



The psychological impact of childhood homelessness—a literature review

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Abstract

In August 2019, 3848 children in Ireland were faced with emergency homelessness [1]. In recent years, lack of affordable housing, unemployment and shortage of rental properties have been the primary driving factors for the potentially devastating impact of familial homelessness in our society [1]. Our aim was to evaluate current knowledge on the psychological impact of homelessness in children. Using the PRISMA model, we performed a review of the currently available literature on the psychological impact of homelessness on children. This concept was explored under two different categories—‘transgenerational’ and ‘new-onset homelessness’. Hidden homelessness was also explored. Our literature review revealed several psychological morbidities which were unique to children. This includes developmental and learning delays, behavioural difficulties and increased levels of anxiety and depression [66, 77, 40, 81, 42]. This has been demonstrated by poorer performance in school testing and increased levels of aggression. Anxiety in children within this cohort has been shown to peak at time of dispersion from their stable home environment [67]. Our study highlights violence, aggression and poor academic learning outcomes to be just some of the key findings in our review of homelessness in childhood, worldwide. Unfortunately, there has been minimum research to date on paediatric homelessness within the context of the Irish population. We anticipate this review to be the first chapter in a multipart series investigation to evaluate the psychological morbidity of paediatric homelessness within the Irish Society.

Keywords Childhood homelessness · Familial homelessness · Homeless in Ireland · Psychological impact

Introduction

Homelessness is a pertinent and highly topical issue in Ireland at present. According to Focus Ireland, there has been a 400% increase in childhood homeless within the last 5 years [1]. ‘Homelessness’ is a fluid term variable to interpretation but well understood as individuals that have been displaced from

a stable household. We expand this definition of displacement to include non-traditional definitions and refer to this group as ‘hidden homelessness’. This will include families with children in emergency housing, no fixed abode, HHM (homeless and highly mobile) and ‘doubled-up’ referring to those living in temporary accommodation with friends or family [1, 50].

Housing instability has been an issue in developing nations for a long time. In more recent years, it has come to light that these challenges are becoming more prevalent within developed nations [30, 69, 46, 58, 64, 72]. Most recently in Ireland, there has been an overwhelming increase in the number of individuals and families displaced from their households due to structural factors. This includes rising housing prices, lack of affordable or available housing, unemployment and poverty [1].

These factors have resulted in an incredible strain on households, leading to the identification of 1726 families availing of emergency and unsuitable accommodations with

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the majority of this number having no previous history of homelessness [1]. Current figures suggest that there are over 3848 children within Ireland living in homelessness. We refer to this group of individuals as those in ‘new-onset homelessness’. The other group of families identified are those with long-standing personal factors, including but not limited to drug and alcohol addiction, mental health issues and multi-generational poverty. We refer to this as ‘transgenerational homelessness’.

Healthy childhood development strongly relies on security, stability and engaged caregiving [25, 48]. Children in unstable housing frequently face unpredictable, risky conditions, lack of family routines and neighbourhood disorder and crime [29, 63]. This may negatively impact upon a child’s well-being [46]. Homeless individuals on average have higher rates of premature mortality and an increased prevalence of infectious diseases and mental and behavioural disorders than the general population [19, 21, 28, 41, 45]. Additionally, there is strong evidence from the Royal College of Physicians Ireland (RCPI), highlighting that 38% of homeless children have mental health or behavioural disorders of clinical significance [64]. We propose that these physical and psychological effects can carry significant repercussions that will transcend far beyond childhood into adult life [16, 9].

The purpose of this review is to evaluate the current knowledge of psychological impacts in children, to highlight concepts of new-onset versus transgenerational homelessness and to identify any strategies to delay or offset the psychological impacts.

Methods

PubMed and Medline were searched using terms including ‘Psychological morbidity in Childhood homelessness’. Due to the limited material related to this topic in the literature, we subsequently broadened the scope of the search to include ‘Homelessness in children’. This resulted in 910 studies.

