

UNIVERSITY OF HAWAI'I CENTER ON THE FAMILY, WAIKIKI HEALTH, & HALE KIPA



Street Youth Study

2018

The Experience of Homeless, Runaway and Other Street Youth on O'ahu



ACKNOWLEDGEMENTS

This study would not have been possible without the initiative, leadership and support of Waikiki Health and Hale Kipa, Inc. We would like to thank these organizations for their vision and call for data on this population; and the outreach staff at each organization for their input on survey design and assistance with data collection; and especially, the participants, without whom this entire project would not be possible.

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Street Youth Study

UH Center on
the Family,
Waikiki Health,
and Hale Kipa

EXECUTIVE SUMMARY

Homelessness among youth is a serious and complex problem, with research showing that youth aged 12–17 are at higher risk than adults of becoming homeless. Older youth between 18 and 24, considered as transition-aged youth, are one of the fastest growing homeless populations. Nationally, most of the unaccompanied youth (89.0%) in the point-in-time estimates of homelessness were between the ages of 18 and 24. Transition-aged youth are still developing as young adults and need support until they are able to care for themselves. They require unique housing and services that are different than those tailored for adults or families.

Hawai'i's 2017 homeless point-in-time count reported 319 unaccompanied youth, with 82.0% of these youth living unsheltered and 92.0% of them between the ages of 18 and 24. In FY 2016, the state's homeless service system served a total of 624 unaccompanied youth and almost all of them (93.6%) were transition-aged youth. Among service users, unaccompanied youth aged 18–24 had the lowest rate of permanent housing placement with only 26.1% exiting to a permanent home compared to 49.0% of all homeless service users.

Existing research and information on homeless and runaway youth in Hawai'i are limited and perhaps dated. Data are often difficult to obtain due to the transitory nature of this population, the inconsistency of definitions for this population, and the lack of a standardized methodology for gathering counts of homeless and runaway youth. In addition, many of these young people do not seek formal support and may be difficult to identify.

In an effort to better understand the experiences and service needs of homeless and runaway youth on O'ahu, the University of Hawai'i Center on the Family partnered with Waikiki Health and Hale Kipa—two leading organizations that serve street youth on O'ahu—to conduct the Street Youth Study. The research team at the University of Hawai'i developed a survey consisting of 65 questions that focused on street youth and covered four sections: (1) basic demographics, (2) homeless and runaway experience, (3) risk factors, and (4) well-being and service utilization/needs. Youth outreach workers from Waikiki Health and Hale Kipa recruited and interviewed 151 youth, aged 12–24, who gave their consent to participate in this study. The data provided by the youth is a snapshot of O'ahu's homeless and unaccompanied youth and furthers our understanding of this population's experiences and service needs.

This study reveals a range of demographic backgrounds and experiences among street youth:

- Almost half (44.4%) of those surveyed were Hawaiian or part Hawaiian.
- The majority of the respondents (58.9%) were male.
- Nearly a fifth (17.2%) identified as lesbian, gay, bisexual, transgender, or queer/questioning.
- About a quarter (24.5%) had dropped out of school, and approximately half were considered idle (neither in school nor employed).

Youth reported a variety of living arrangements:

- 59.6% were living unaccompanied, 33.1% in a family household, and 7.3% as the household head with their own children.
- At some point in their lives, all of them experienced homelessness and sought temporary places to sleep at night (such as the streets, cars, abandoned buildings, emergency or transitional shelters, and transitional housing).

Respondents offered a picture of their homeless experiences:

- Almost half (48.0%) had their first homeless experience with their families.
- The average age of the first homeless episode was 14.1 years.
- Almost three-fourths (72.2%) were currently homeless or at imminent risk of homelessness.
- 59.4% reported being homeless for one year or more.
- Nearly a fifth (17.9%) also considered themselves current runaways or throwaways.
- The most common reasons for currently being homeless or having been homeless were family discord, lifestyle choice, disagreeing with rules at home, and being kicked out.

The majority of respondents experienced some risk factors for youth homelessness, including:

- 39.7% had interactions with the foster care system and 48.3% with juvenile detention.
- Over half (50.3%) had been exposed to parental substance abuse, 60.9% to parental incarceration, and 22.5% were from military families.
- Over three-quarters (77.5%) experienced abuse.

Respondents' health issues are of concern:

- About a quarter (26.2%) described their health as “fair” or “poor” compared to just 5.6% of youth in general U.S. population.
- 13.9% reported having a physical or developmental disability, or been diagnosed with HIV/AIDS.
- 88.1% had used substances in the past 30 days, and 32.5% had been admitted to a drug treatment program.
- 31.8% had committed self-harming acts such as cutting or burning themselves.
- 39.7% had suicidal thoughts and 58.3% of them had attempted suicide—indicating that some youth could benefit from treatment that addresses their physical, emotional and psychological health issues.

The types of services that teens and young adults sought can provide insight into the priority of their needs:

- Services accessed by the majority of respondents included hot meals (75.5%), clothing and hygiene supplies (69.5%), showers (69.5%), laundry facilities (52.3%), and clinic services (50.3%).
- Respondents preferred services that met basic needs over ones such as airfare assistance for family reunification (4.6%), treatment for substance use (13.9%), and GED classes (15.9%).

Given the complexities of this population's experiences, services and supports could benefit from taking multidimensional approaches to address the needs of this population. In general, services should address the physical needs around hunger, hygiene and basic health. Beyond basic physical care, street youth who engage in survival sex or other risky sexual behaviors could also benefit from more intensive health services, including treatment for sexually transmitted infections and healthcare for unplanned pregnancies. Mental health services can assist with challenges such as trauma, depression and addiction. Moreover, street youth could find value in services aimed at building their life skills: self-care, financial management, conflict resolution, goal-setting, problem-solving, parenting know-how, communication and coping.

Furthermore, since a significant portion of these young people could not be reached through traditional points of contact such as schools and shelters, interventions and prevention programs that are available through a variety of modes could be beneficial. Considering that homeless youth use different types of temporary housing locations, including friends' and other family members' homes, hotels and unsheltered settings, service providers may need to find creative ways to reach this population.

In Hawai'i, a limited range of efforts and programs—from outreach programs to drop-in centers—exist that aim to address the needs of Hawai'i's homeless and unaccompanied youth. Nevertheless, the current programs and their funding levels may not be enough to adequately address the various needs among this diverse population.

A fully resourced service delivery system requires a range of supportive and housing service components specific to the unique and varied needs of homeless youth. Since street youth commonly utilize different types of services, come in-and-out of homelessness, and have changing needs, prevention and intervention programs that embrace collaboration among organizations and move towards a coordinated system of care will help tackle youth homelessness. Families, schools, caring adults and communities are all important for supporting youth and preventing youth homelessness. To end youth homelessness, what are needed are interventions that provide stable housing as well as supportive connections to caring adults and services that guide towards long-term success.

The purpose of this study is to serve as a starting point for further discussion and research. The data provided paints a picture of street youth on O'ahu, but only in broad strokes. Being able to accurately describe the breadth of youth homelessness across the state is imperative for providing effective supports that will transition youth from the streets and toward a brighter future.



INTRODUCTION

Background

Homelessness among youth is a serious and complex problem, with research showing that youth aged 12–17 are at higher risk than adults of becoming homeless. Youth who experience homelessness generally fall into two groups: those who experience homelessness with their families and homeless youth who are on their own. While descriptions vary, this latter group of homeless youth is typically defined as unaccompanied youth between the ages of 12 and 24 who are without family support and living in shelters, on the streets, in cars, vacant buildings or other unstable circumstances. Unaccompanied youth may also be referred to as “street youth” and includes the runaway population.

Youth run away or become homeless for a variety of reasons. Some common pathways include family conflict and violence in the home, a history of residential instability, family economic insecurity, and a lack of social support. Youth who become homeless are also likely to have a family history of substance abuse and incarceration, and tend to have been involved with the foster care system or juvenile justice system.

