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Social and psychological resources among homeless youth: protection against risk for physical victimization?

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Abstract

This study examines child physical abuse, social and psychological resources, and street physical victimization among 150 homeless youth from the Midwest. Path analyses results show that males have higher self-efficacy than females, while older youth and those who experienced less child physical abuse reported higher self-esteem. Self-efficacy and self-esteem were positively associated with social support as was being younger and having experienced less child physical abuse. Younger respondents reported fewer difficulties obtaining basic necessities, and those who had less trouble finding these necessities experienced less street physical victimization. Females, younger youth, and those who experienced less child physical abuse reported lower rates of physical victimization. Agencies should be aware that many youth experiencing homelessness have trouble obtaining basic necessities, which increases risk for victimization. Moreover, the ability to obtain necessities appears to override the influential role of social support, further affirming the foundational importance of agencies helping youth meet their basic needs.

Keywords

Homeless youth; physical victimization; social resources; psychological resources; child physical abuse

Introduction

Homeless youth are vulnerable to experiencing street physical victimization, such as being beaten up or robbed (Bender, Brown, Thompson, Ferguson, & Langenderfer, 2015; Tyler

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Disclosure statement

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& Beal, 2010), due in part to spending time on the street and their involvement in certain activities such as panhandling (Tyler & Beal, 2010). Because not all homeless youth experience street physical victimization and the frequency and dynamics vary across youth (Bender, Thompson, Ferguson, & Langenderfer, 2014b), certain factors may be protective and subsequently, lower their risk for street victimization. Though much research has examined victimization in conjunction with mental health and substance use (Bender et al., 2014b; Bender, Ferguson, Thompson, & Langenderfer, 2014a), few studies have examined protective factors among homeless youth such as social (e.g. social support) and psychological (e.g. self-efficacy and self-esteem) resources, in part because protective factors are difficult to define for this population (Tyler & Whitbeck, 2004). Moreover, some research finds that positive attributes typically protective among general population youth (e.g. self-efficacy) do not operate in the same way among homeless youth (Barman-Adhikari, Bowen, Bender, Brown, & Rice, 2016; Maccio & Schuler, 2012; Tyler, Kort-Butler, & Swendener, 2014). Therefore, more research is needed to better delineate the holistic role of both social and psychological resources and whether they are protective against street physical victimization among homeless youth. Services and resources that foster protective factors among homeless youth can potentially bolster youths' overall well-being and their likelihood of transitioning into stable housing (Thompson et al., 2016). As such, our paper examines whether self-efficacy, self-esteem, social support, and one's ability to obtain basic necessities (e.g. shelter) are associated with a lower risk for street physical victimization among a sample of homeless youth from the Midwestern United States.

Literature review

Protective factors among homeless youth

Protective factors can reduce the likelihood of dysfunction and disorder in the presence of stressful life events (Tyler, Schmitz, & Ray, 2018). Studies on protective factors conducted with homeless youth have examined correlates of social support (Barman-Adhikari et al., 2016), support from natural mentors (i.e. non-parental adults) (Dang, Conger, Breslau, & Miller, 2014), types of support needs (la Haye et al., 2012), and resiliency and coping (Thompson et al., 2016). Social support is vital to improving homeless young people's sense of well-being (Barczyk, Thompson, & Rew, 2014). Sources of support (e.g. peers) and types of social support (e.g. instrumental support), however, have been found to vary by age, gender, and/or experiences of child physical abuse (Barman-Adhikari et al., 2016; Johnson, Whitbeck, & Hoyt, 2005). Moreover, having access to basic necessities has also been linked to more positive outcomes among homeless youth (Milburn, Liang, Lee, & Rotheram-Borus, 2009).

Another unique aspect of protective factors with this population is that what is considered protective in general youth populations, such as high self-efficacy, may not buffer against adverse experiences among homeless youth. Some prior research, for example, found that homeless young people's self-efficacy was positively related to property crime and violent crime, suggesting that this protective factor among general populations does not operate in the same way for homeless youth (Tyler et al., 2014). Similarly, Maccio and Schuler (2012) found that neither self-esteem nor self-efficacy were significantly correlated with substance

use within their sample of homeless youth. Therefore, it is important to examine the relationship between both social (e.g. social support) and psychological (e.g. self-esteem) resources and physical victimization given the lack of research and social support's integral role in enhancing homeless young people's sense of well-being (Barczyk et al., 2014). Moreover, protective factors are essential to developing youths' ability to overcome trauma and obtain stable housing (Thompson et al., 2016).