On literature review of these papers, key terms such as ‘Depression’, ‘Anxiety’, ‘Suicide’, ‘Self-Harm’, ‘Risky behaviours’ and ‘Violence were identified. A further literature search was performed using these terms, as well as MeSH terms ‘morbidity’ and ‘homeless youth’ or/and ‘homeless children’ which identified an additional 8 studies.

Our primary inclusion criteria included children less than 18 years old, English language studies, within the last 10 years and full-text studies highlighting psychological or mental health impacts. We excluded studies that were in young adults, children who grew up in a stable household or youth who left a stable family housing situation. All full-text references were also screened thereafter for additional studies within the last 25-year period with valuable outcomes. Upon a

manual application of this inclusion and exclusion criteria, we included a total of 51 studies.

Results

Transgenerational homelessness versus new-onset homelessness

Studies on generational homelessness were obtained from around the world including South America, Eastern Asian and African contexts. Studies explored homelessness in children that were born into poverty and multigenerational homelessness [18]. These children dispersed from their households at a young age with many reporting to begging, drug abuse, sex trafficking and other risky behaviours [7, 26, 18]. Furthermore, living on the streets particularly exposed them to exploitation whether physical, sexual or emotional abuse on a daily basis [27, 73, 38, 52]. Youth and females in particular were likely to be revictimized on the streets [74].

Outcomes of homeless children

Developmental delay and academic progression In comparison with secure housing, children in families of lower socioeconomic status and unstable housing displayed communication that was significantly delayed for their chronological age [6, 77]. Developmental disorders such as speech and learning disorders were commonly noted [6]. Another cross-sectional survey conducted in Paris of homeless children and families found the mean length of homelessness of 22.3 months. Of this cohort of children studied, 80.9% were considered to have some degree of developmental delay [76, 23]. Another assessment on homeless children in Paris found higher scores in the Strength and Difficulties Questionnaire. These scores suggesting that homeless children experience higher levels of psychological difficulties such as worsening psychological distress, difficulty sleeping and poorer health outcomes [65]. Furthermore, a study conducted by Sandel et al. on homelessness around the time of the newborn period suggested an increased likelihood of developmental delay and worse health overall compared with newborns who had never experienced homelessness [68].

A second developmental issue amongst children in temporary housing was a significant decrease in results of tests evaluating academic performance when compared with the general population [12, 59, 84, 11]. Understanding and responding to a child’s adverse childhood experiences can often be an important strategy for improving the academic trajectory for these children [11]. Educational risks were evident in homeless and highly mobile (HHM) children as they had high rates of missing school and attention problems interfering with cognition [47]. When evaluating the HHM students with stably

housed students enrolled in the free meal program, the HHM students still scored on the 12th percentile in third grade compared with 21st percentile in the stably housed group [47]. Another retrospective study was conducted to evaluate academic trajectories amongst 3rd to 8th graders in Minneapolis public district schools in a 5-year period. Results showed that residential mobility was linked to lower levels of academic achievement, more problems at school and increased rates of grade retention [20]. Students identified as homeless and highly mobile (HHS) showed lower levels of reading and math compared with stably housed students. The HHS group also showed a widening gap overtime as they progressed through school with no evidence of catch-up or narrowing of achievements over time [8, 55, 20]. However, 45% of these students showed academic resilience with adequate protective factors addressed later in the article [20].

Violence and aggression Homeless children had approximately four times the prevalence of disruptive behaviour in comparison with housed children [3, 81]. In a study particularly looking at fifth grade children and their caregivers across multiple American cities, children who experienced familial homelessness were more likely to report aggression and victim aggression. They noted that brief periods of homelessness were positively associated with aggression compared with children that were never homeless [37].