Unaccompanied youth are vulnerable to a range of risks and poor outcomes. They face high rates of violence, sexual assault, and sexual exploitation. They are more likely to engage in high-risk behaviors such as substance use, delinquent survival strategies and “survival sex” (i.e., the exchange of sex for money, food, shelter,

or drugs). These young people struggle to maintain emotional and physical well-being and often suffer from anxiety and depression, low self-esteem, and poor health and nutrition. Runaway and homeless youth also have difficulty attending school due to issues with legal guardianship, enrollment records (e.g., immunization, proof of residence), and transportation and, therefore, are less likely to complete high school.

Older youth between 18 and 24, considered as transition-aged youth, are one of the fastest growing homeless populations. Nationally, most of the unaccompanied youth (89.0%) in the point-in-time estimates of homelessness were between the ages of 18 and 24. Transition-aged youth are still developing as young adults and need support until they are able to care for themselves. They require unique housing and services that are different than those tailored for adults or families.

Hawai'i's 2017 homeless point-in-time count reported 319 unaccompanied youth, with 82.0% of these youth living unsheltered and 92.0% of them between the ages of 18 and 24. In FY 2016, the state's homeless service system served a total of 624 unaccompanied youth and almost all of them (93.6%) were transition-aged youth. Among service users, unaccompanied youth aged 18–24 had the lowest rate of exits to permanent housing with only 26.1% exiting to a permanent home compared to 49.0% of all homeless service users.

Homeless youth often do not receive adequate shelter and services. They may not meet shelter admission policies and, at times, there is a lack of bed space for youth. Although unaccompanied young adults can use shelter services, services may not always be a good fit for the needs of this transitioning population. Additionally, unlike other social services (e.g., child welfare, mental health services or substance abuse services), efforts focused on serving homeless youth lack a coordinated system of care, with individual providers across the country procuring various sources of government and nonprofit funding to operate.

Existing research and information on homeless and runaway youth in Hawai'i are limited and perhaps dated. Data

are often difficult to obtain due to the transitory nature of this population, the inconsistency of definitions for this population, and the lack of a standardized methodology for gathering counts of homeless and runaway youth. In addition, many of these young people do not seek formal support and may be difficult to identify. In an effort to better understand the experiences and service needs of homeless and runaway youth on O'ahu, the University of Hawai'i Center on the Family partnered with Waikiki Health and Hale Kipa—two leading organizations that serve street youth on O'ahu—to conduct the Street Youth Study. The research protocol for this study was reviewed and approved by the University of Hawai'i's Institutional Review Board (IRB).

Methods

The research team at the University of Hawai'i reviewed existing literature on youth homelessness in the U.S. and Hawai'i, and developed a survey consisting of 65 questions focused on street youth. The survey questions cover four sections: (1) basic demographics, (2) homeless and runaway experience, (3) risk factors, and (4) well-being and service utilization.

Data collection training was provided to youth outreach workers from Waikiki Health and Hale Kipa on two separate occasions in the summer of 2016. Thirteen interviewers received training prior to conducting the interviews with the survey participants.

Survey data were collected between July 22 and October 31, 2016. During this period, outreach workers recruited young people who visited the Youth Outreach Drop-In Center in Waikiki for the

interviews. Besides the drop-in center, interviewees were also recruited from street outreach sites and other targeted sites such as the NextStep Shelter and Waianae Boat Harbor.

Face-to-face interviews were completed with a total number of 151 young people aged 12–24 who were homeless or had run away from home. Interviews averaged 20 minutes, including recruiting and securing verbal consent from the participants. Survey participants received a \$10 gift card as a thank you gift. Participation in the survey was voluntary and was not a precondition for receiving services.

In this section, we will describe the demographic characteristics of the survey participants, their homeless experience, risk factors of becoming homeless, and their well-being and service utilization.

FINDINGS

Demographics

Thirty-six (23.8%) of the study participants were teens between the ages of 12 and 17, and 115 (76.2%) were young adults between the ages of 18 and 24. The majority of the young people interviewed (58.9%) were male, with over a third (37.1%) being

Table 1. Basic Demographics

	Ages 12–17	Ages 18–24	Total
Gender Identity			
Male	61.1%	58.3%	58.9%
Female	36.1%	37.4%	37.1%
Transgender	2.8%	3.5%	3.3%
Gender non-conforming	0.0%	0.9%	0.7%
Race			
Caucasian	0.0%	13.9%	10.6%
Hawaiian/Part Hawaiian	38.9%	46.1%	44.4%
Other Pacific Islander	41.7%	7.0%	15.2%
Asian	2.8%	7.0%	6.0%
Black	0.0%	7.8%	6.0%
Other/2 or more races*	16.7%	18.3%	17.9%
Birth Place			
State of Hawai'i	58.3%	55.7%	56.3%
Other State in the U.S.	11.1%	35.7%	29.8%
American Samoa, Guam, & other U.S. territories	5.6%	1.7%	2.6%
COFA countries	25.0%	4.3%	9.3%
Other country	0.0%	2.6%	2.0%
Total number of respondents	36	115	151

Note: * The "2 or more races" category does not include Part Hawaiian.

female and 4.0% transgender or gender non-conforming. Hawaiians/Part Hawaiians represented the largest racial group (44.4%), with a slightly larger share of older respondents who were Hawaiian/Part Hawaiian (46.1%) compared to the younger group (38.9%). Other Pacific Islanders represented the

largest racial group among the younger respondents, 41.7% compared to 7% of older respondents. Well over half of the respondents (56.3%) were born in Hawai'i. A larger share of the older respondents were born in another state compared to the younger group (35.7% vs. 11.1%, respectively), while a quarter

of the younger respondents were born in Compacts of Free Association (COFA) countries compared to only 4.3% of the older respondents.

A little over four in 10 respondents reported living in Hawai'i all their lives, with the same proportion having moved to Hawai'i. Just over one in 10 reported being born in Hawai'i, moving away, and then returning to Hawai'i. Nearly eight in 10 of the returnees moved back to Hawai'i less than five years ago and the rest within the last five to nine years. Over four in 10 of the migrants moved here less than 5 years ago, about two in 10 within the last five to nine years, and about a third over 10 years ago. Of those who either returned or moved to Hawai'i, a little over a third did so before the age of 12, another third between 12 and 17, and slightly under a third were 18 or older at the time of migration.