Risk factors for street physical victimization

Research finds that approximately one-half of homeless youth have experienced child physical abuse (Rattelade, Farrell, Aubry, & Klodawsky, 2014). Additionally, homeless youth report multiple instances of victimization while on the streets (Harris, Rice, Rhoades, Winetrobe, & Wenzel, 2017). For example, some research finds that over 50% of homeless youth report being a victim of street physical victimization (Bender et al., 2015; Tyler & Beal, 2010). Moreover, child physical abuse and street physical victimization are positively correlated (Tyler & Melander, 2015). Males also have been found to experience higher rates of street physical victimization compared to females (Whitbeck, Chen, Hoyt, Tyler, & Johnson, 2004), whereas older youth experience higher rates of physical victimization since being on the street compared to their younger aged counterparts (Tyler & Melander, 2015).

Theoretical framework and Hypotheses

We use a *life stress framework* (Lin & Ensel, 1989; Pearlin, 1989), which emphasizes multiple components at various levels of influence, including the individual, family, and the environment. This framework also emphasizes the concept of stressors or “problematic conditions and experiences that can challenge the adaptive capacities of people” (Pearlin, 2010, p. 208). Additionally, the life stress framework holds that individuals who are exposed to one stressor (e.g. child physical abuse) are at risk for being exposed to additional stressors, which can then cluster together (Pearlin, 1989). In particular, homeless youth experience a number of daily stressors that can shape their well-being, such as a sense of safety, stability in securing shelter, and concern over social relationships and their futures (Rew, Powell, & Thompson, 2016). This framework also explains that though people can be exposed to similar stressors, they may not necessarily suffer the same negative consequences. That is, having beneficial resources such as social support and high self-esteem can serve as protective factors against stress (Pearlin, 2010), and therefore lower the risk for negative outcomes. Applied to the current study, we hypothesized the following: *Hypothesis #1*: youth who experienced lower rates of child physical abuse will have higher levels of self-efficacy, self-esteem, and social support, and will be more likely to obtain basic necessities; *Hypothesis #2*: youth who experienced lower rates of child physical abuse will subsequently experience less street physical victimization; *Hypothesis #3*: youth with higher self-efficacy and self-esteem will have higher social support and less trouble obtaining necessities; *Hypothesis #4*: youth with higher self-efficacy and self-esteem will experience lower rates of street physical victimization; *Hypothesis #5*: youth who have less trouble obtaining necessities and have more social support will experience less street physical victimization. The model controls for age and gender as research finds that older

aged youth and males experience more physical victimization (Tyler & Melander, 2015; Whitbeck et al., 2004).

Methods

One hundred fifty homeless youth were interviewed in shelters and on the streets from July 2014 to October 2015 in two Midwestern cities. Selection criteria required participants to be between the ages of 16 and 22 and meet the definition of runaway or homeless. *Runaway* refers to youth under age 18 who have spent the previous night away from home without the permission of parents or guardians (Ennett, Bailey, & Federman, 1999). *Homeless* youth, as inclusively defined by the 2015 reauthorization of the McKinney-Vento Homeless Assistance Act, includes those who lack *permanent* housing such as having spent the previous night with a stranger, in a shelter or public place, on the street, staying with friends (e.g. couch surfing), staying in a transitional living facility, or other places not intended as a permanent domicile (National Center for Homeless Education and the National Association for the Education of Homeless Children and Youth, 2017).

Four trained interviewers with previous experience working with and supporting homeless youth populations through service agencies or research endeavors conducted the interviews (two in each city). While the interviewers had expertise working with homeless youth in general, they did not have histories of directly working with participants from this particular study so as to minimize the risk of coercion or undue influence on youths' participation. Interviewers approached youth at shelters, food programs and during street outreach. Interviewers varied the times of the day that they went to these locations, on both weekdays and weekends. This sampling protocol was conducted repeatedly over the course of the study. Informed consent or assent was obtained from all participants, who were informed that they would need to complete all three parts of the study if they agreed to participate (i.e. baseline structured interview, 30 days of text messaging, and a follow-up structured interview). We report findings from the first part of the study, a baseline structured interview, which lasted 45 min and for which participants received a \$20 gift card for completing. Service referrals were offered to all youth regardless of their participation. Less than 3% of youth ($N = 5$) declined to participate or were ineligible. The university Institutional Review Board (IRB) at the first author's institution approved this study.

Because some respondents were minors, we applied for and received a waiver of parental consent from the IRB. A waiver of parental consent is an appropriate scientific approach with this population because many of the youth in this study would be considered mature minors. These youths have already made early transitions to adult behaviors and, in some cases, independence. With the waiver of parental consent, all study participants were deemed mature enough to give consent or assent.