Another study examining thirty-five families in the UK living in unstable housing suggested worsening behavioural problems in children, including aggression. Examples of this as quoted by the study included breaking toys, biting, poor language and physical disputes [40]. These results were again repeated in an Australian study by Schweitzer et al. [1993] finding aggression as a prevalent psychological maladjustment [70]. A similar Nepalese study found that there may be a greater risk of behavioural issues in boys in comparison with girls under these stressful conditions [46, 56]. Obradović evaluated 58 homeless children in Midwest America finding 10% with conduct problems and 22% with oppositional defiant disorder with a higher risk of effortful control and adaptive functioning [54]. Children experiencing higher sociodemographic risk such as those in unstable housing predicted with more externalizing behaviours and poorer teacher-child relationships [44]. Obradović quantified the behaviour as 19% of children having clinical levels of internalizing symptoms in comparison with 24% of homeless children with externalizing symptoms [54].

Anxiety In St. Louis, Missouri, 202 homeless children and their mothers reported a high prevalence of anxiety. 23.5% of the children met the criteria for simple phobias, separation anxiety disorder, generalized anxiety disorder and overanxious disorder [81]. Another study looking at homeless families from shelters in New York City found that children showed

very elevated rates of anxiety when they were homeless [67]. Amongst a cross-sectional study on 4594 Minnesota Public School children, they noted higher levels of emotional distress [5]. Homeless girls were more likely to suffer from anxiety disorders [10, 46].

Children living in temporary shelters in South Africa were also interviewed and found to have feelings of sadness, fear and anxiety [52]. In one study of homeless children on the East coast of the USA, parental-reported anxiety scores were more than double for children with severe hunger compared with those with no hunger [79]. Obradović also described 14% of the children evaluated in the same Midwest study having symptoms of anxiety [54].

Depression Multiple studies reported children growing up in unstable households as feeling depressed compared with their peers in stable homes. One study conducted in Tehran, Iran, interviewed street children who were used to complete a Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS) questionnaire and a clinical interview thereafter. Within this group, 20.9% of street children had been sexually abused. These children were over 3 times more likely to be depressed than non-abused children. Of this cohort, girls (86.7%) were more likely to suffer from depression compared with boys (48.2%) [2].

A study was performed by Menke et al. [1998] on 46 homeless American children, using a questionnaire to evaluate mood. They found that 57% of them had depressive symptoms [49]. A study involving semi-structured interview and mood question found that 70% of a cohort of homeless Ukrainian children scored for emotional difficulties and depression being the largest of those emotional issues [42]. Girls experiencing homelessness were found to be at greater risk for depression and symptoms of post-traumatic stress than their male counterparts [24, 31]. Furthermore, chronic exposure to stressors puts children and youth at higher risk for hopelessness, depression and suicide [34, 35, 39, 80].

Protective factors

Protective factors were found in a few studies. These factors helped homeless children develop higher levels of academic resilience, self-esteem and lower levels of the above adverse outcomes. In a sample of homeless youth in California, the patients that had the lowest psychological distress were those that had family connectedness, school connectedness, affiliation with prosocial peers and self-esteem. Of these, high self-esteem was found to be the most protective factor [22].

Another study on elementary and middle school children in Minnesota found that protective factor of parental connectedness was greater for girls than boys [5]. In addition, a study that recruited participants from three emergency shelters with children ages 4 to 6 years old found that improved quality of

parent-child interactions acted as a protective factor [60, 33]. Labella et al. described parenting quality lowering externalizing behaviours in children from higher sociodemographic risks to below the sample mean and even buffering effects of family adversity [44].

Protective factors to build academic reliance in HHM students included effective parenting, self-regulation skills (i.e. decreased externalized behaviours), achievement motivation, improved quality of teaching and relationships within classrooms [8, 14, 32, 43, 51, 75, 78, 82, 20]. Cognitive behavioural therapy (CBT) has been shown to reduce symptoms of depression in vulnerable adolescents [36].