Figure 1. Mobility Status

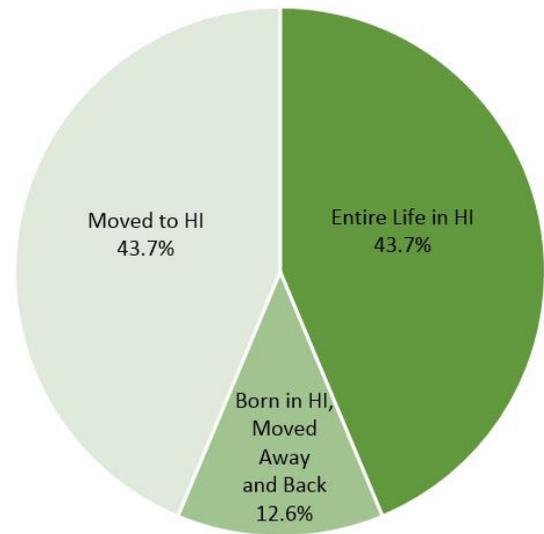


Figure 2. Number of Years Since Returning or Moving to Hawai'i

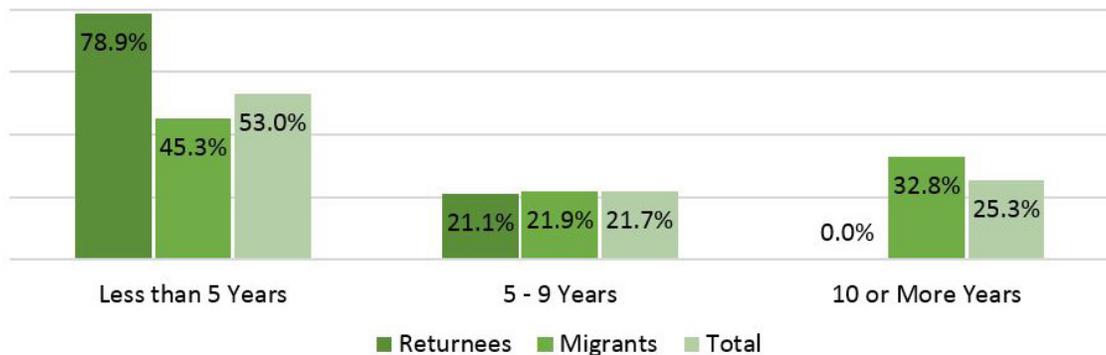
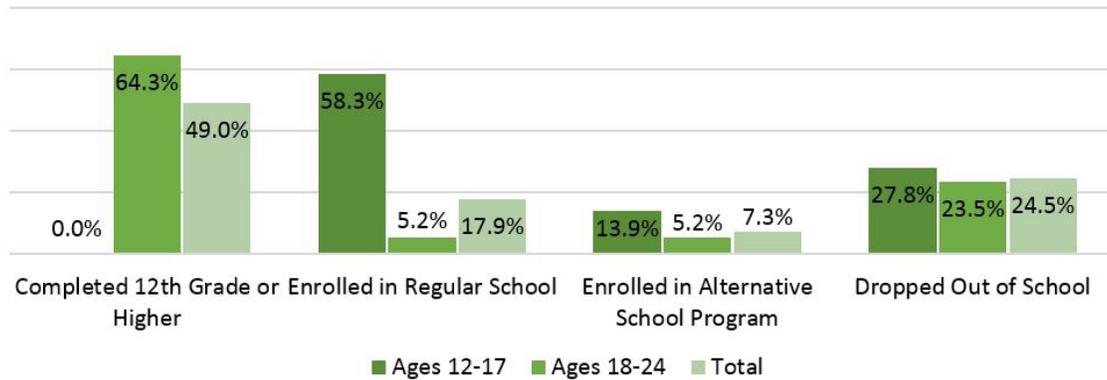


Table 2. Age at Migration or Return to Hawai'i

	Ages 12–17	Ages 18–24	Total
Under 12	80.0%	21.5%	35.3%
12–17	20.0%	36.9%	32.9%
18 and older	n/a	38.5%	29.4%
Unknown	0.0%	3.1%	2.4%
Total number of respondents	20	65	85

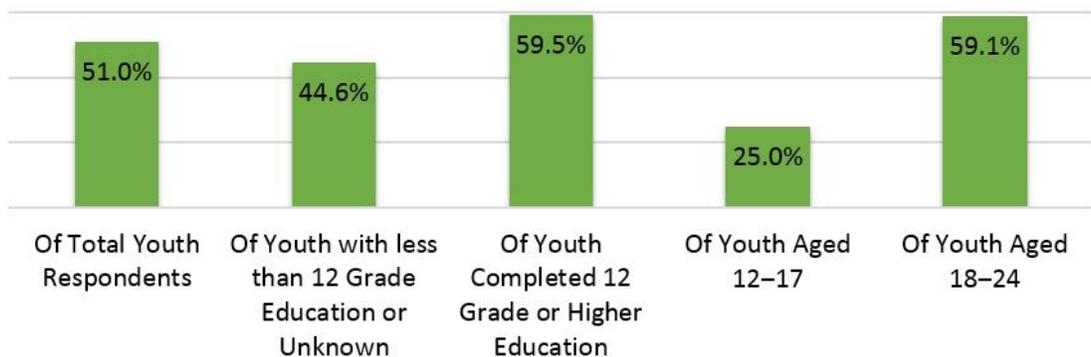
About a quarter of respondents (24.5%) dropped out of school. Nearly two-thirds of older respondents (64.3%) completed at least a 12th grade education, while about three-quarters of younger respondents were still enrolled in school (58.3%) or in alternative programs (13.9%).

Figure 3. Educational Attainment and Enrollment



Overall, slightly over half (51.0%) of the youth respondents were not enrolled in school and not employed (i.e., idle youth). Among the youth with less than a high school or unknown education level, 44.6% were idle. A higher rate of idle youth was found among those who completed 12 grade or higher (59.5%) and aged 18-24 (59.1%). The younger group had the lowest idle rate, at 25.0%.

Figure 4. Idle Youth

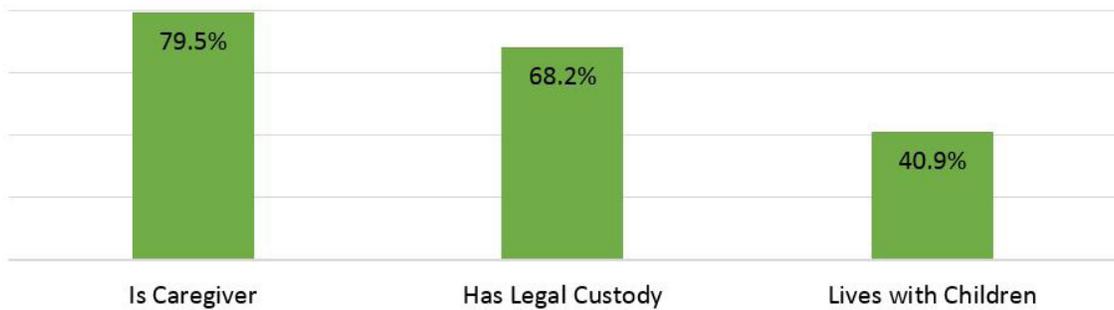


Nearly three in 10 (29.1%) respondents had ever had a child, with a higher percentage reported by females than males (44.6% vs. 20.2%, respectively). Over a third of older respondents (35.7%) had ever had a child compared to only 8.3% of younger respondents. Of the respondents who had one or more children, 79.5% reported being their child’s/children’s caregiver, 68.2% reported having legal custody and 40.9% reported living with their child/children.