Measures

Dependent variable

Street physical victimization: Street physical victimization included six items such as "how often were you beaten up" and "how often were you robbed" since leaving home (0 = never

to 3 = many times). A mean scale was created where a higher score indicates greater street physical victimization ($\alpha = .85$). These items have been used in prior studies of homeless youth (Whitbeck & Simons, 1990; $\alpha = .82$).

Independent variables

Respondent gender: Respondent gender was coded 0 = male and 1 = female.

Age: Age is a continuous variable, which measured the age of the respondent at the time of the interview.

Child physical abuse: Child physical abuse included 16 items from the Conflict Tactics Scale (Straus, Hamby, Finkelhor, Moore, & Runyan, 1998). Youth were asked, for example, how frequently their caretaker kicked them hard, cursed or swore at them, and threatened them with a knife or gun (0 = never to 6 = more than 20 times). Broadly items tap interrelated dimensions including psychological abuse, physical abuse, and severe physical abuse. A mean scale was created where a higher score indicates more child physical abuse ($\alpha = .93$).

Self-efficacy: Self-efficacy included 10 items from the General Self-Efficacy Scale (Jerusalem & Schwarzer, 1992) such as “if you are in trouble, you can usually think of a solution” and “you are confident that you could deal efficiently with unexpected events” (1 = not true to 4 = completely true). A mean scale was created such that a higher score indicated greater self-efficacy ($\alpha = .84$).

Self-esteem: Self-esteem included 10 items from the Rosenberg Self-Esteem Scale (Rosenberg, 1965), such as “on the whole, I am satisfied with myself” and “at times, I think I am no good at all” (1=strongly agree to 4=strongly disagree). Certain items were reverse coded and then a mean scale was created so that a higher score indicated higher self-esteem ($\alpha = .84$).

Obtaining basic necessities: Obtaining basic necessities included four items. Youth were asked, “since leaving home and being on your own, how often do you have trouble finding:” “food,” “a place to stay,” “money for something that you really need,” and “clothing or other basic essentials (e.g. toiletries or blankets) (0 = never to 4 = every day) ($\alpha = .85$). Because these four items were highly skewed (i.e. range of 2.92 – 4.63), they were first dichotomized (0=never and 1=at least 1–2 days per week), and then summed, where a higher score indicates a greater number of different necessities that youth had trouble obtaining.

Social support: Social support included 10 items adapted from the Social Provisions Scale (Cutrona & Russell, 1987) such as “there are people I can count on in an emergency” and “there is no one I feel comfortable talking about my problems with” (1=strongly agree to 4=strongly disagree). Certain items were reverse coded and then a mean scale was created so that a higher score indicated higher social support ($\alpha = .88$).

Statistical analysis—Implementing a life stress framework, we used the maximum likelihood estimator in Mplus 7.4 (Muthén & Muthén, 1998–2015) to estimate a fully

saturated path model to examine the linkages between stressors and protective factors with street physical victimization. Standardized beta coefficients are reported. A p -value of less than or equal to .05 is considered significant. Descriptive statistics for all study variables are provided in Table 1.

Results

Path analysis results (only significant paths given) shown in Figure 1 revealed that males have higher self-efficacy compared to females ($\beta = -.213$; $p = .01$). Older aged respondents ($\beta = .159$; $p = .05$) and those who experienced less child physical abuse ($\beta = -.182$; $p = .05$) reported higher self-esteem. Additionally, younger respondents had less trouble finding basic necessities compared to their older aged counterparts ($\beta = .177$; $p = .05$).

In terms of social support, younger aged respondents ($\beta = -.159$; $p = .05$) and those who endured lower rates of child physical abuse ($\beta = -.146$; $p = .05$) reported higher levels of social support. Additionally, those who have higher self-efficacy ($\beta = .282$; $p = .01$), and those with higher self-esteem ($\beta = .359$; $p = .01$), also reported having higher rates of social support. Females reported experiencing lower rates of street physical victimization compared to males ($\beta = -.207$; $p = .01$), as did those youth who experienced lower rates of child physical abuse ($\beta = .376$; $p = .01$). Finally, younger respondents ($\beta = .177$; $p = .01$) and those who had less trouble obtaining necessities ($\beta = .267$; $p = .01$) reported lower rates of street physical victimization. This model explained 37% of the variance in street physical victimization. There were no significant indirect effects for this model. Direct and indirect effects are reported in Table 2.

