dec 20). Why millenials aren’t growing up. *U.S. News & World Report.* Available: http://www.usnews.com/opinion/articles/2012/12/20/why-millennials-arent-growing-up

Zlotnick, C. (2009) What research tells us about the intersecting streams of homelessness and foster care. *American Journal of Orthopsychiatry, 79*(3), 319–325.

Zlotnick, C., Tam, T. & Zerger, S. (2012). Common needs but divergent interventions for U.S. homeless and foster care children: results from a systematic review. *Health and Social Care in the Community, 20*(5), 449–476.