Figure 5. Ever Had A Child

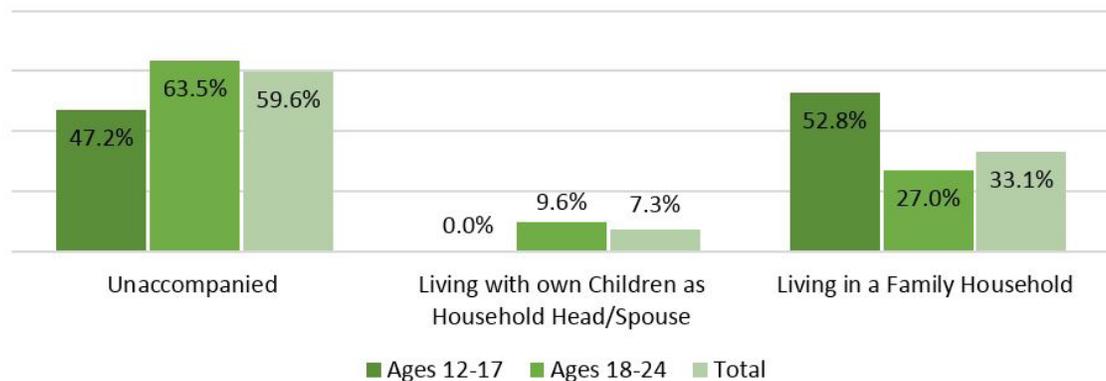


Figure 6. Parental Roles of Youth Who Had Ever Had a Child



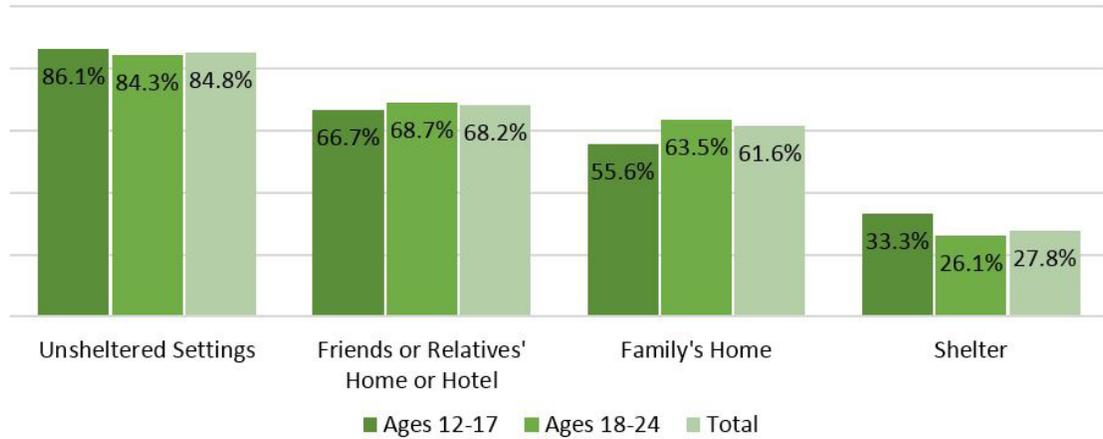
Finally, six in 10 (59.6%) respondents were unaccompanied youth, one-third (33.1%) lived with a parent or grandparent in a family household, and 7.3% were parenting youth, as the household head or spouse living with their own children. All parenting youth were older respondents. Older youth also were more likely than younger youth to be living alone (63.5% versus 47.2%). On the other hand, younger youth were more likely than older youth to be living in a family household (52.8% versus 27.0%).

Figure 7. Living Arrangements



When asked where they had stayed at night in the past 12 months, most respondents (84.8%) reported staying in unsheltered settings, with a little over two-thirds (68.2%) reporting they stayed with friends, relatives, or in a hotel, 61.6% reporting they stayed with their own family, and 27.8% stayed in shelters.

Figure 8. Places Respondents Spent the Night in the Past 12 Months



HOMELESS EXPERIENCE

Ever experienced homelessness.

All street youth participants in the survey had experienced homelessness in sheltered or unsheltered settings. Nearly all respondents (92.7%) reported having spent at least one night in an unsheltered setting (such as the streets, a car, or abandoned building), and 38.4% reported staying in emergency or transitional shelters at least once. Six in ten (60.9%) respondents also reported

that their family had been homeless in the past: over half (53.6%) spent at least one night in an unsheltered setting, and 35.8% reporting their family had stayed in an emergency shelter or transitional housing at least once. Younger respondents were more likely than older respondents to report homeless experience of their families.

Figure 9. Homeless Experience

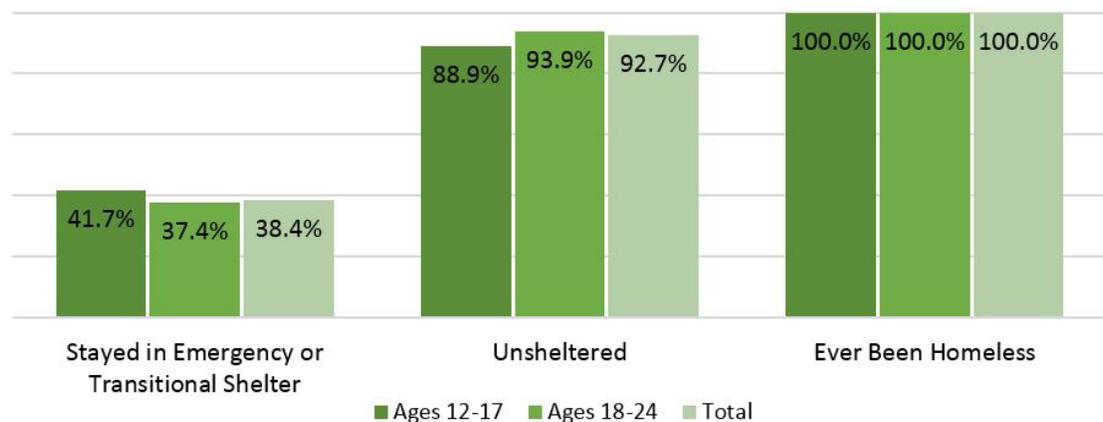
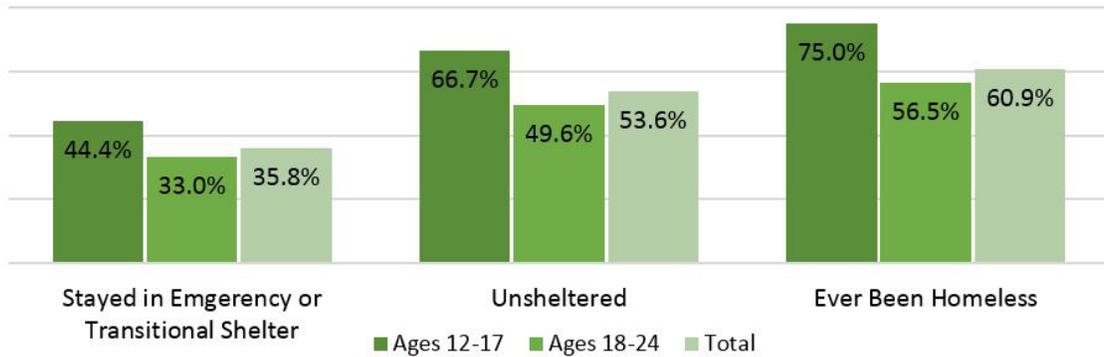


Figure 10. Family’s Homeless Experience

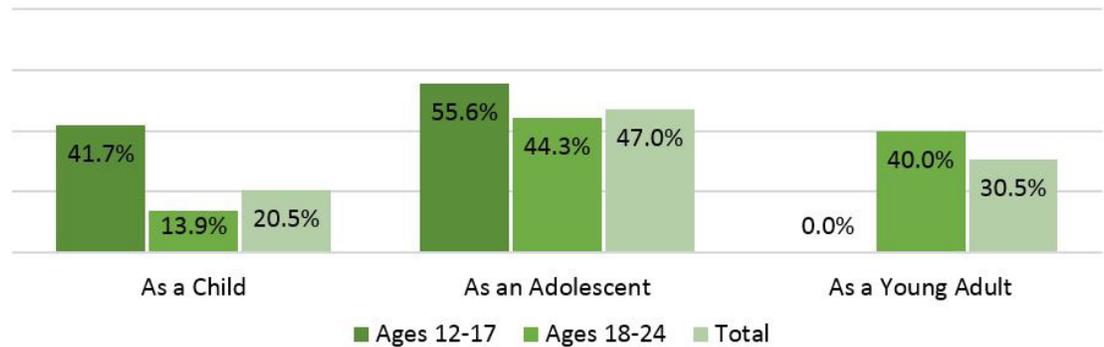


First homeless experience.

Almost half (48.0%) of all respondents had their first homeless experience with their family. Nearly three-quarters of younger respondents (74.3%) had their first homeless experience with their family, compared to 39.8% of older respondents. The average age at the first homeless experience was 14.1 years. Over half of the younger group (55.6%)

experienced homelessness for the first time as adolescents (between the ages of 12 and 17), with 41.7% having first experienced homelessness as children (under age 12). About eight in 10 of older respondents had their first homeless episode as adolescents (44.3%) or young adults (40.0%).

Figure 11. Developmental Stage of Respondents at First Homeless Experience



Current homeless status.