Because research finds that child abuse and street victimization patterns, as well as mental health, vary by gender (Tyler & Melander, 2015; Whitbeck et al., 2004), we performed a multiple group path analysis to determine whether the relationship between study variables differed by gender. We tested differences in both direct paths as well as indirect paths between the gender groups. There were no significant differences between males and females in any of the direct paths. There was only one significant difference between males and females in the indirect paths, where the overall indirect effect of childhood physical abuse on social support was positive and non-significant for males ($b = .021$) and negative and significant for females ($-.067$, $p < .01$).

Discussion

The purpose of the current study was to examine whether self-efficacy, self-esteem, social support, and one's ability to obtain basic necessities (e.g. shelter) are associated with a lower risk for street physical victimization among a sample of homeless youth. Overall, we find that youth who experienced less child physical abuse reported higher self-esteem and higher levels of social support. Moreover, youth with higher self-efficacy and higher self-esteem also reported having higher social support, suggesting that these protective factors may cluster together. The ability to obtain basic necessities served as a protective factor against street physical victimization. In contrast, males, older youth, those who experienced greater child physical abuse, and youth who had more difficulties obtaining necessities were all

at higher risk for street physical victimization. These findings underscore the importance of understanding the distinctive stressful experiences of homeless youth based on their unique street environments (Rew et al., 2016), such as securing basic necessities, to better implement programs and interventions aimed at fostering protective elements in youths' lives.

In terms of stressors, youth who experience more child physical abuse report having lower levels of social support, which is consistent with hypothesis #1. Because homeless youth often draw from family members to meet their support needs (la Haye et al., 2012), it is likely that abused youth will have a smaller pool of eligible individuals from whom to draw support, resulting in lower levels of available support. Moreover, we find that youth who experience more child physical abuse also report lower self-esteem, which is consistent with general population literature (Kim & Cicchetti, 2006) and matches our hypothesis #1. Children who experience harm and violence from caregivers, likely begin to view themselves as inadequate, less deserving, and unworthy of love, which subsequently lowers a youth's self-esteem. Additionally, we find that youth who experience more child physical abuse also report more street physical victimization, which is consistent with prior research (Kort-Butler, Tyler, & Melander, 2011; Tyler & Melander, 2015) and with our hypothesis #2. Young people who have endured abuse at the hands of a parent/caretaker may come to believe that this behavior is acceptable and thus increases their tolerance and acceptance for it in subsequent social interactions (Foshee, Bauman, & Linder, 1999). Furthermore, youths' experiences of child abuse and conflict with a caregiver may shape their pathways to homelessness (Schmitz & Tyler, 2016), which in turn heightens their chances of undergoing further victimization once they are exposed to the precarious reality of homelessness (Lee, Tyler, & Wright, 2010).

Regarding protective factors, youth who have higher self-efficacy and higher self-esteem also report elevated levels of social support, which is consistent with our hypothesis #3. This suggests that certain youth harbor protective factors that cluster together and young people may be able to not only draw on social support, but they also possess psychological resources that provide some level of protection. Internally-based protective factors, such as self-efficacy and self-esteem, can potentially help homeless youth establish beneficial coping strategies in the face of challenging life circumstances (Thompson et al., 2016). Though a few studies have found no relationship between protective factors and risky behaviors among homeless youth (Maccio & Schuler, 2012; Tyler et al., 2014), more research is needed exploring the characteristics of youth who possess these protective elements as general rates of social support among homeless youth are chronically low (Barman-Adhikari et al., 2016).

Contrary to our hypothesis #4, self-efficacy and self-esteem were not significantly associated with physical victimization. One potential explanation is that youths' ability to garner needed resources, which is a protective factor against physical victimization, may override an individual's sense of efficacy and self-esteem. That is, one's level of self-esteem, for example, may not be as influential if youth are unable to obtain basic resources such as food and shelter needed for survival. Additionally, it is possible that positive attributes that are protective among general population youth (e.g. self-efficacy) do not operate in the

same way among homeless young people (Barman-Adhikari et al., 2016; Tyler et al., 2014), suggesting that protective measures specially tailored to the needs of homeless youth may be needed.

Another potential protective factor is youths' ability to obtain necessities. Our results show that those who have less trouble obtaining shelter, food, money, and other basic essentials experience lower rates of physical victimization while on the street, which is consistent with our hypothesis #5. It is possible that when youth are able to obtain the items they need, such as shelter, they may be less likely to resort to sleeping on the street or staying with an acquaintance, both of which may increase their chances of being robbed, beaten up, or otherwise victimized (Lee et al., 2010). In contrast, youth who have more trouble finding necessities may be those who are unfamiliar with available services in their area (Ha, Narendorf, Santa Maria, & Bezette-Flores, 2015), and thus, may resort to alternative strategies, such as trading sex for a place to stay for the night (Santa Maria, Narendorf, Ha, & Bezette-Flores, 2015). Furthermore, trading sex has been linked to experiencing physical victimization (Tyler, Gervais, & Davidson, 2013).

