

A Snapshot of Homelessness in America

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The simple numbers in subgroups like individuals, families, and youth do not begin to explain homelessness. Within each of those subgroups are not only additional population segments, but a menu of problems that have led to their personal crisis.

Much of the data in the report we have been citing, [Opening Doors: Federal Strategic Plan to Prevent and End Homelessness](#), came from the Department of Housing and Urban Development (HUD)'s Annual Homeless Assessment Report (AHAR) for 2009. That report gathered its data from a single-night Point-in-Time (PIT) national count of the homeless taken in January, 2009 and an ongoing longitudinal database collected from 334 communities which represented nearly 3000 counties and over 1000 cities that contributed to the Homeless Management Information System (HMIS) in 2009. The most compelling picture of homelessness comes from the PIT data; just who was homeless on that single winter night?

643,000 persons did not have stable homes that night but more than six out of ten were at least in shelters or transitional housing programs, leaving 37 percent literally "on the street" or somewhere less than suitable for human habitation such as in abandoned building or cars. Nearly 111,000 of the homeless that night met the definition of chronically homeless, an unaccompanied individual with a disabling condition who has either been continuously homeless for a year or more or who has had four or more episodes of homelessness in the previous four years. These chronically homeless represented 27 percent of all homeless individuals (at the time of the PIT, families could not be considered chronically homeless, a definition that has now changed), 21 percent of the sheltered and 35 percent of the unsheltered.

Nearly 4 in 10 or 37.8 percent of the sheltered adults that night suffered from some disability including substance abuse or mental illness. Disabilities occur in 26.2 percent of the population living in poverty and 15.5 percent of the general population. The higher disability rates are expected because disabilities can make it difficult to work enough to afford housing and people with disabilities suffer higher rates of housing discrimination. Four percent of the homeless adults were suffering from HIV/AIDS.

59,390 Veterans were counted in the PIT and 13 percent of the adults counted in shelters that night were veterans. Any combination of those figures probably seriously undercounts homeless Vets as it is thought they are disproportionately unsheltered and that PIT count does not contain much in the way of demographic data. Anecdotal information suggests that many Veterans do not divulge that status to homeless program staffs and many of the VA funded programs for the homeless are not part of the AHAR database. The VA itself estimates that 107,000 Vets are homeless on any given night and it is widely accepted that the percentage of Veterans in the homeless population is much higher than in the general population.

Veterans have high rates of Post-Traumatic Stress Disorder (PTSD), traumatic brain injury, and sexual trauma (especially among women). These rates are higher still among Vets returning from Iraq and Afghanistan after repeated deployments. Many of these Iraq War Vets are women and many of those are homeless with families.

No one really knows how many unaccompanied youth are among homeless individuals. Youth under 18 accounted for less than 1 percent of the PIT count while the longitudinal study estimated their numbers at 22,700 or about 2.2 percent of sheltered homeless. It is widely agreed that even this is a serious undercount; there are indications that up to 110,000 youth are living on the street and in cars, abandoned buildings, and other locations. It is estimated that this number is evenly divided between youths 18 to 24 and young teenagers age 12 to 17.

These young people often leave home because of severe family conflicts or physical and/or sexual abuse. Others have aged out of foster care and still others are separated from their families because family shelters rules often do not permit residence by adolescent males.

If these young people have not dropped out of school before becoming homeless, they usually do so soon after. They exhibit a high incidence of depression, suicide, and other mental health problems and chronic health conditions such as asthma, TB, hypertension, and substance abuse. They are much more likely than the general population to abuse their own children and to engage in risky behavior such as selling drugs and/or sex, panhandling, or stealing. Homeless youth are arrested and convicted at a high rate and many of the unaccompanied young females are pregnant or parenting.

On our snapshot night, canvassers counted 238,110 people in families, 79 percent of whom were sheltered and over the course of the year 535,447 were served by shelters. Only a small number used shelters more than once. As we said earlier, the head of these households is usually a single woman in her late 20s with two children, at least one of which was of kindergarten age or younger. These families are marked by extremely low incomes, have less access to housing subsidies than other low-income families, and belong to weaker social networks that cannot offer them much assistance. Some of these families were displaced by foreclosure, typically when their landlords

defaulted on mortgages.

Victims of domestic violence accounted for 12 percent of the sheltered population, and it is known that such domestic abuse makes women and children vulnerable to homelessness. Among mothers with children living in shelters, over 80 percent were previous victims. As domestic violence can include a financial aspect, women who leave their abuser often find they have poor credit and no money to support themselves and their families. Many of the emergency shelters for battered women limit residents to 90 days residence in order to make room for new people so many single women and families find themselves in unsuitable housing or doubling up with family or friends, a situation where their abusers are often able to locate them. Many give up and return to live with their abusers. A separate count of victims of domestic violence taken in 2009 found that on a single day, 65,300 adults and children sought services after leaving life-threatening abuse and on that same day, more than 32,000 adult and child victims were in emergency shelters or transitional housing.

Homelessness in and of itself is very traumatizing for children and because it is often accompanied by health problems and violence, these children are at high risk for emotional problems like anxiety, depression, withdrawal, and manifestations of aggressive behavior. The transient nature of their schooling leads to poor academic performance.

Families without a stable address can lose eligibility for social services and income support, and homelessness itself can contribute to family separations. As mentioned, adolescent boys can be forced to leave their families because of shelter policies, and mothers with at least one episode of homelessness are far more likely to have their children removed into foster care than other mothers who are involved with child welfare services. Reinserting fostered children back into families is more difficult when parents cannot provide a suitable environment for their children.

It can be hard to separate the causes of homelessness from some of its effects, and, while many causes are unique to one or two of the sub-populations, others underlie homelessness across the board. Some of these causes/effects are evident from the preceding discussion and others will be touched on in a later article along with some of the current programs that are attempting to address the problem.

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