Six in 10 respondents reported being homeless at the time of the interview, with 64.3% of older respondents reporting they were currently homeless compared to 47.2% of the younger respondents. A little over a quarter (27.8%) reported being unstably housed and another 11.9% reported being at “imminent risk” of homelessness, meaning their current residence would

be lost within two weeks, no subsequent residence had been identified and they lacked the resources or support networks to obtain permanent housing. The latter status differed by age group, with 22.2% of younger respondents reporting being at imminent risk compared to 8.7% of the older group. About four in 10 respondents reported being homeless continuously for less than one

year, with a larger share of older than younger respondents who reported being homeless for this shorter length of time (44.6% vs. 23.5%, respectively). A reverse pattern is true for those who reported their current homeless status as lasting three or more years, with a larger share of younger than older respondents reporting this length of

time (47.1% vs. 29.7%, respectively). More than one in four (28.6%) homeless youth also reported that their families are homeless, with slightly more than half of them not living with their homeless families. Younger respondents are more likely than older respondents to report family homelessness as well as living with homeless families.

Table 3. Current Homeless Status

	Ages 12–17	Ages 18–24	Total
Current Homeless Status			
Currently homeless	47.2%	64.3%	60.3%
Imminent risk of homelessness	22.2%	8.7%	11.9%
Unstably housed	30.6%	27.0%	27.8%
Total number of respondents	36	115	151
Length of Current Homelessness			
Less than 1 year	23.5%	44.6%	40.7%
1 year	11.8%	14.9%	14.3%
2 years	17.6%	10.8%	12.1%
3 years or more	47.1%	29.7%	33.0%
Current Family Homelessness			
Family is not homeless	64.7%	73.0%	71.4%
Family is homeless but not living with youth	11.8%	16.2%	15.4%
Family is homeless and living with youth	23.5%	10.8%	13.2%
Total number of homeless respondents	17	74	91

Runaway and throwaway experience.

Nearly a fifth (17.9%) of all respondents considered themselves as current runaways or throwaways. Older respondents were more likely than younger respondents to report that they were being forced to leave home (12.2% vs. 0.0%) while a reverse age pattern was observed for current runaways (2.6% vs. 27.8%). About two-thirds of the youth (73.5%) had had a runaway or throwaway

experience, majority of which occurred before they reached 18 years of age. Among younger respondents, 66.7% had had a runaway experience and 19.4% had been forced to leave home by their parents. The corresponding percentages among older respondents were 56.5% and 32.2%, respectively.

Table 4. Runaway or Throwaway Experience

	Ages 12–17	Ages 18–24	Total
Currently running away or being forced to leave home	27.8%	14.8%	17.9%
Currently running away from home	27.8%	2.6%	8.6%
Currently being forced to leave home	0.0%	12.2%	9.3%
Ever ran away or been forced to leave home	69.4%	74.8%	73.5%
Ever ran away or been forced to leave home under 18	69.4%	62.6%	64.2%
Ever ran away under 18	66.7%	56.5%	58.9%
Ever been forced to leave home under 18	19.4%	32.2%	29.1%
Total	36	115	151

Reasons for homelessness.

The respondents addressed a number of reasons why they are currently or have been homeless, with the four most commonly mentioned reasons as family discord (58.9%), lifestyle choice (57.5%), disagreeing with rules at home (43.2%), and being kicked out (43.2%). Among older respondents, the third and fourth reasons are in a reverse order. For younger respondents, being kicked

out is not one of the four most common reasons (32.4%, the fifth common reason) and their top four reasons are lifestyle choice, family discord, family homelessness, and disagreeing with the rules. Family homelessness is the third common reason mentioned by younger respondents but is the eleventh reason among older respondents (23.2%).

Table 5. Reasons for Being Homeless

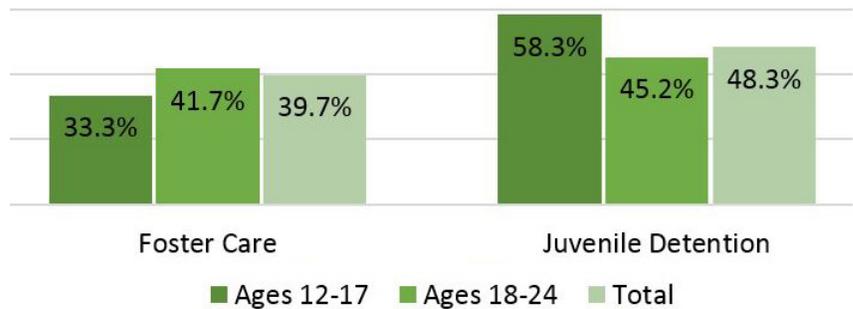
	Ages 12–17		Ages 18–24		Total	
	Rank	%	Rank	%	Rank	%
Lots of arguments at home	2	50.0%	1	61.6%	1	58.9%
Lifestyle choice	1	61.8%	2	56.3%	2	57.5%
Being kicked out	5	32.4%	3	46.4%	3	43.2%
Disagreeing with rules at home	3	41.2%	4	43.8%	3	43.2%
Youth's alcohol or drug use	7	29.4%	5	32.1%	5	31.5%
Family poverty	9	26.5%	6	29.5%	6	28.8%
Significant partner being homeless	3	41.2%	11	23.2%	7	27.4%
Parental substance use	7	29.4%	8	25.9%	8	26.7%
Lack of sufficient income	5	32.4%	10	24.1%	9	26.0%
Family homelessness	13	11.8%	7	28.6%	10	24.7%
Physical abuse	10	23.5%	9	25.0%	10	24.7%
Unsafe home environment	11	17.6%	12	21.4%	12	20.5%
Discharged from an institutional setting	12	14.7%	13	17.9%	13	17.1%
Sexual orientation or gender identity	15	2.9%	14	6.3%	14	5.5%
Other reason	14	5.9%	15	3.6%	15	4.1%

RISK FACTORS

Interactions with systems.

About four in 10 of the respondents had been in foster care and 48.3% had experienced the juvenile justice system. A third of 12- to 17-year-olds reported having been in foster care compared to 41.7% of 18- to 24-year-olds, and over half of the younger group (58.3%) reported having been in juvenile detention or jail before age 18 compared to 45.2% of older respondents.

Figure 12.
Interactions with Systems

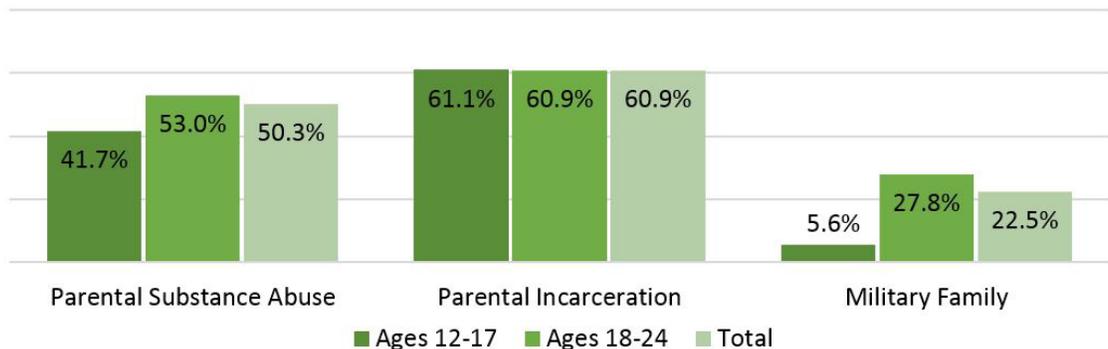


Family-based risk factors.