Regarding gender, we find that males are more likely to experience physical victimization compared to females, which coincides with prior research (Whitbeck et al., 2004). Also, we find that older youth experience higher rates of physical victimization compared to younger aged youth, which also is consistent with the work of others (Tyler & Melander, 2015; Whitbeck et al., 2004). It is possible that older youth have been on the street for a longer period of time, and thus have had a longer period of exposure, which may account for their higher rates of physical victimization.

Consistent with a life stress framework (Lin & Ensel, 1989; Pearlin, 1989), youth exposed to one stressor (i.e. child physical abuse) are at increased risk for exposure to additional stressors (i.e. street physical victimization), which can then cluster together (Pearlin, 1989; Pearlin, 2010). Our results show that protective factors among youth do tend to cluster such that those with higher self-efficacy also report higher self-esteem and elevated levels of social support. Moreover, those who are more proficient at obtaining necessities have a lower risk of being victimized. This suggests that one's ability to obtain needed necessities is a protective factor against being physically victimized. Therefore, youth may have similar exposure to the wider stressors of experiencing homeless, but if they know how to locate available resources and thus more efficiently navigate service organizations, they are at diminished risk for victimization.

Limitations

Our study has limitations. First, data are based on self-reports. Second, the retrospective nature of some measures may have resulted in recall bias. Third, because our sample is based on homeless youth in the Midwest, this group may have different characteristics than those in other geographic locations, and thus our findings cannot be generalized to all homeless youth in various regions. Finally, our study is cross-sectional and therefore, we can only assume correlations between variables rather than causation.

Conclusion

Despite these limitations, our study has several strengths and important implications for interventions. One of the main strengths of this work is that we examined both social and psychological resources among homeless youth. The vast majority of research in this area has focused on risks using a deficit model; therefore, less is known about what factors might be protective for homeless youth. Second, our results show that youth who possess elevated psychological resources (e.g. self-esteem) also tend to report heightened social resources (i.e. support). Because social support focused on a variety of different relationships youth have (e.g. “there are people who enjoy the same social activities as me” and “I have close relationships that provide me with a sense of emotional securing and wellbeing”), future research should examine these areas to learn more about the nuances of these relationships, including *who* these individuals are and specifically, *what* type of support they provide to youth. Relatedly, these close relationships could be potential sources of intervention. That is, because homeless youth highly value the benefits of social interactions with family members and friends (Tyler & Schmitz, 2017), ensuring that youth can maintain these positive relationships is likely to increase youths’ overall well-being. Third, our results also reveal the deleterious effect that being unable to find basic necessities has on youths’ risk for victimization. Why is it that youth who lack basic necessities experience greater physical victimization? Perhaps young people’s social networks lack peers who are familiar with services and thus youth are less likely to learn about them. It is also possible that some youth are less trusting of adults and various social institutions, and this lack of trust may extend to homeless service providers. Future studies may wish to replicate these findings to examine whether the link between obtaining necessities and physical victimization holds among samples of homeless youth in other regions of the country. Additionally, further research examining social support and other protective mechanisms among homeless youth is needed as the resilient capacities of young people can provide powerful benefits to youth in helping them improve their lives.

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Figure 1.

Correlates of Street Physical Victimization (only significant paths shown). Note: Exogenous variables are correlated. The errors of self esteem and self efficacy are correlated $**p < .01$; $*p < .05$.

Table 1.

Descriptive statistics.

Dichotomous variables	N	%
Gender		
Female	77	52%
Male	71	48%
Continuous variables	Mean	SD
Age	19.41	1.61
Child physical abuse	2.16	1.38
Self-efficacy	2.95	0.53
Self-esteem	2.93	0.52
Obtaining basic necessities	2.26	1.48
Social support	3.17	0.54
Physical victimization	0.91	0.81

Note. *N* = 150

Table 2.

Full model results for street physical victimization.

Variables	Direct effect estimate	S.E.	Indirect effect estimate	S.E.	Total effect estimate	S.E.
Female	-.207**	.069	-.028	.029	-.234**	.069
Age	.177**	.070	.043	.030	.220**	.069
Child physical abuse	.376**	.066	.024	.030	.399**	.065
Self-efficacy	-.013	.081	-.024	.035	-.037	.081
Self-esteem	.046	.083	.001	.039	.047	.081
Obtaining basic necessities	.267**	.069	—	—	—	—
Social support	.045	.085	—	—	—	—

Note:

**
p .01;*
p .05.