Discussion

When extrapolating data for this literature review, primary research revolved around assessment of differences between transgenerational versus new-onset homelessness. It is interesting to note that children from multigenerational homelessness had increased exposure to additional sexual and physical violence and drug use as a result of resorting to begging on streets [18]. This may affect childhood psychological function due to familial displacement and risk of exposure to substance misuse [4, 15, 57, 61]. Understandably protective factors may build resilience and improve academic outcomes in children at high risk. Within the cohort of transgenerational homelessness, many children would not have access to many of the protective factors and influences required to combat homelessness, thus cycling through another generation of poverty and homelessness [17, 53].

Statistics from Focus Ireland identified that homelessness amidst children was often linked to structural factors that were forced upon their families. This includes limited affordable housing, termed ‘new-onset’ homeless [1]. This is the cohort of children in Ireland that we urgently need more information on so that supports and interventions may be tailored to need. Due to the lack of research currently present in this topic within Ireland, much of this review was based on studies in other developed nations, in an attempt to identify adequate societal provisions to help families reintegrate back to stability. We felt the need to expand our review to include older studies, in an effort to include more information on the psychological comorbidities related to homelessness and those interventions that have proven successful in the past.

We found several predominant psychological impacts affecting children in unstable homes as categorized in the “Results” section. Firstly, homeless children were found to display developmental and poor academic progression. Amongst children growing up in unstable households, school teachers found developmental delay in their communication skills as well as in their intellectual development. When comparing stably housed students requiring free meal programs

with HHM students, the former group achieved grades in the 21st percentile compared with their peers within the 12th percentile in the latter group. We believe this furthermore to confirm our emphasis on the importance of housing stability with academic progression [20].

Another key issue reported amongst homeless children was violence and aggression. Those from unstable households were found to display inappropriate behaviour such as biting and aggressive language towards school peers versus those that were in stable homes. The studies that demonstrated these results were conducted in Australia, UK and Nepal. This suggests that aggression and violence was found to be prevalent across sociodemographic backgrounds within both transgenerational and new-onset homelessness [46, 56].

The final two issues we wish to highlight are anxiety and depression. Firstly, the study from New York City addressed the concept of children displaying elevated anxiety levels specifically around the time of being homeless and resolving with stability. This might suggest that recognizing anxiety at the time of being homeless could be beneficial in preventing significant anxiety disorder diagnoses later in their life [67]. Secondly, we recognized that the term ‘depression’ as identified by the articles was not based on a formal diagnosis of the illness. Children and their parents rather were given questionnaires to evaluate the level of sadness. Interestingly, these questionnaires were used in Iran, Nepal and the USA. In each of these populations, the sample scored greater than 50 to 70% as having depressive symptoms and emotional instabilities [13, 42]. Ultimately, this finding remained consistent, highlighting the relevance of this psychological impact also across sociodemographic backgrounds.

Lastly, our study aimed to identify protective factors against psychological impacts in homeless children. Family connectedness, school connectedness, affiliation with prosocial peers and self-esteem were identified as the most important protective factors that could help homeless children cope. Having supportive parents and the ability to communicate openly with guardians was noted to be the most significant of the protective parameters [60, 71]. This may specifically help to prevent the externalizing of symptoms by promoting effortful control and better adaptive functioning [62, 83, 54]. Identification of such factors will be crucial in developing strategies for children in Ireland facing homelessness. Ultimately, coping with anxiety and other social stressors could minimize the negative psychological effects of homelessness into adult life.

Conclusions

In conclusion, it is evident that homelessness has a significant impact on all individuals, especially children. The psychological morbidities include delay in developmental and academic

progression, violence and aggression, anxiety and depression. Our review also identified protective factors that were found to be beneficial for children living under these unstable housing circumstances. The true impact of childhood homelessness in Ireland today will not be fully apparent until this generation comes of age. The Irish Society cannot afford to watch and wait. Therefore, we believe that addressing these psychological factors and drawing attention to these protective measures immediately will mitigate potentially disastrous effects on a subpopulation of our Irish youth.

Compliance with ethical standards

This article does not contain any studies with human participants or animals performed by any of the authors.

Conflict of interest The authors declare that they have no conflict of interest.

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