Half of the respondents experienced parental substance use, with a higher percentage found among older versus younger respondents (53.0% and 41.7%, respectively). Parental incarceration at 60.9% was another common negative experience among all respondents. The third family-based risk factor examined in this study was parental military service, because of the impact of deployment stress on military families and children,

as well as the prevalence of mental health issues (such as PTSD) among military personnel and veterans, which often affects the well-being of family members.²² A little over a fifth (22.5%) of respondents reported having a parent who had served in active-duty, with 27.8% of the older respondents reporting parental military service compared to 5.6% of younger respondents.

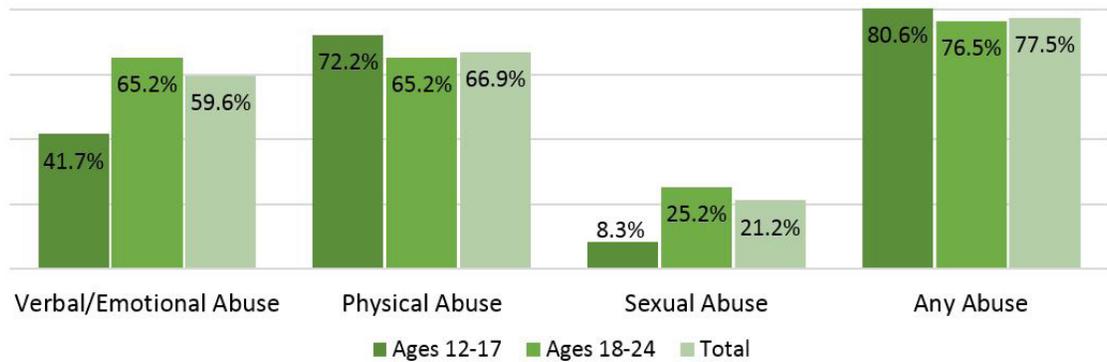
Figure 13. Family-based Risk Factors



Abusive experiences.

Over three-fourths of respondents experienced some types of abuse. About two-thirds of the youth experienced physical abuse, 59.6% endured verbal/emotional abuse, and 21.2% suffered sexual abuse. Older respondents were more likely than younger respondents to report having experienced verbal/emotional abuse (65.2% vs. 41.7%, respectively) as well as sexual abuse (25.2% vs. 8.3%, respectively).

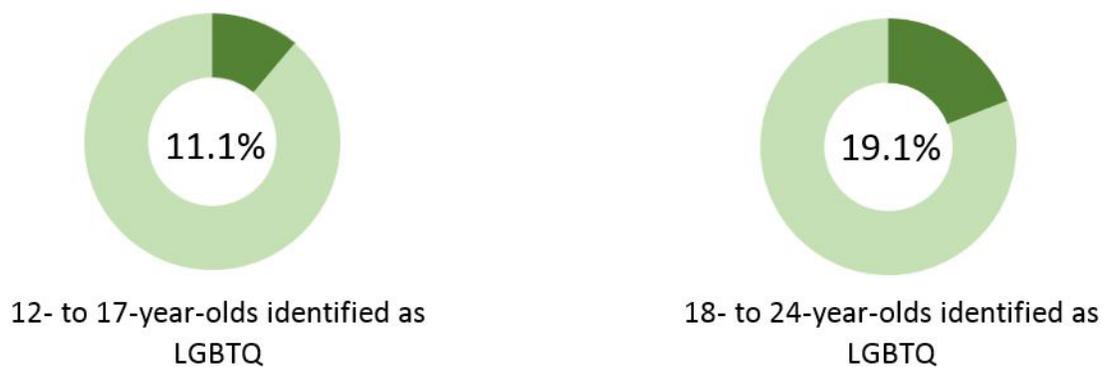
Figure 14. Abusive Experiences



Sexual orientation and gender identity.

According to research, parental issues that resulted in conflict because of a young person’s sexual orientation or gender identity is another reason why many become homeless.²³ In this study, 17.2% of the respondents reported being lesbian, gay, bisexual, transgender, or queer/questioning (LGBTQ), with 11.1% of younger respondents versus 19.1% of older respondents identifying as LGBTQ.

Figure 15. Sexual Orientation and Gender Identity



WELL-BEING & SERVICE UTILIZATION

General health.

Nearly three-quarters of respondents (73.8%) reported being in “good,” “very good” or “excellent” health, with 66.7% of younger respondents reporting this health status compared to 76.1% of older respondents. Slightly more than one quarter (26.2%) of youth respondents described their health as “fair” or “poor,” compared to just 5.6% of youth in the 2015 National Survey on Drug Use and

Health (NSDUH).²⁴ In terms of relative risk, street youth in this study had a 367% increased risk of experiencing fair/poor health compared to youth in the general population. One-third of the 12- to 17-year-olds reported having fair/poor health, followed by all female respondents at 29.1%, all males at 25.0%, and the 18- to 24-year-olds at 23.9%.

Figure 16. Being in Fair or Poor Health

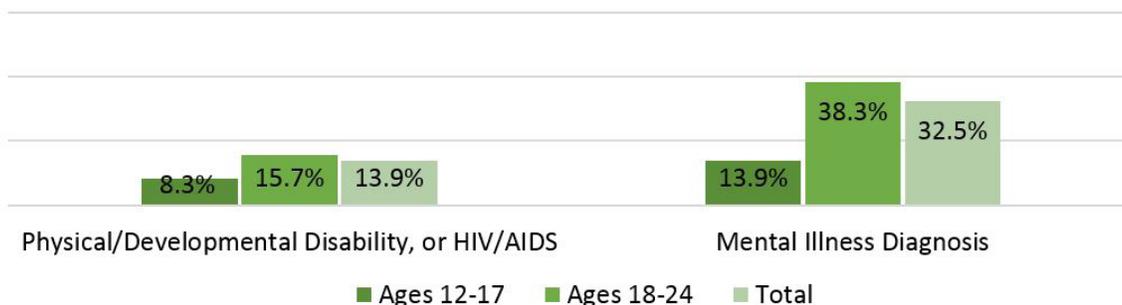


Note: Data for youth in the general population was calculated based on 12- to 25-year-old respondents of the 2015 NSDUH. Age data was only available by age ranges that included 25-year-olds.

A little more than one in 10 respondents reported having a physical or developmental disability or been diagnosed with HIV/AIDS, while about a third reported having received a mental health diagnosis, such as depression, anxiety, PTSD, etc. The older respondents reported a higher rate of mental health

diagnoses than the younger (38.3% vs. 13.9%, respectively). In comparison, national survey data suggest that a little over a fifth (21.7%) of young adults aged 18–25 in the general population have experienced *any mental illness*²⁵ in the past year.²⁶

Figure 17. Health Issues

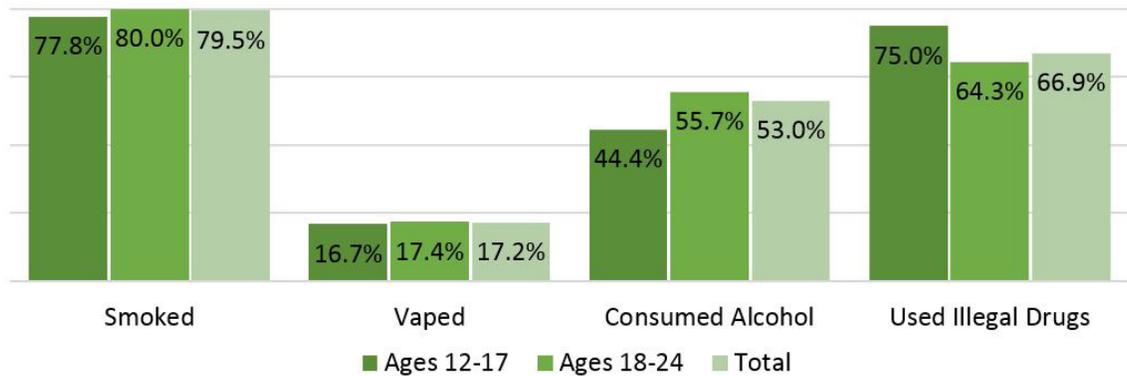


Substance use.

Nearly nine in 10 respondents (88.1%) reported smoking, vaping, drinking or using an illicit drug in the past 30 days. Most respondents (79.5%) reported smoking cigarettes at least once in the past month and 17.2% reported the use of electronic cigarettes with little differences across the age groups. Cigarette use among respondents seems to be higher than some national estimates of similar age groups in the general population: 4.2% of adolescents (aged 12–17) and 26.7% of young adults (aged 18–25) reported using cigarettes in the past month according to the

Substance Abuse and Mental Health Services Administration (SAMHSA).²⁷ Over half of respondents (53.0%) reported drinking at least once in the past month, with a larger share of the older respondents reporting alcohol use compared to the younger (55.7% vs. 44.4%, respectively). Past month alcohol use among the younger respondents seems to be much higher than national estimates, with 9.6% of adolescents in the general population having used alcohol in the past month according to SAMHSA.²⁸

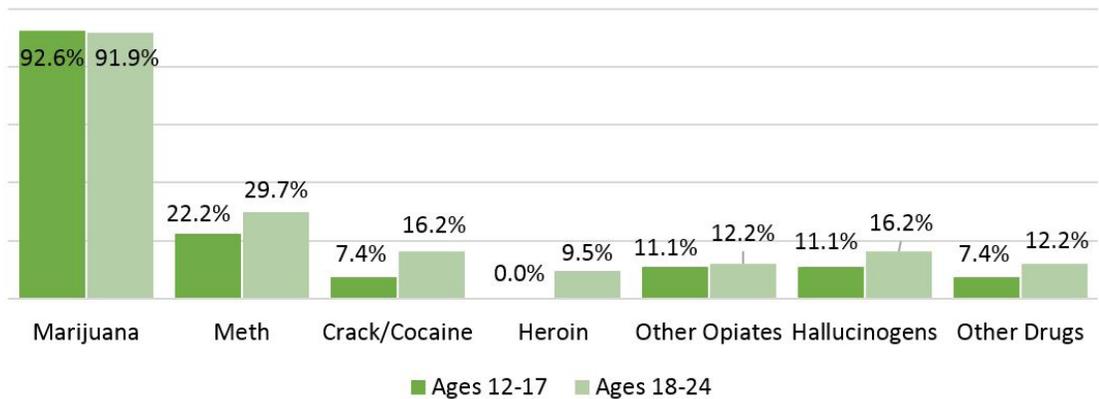
Figure 18. Substance Use in the Past 30 Days



About two-thirds of respondents (66.9%) reported using illicit drugs at least once in the past month. Surprisingly, three-quarters of the younger respondents reported illegal drug use, compared to 64.3% of older respondents. Turning to comparisons with the general adolescent population, 9.1% of U.S. and 9.5% of Hawai'i's 12–17 year olds used illicit drugs within the month prior to being surveyed according to the SAMHSA.²⁹ Nationally, 22.3% of young adults (aged 18–25) used drugs in the past month.³⁰ Marijuana was the drug most commonly

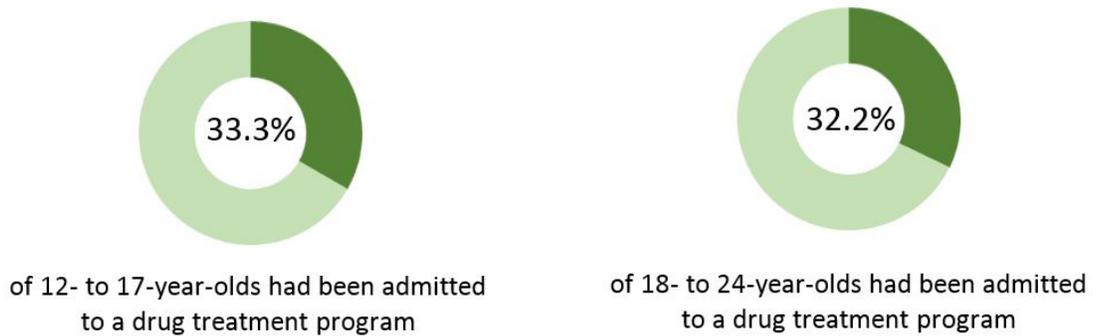
used by respondents who reported drug use (about nine in 10), with meth use reported by 22.2% of the younger respondents and 29.7% of the older respondents. According to SAMHSA, nationally, 7% of 12–17 year olds and 19.8% of 18–25 year olds reported using marijuana in the past month, while only 0.1% of 12–17 year olds and 0.4% of 18–15 year olds reported using meth.³¹ Finally, roughly a third of respondents (32.5%) had been admitted to drug treatment programs, with a similar percentage within the two age groups.

Figure 19. Drugs Used in the Past 30 Days



Note: Other drugs included inhalants, tranquilizers, and other illicit drugs, each had 5 respondents or less who reported using it in the past month.

Figure 20. Drug Treatment



Vulnerability.

Nearly four in 10 respondents (38.4%) reported having been beaten and/or physically attacked while homeless, with 40.0% of older respondents reporting they had experienced such violence compared to 33.3% of younger respondents. More than one in 10 reported engaging in survival sex (i.e., in exchange for money, food, drugs, shelter,

etc.), with about two-thirds (65.0%) of those who engaged in survival sex saying they were forced. These rates were largely driven by the older age group, with 15.7% of the older group reporting they had engaged in survival sex and 66.7% of this sub-population reporting they were forced to.

Figure 21. Physical Violence Experience While Homeless

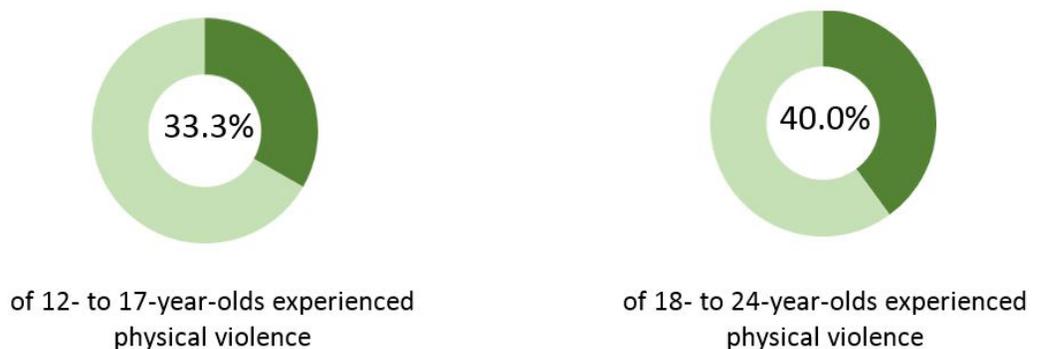
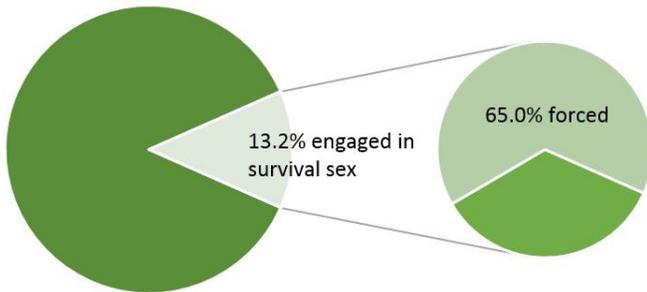
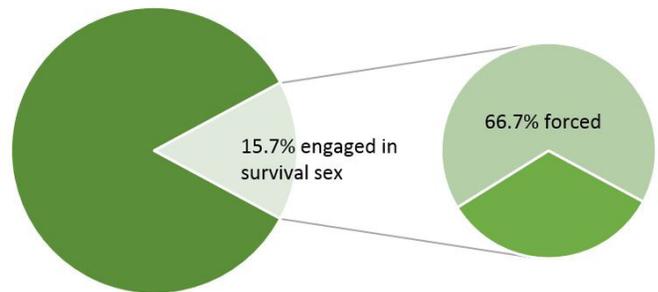


Figure 22. Survival Sex Among All Respondents



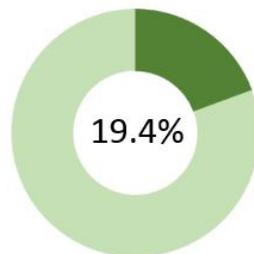
Nearly a third of respondents (31.8%) reported having performed acts of self-harm such as cutting or burning themselves, with a greater share of older than younger respondents reporting so (35.7% vs 19.4%, respectively). About four in 10 of all respondents reported having had thoughts of committing suicide, with a larger share of older respondents (47.0 vs 16.7%) reporting

Figure 23. Survival Sex Among Respondents Aged 18–24

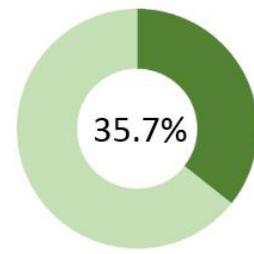


having experienced suicidal ideation. Though not a direct comparison given the age group (i.e., those aged 18 and older), 4.1% of adults in Hawai‘i and 3.9% of U.S. adults have had serious thoughts of suicide in the past year according to SAMHSA.³² Of the respondents who reported having had thoughts of suicide, over half (58.3%) reported having attempted suicide.

Figure 24. Self-Harming Acts



of 12- to 17-year-olds performed a self-harming act



of 18- to 24-year-olds performed a self-harming act

Figure 25. Suicidal Ideation and Attempts Among All Respondents

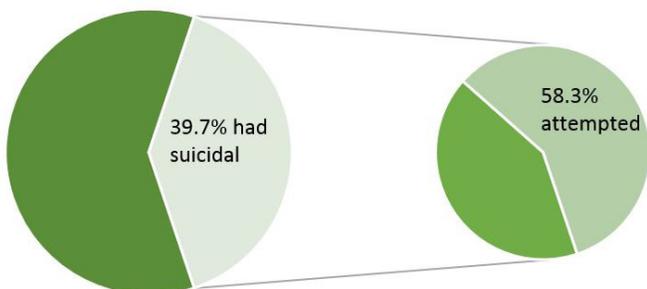
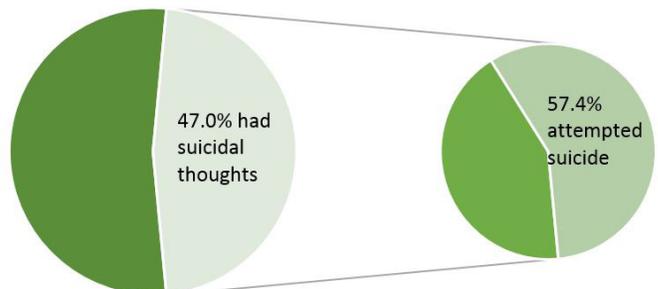


Figure 26. Suicidal Ideation and Attempts Among Respondents Aged 18–24



Social support and service utilization.

About eight in 10 respondents reported having some form of social support, such as an adult they can turn to for advice or emotional support. Despite their harsh circumstances, nearly all (94.0%) of respondents reported being able to meet their basic needs on their own. When asked what services they

currently access, the top responses given included hot meals (mentioned by 75.5% of respondents), clothing/hygiene supplies and showers (mentioned by 69.5%, respectively), laundry facilities (mentioned by 52.3%) and clinic services (mentioned by 50.3%).

Figure 27. Having Social Support

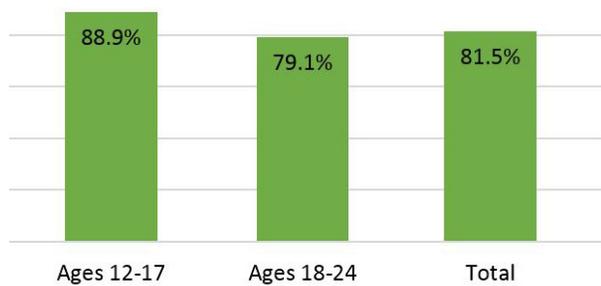


Figure 28. Meeting Basic Needs

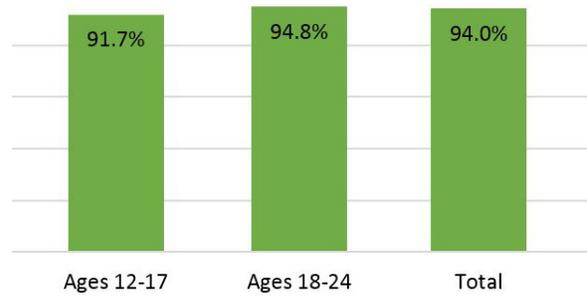


Table 6. Service Utilization

	Ages 12–17	Ages 18–24	Total
Airfare assistance (for family reunification)	0.0%	6.1%	4.6%
Clinic (including family planning services)	55.6%	48.7%	50.3%
Clothing/hygiene supplies	86.1%	64.3%	69.5%
Counseling	41.7%	32.2%	34.4%
GED classes	13.9%	16.5%	15.9%
Haircuts	36.1%	18.3%	22.5%
Hot meal	88.9%	71.3%	75.5%
Job resume help	13.9%	37.4%	31.8%
Laundry facilities	61.1%	49.6%	52.3%
Lockers	52.8%	43.5%	45.7%
Obtaining ID/documentation	22.2%	36.5%	33.1%
Outreach	55.6%	47.8%	49.7%
Recreational activities	41.7%	26.1%	29.8%
Reconnecting with family	38.9%	21.7%	25.8%
Safe shelter	55.6%	38.3%	42.4%
Shower	80.6%	66.1%	69.5%
Transportation assistance	58.3%	40.9%	45.0%
Treatment for substance use	13.9%	13.9%	13.9%
Other	0.0%	4.3%	3.3%
Total number of respondents	36	115	151

DISCUSSION AND CONCLUSION

The data provided by the young people interviewed for this study present a snapshot of O'ahu's homeless and unaccompanied youth to further our understanding of this population's experiences and service needs. Findings may inform how services and supports might be shaped to best serve the needs of street youth in Hawai'i. The key findings are worth noting as government agencies, funders, and nonprofit organizations discuss the direction of funding and programming.

Similar to other research, this study reveals a range of demographic backgrounds and experiences among street youth. Almost half surveyed were Hawaiian or part Hawaiian, and a similar proportion of the respondents lived in Hawai'i their entire lives. The youth participants reported a variety of living arrangements, such as living unaccompanied, in a family household, and as the household head with their own children. At some point in their lives, they have sought temporary places to sleep at night in locations including the streets, cars, abandoned buildings, emergency or transitional shelters, and transitional housing. About half of them had their first homeless experience with their families and, while the ages at which they first experienced homelessness varied, nearly half experienced homelessness for the first time as adolescents (ages 12–17). The most commonly mentioned reasons for being homeless were family discord, lifestyle choice, disagreeing with rules at home, and being kicked out.

Particular attention has been paid to LGBTQ youth who have become homeless as a result of family rejection. While national estimates indicate that 20 to 40% of homeless and runaway youth identify as lesbian, gay, bisexual, transgender, or queer,³³ this study indicated a slightly smaller proportion (17.2%). It is still important to note, however, the vulnerability of LGBTQ homeless youth as they are more likely than LGBTQ youth who are not rejected by their families to attempt suicide, have high levels of depression, use illegal drugs, and be at high risk for HIV and sexually transmitted infections.³⁴

Young people who have been in child welfare and juvenile justice systems are also overrepresented among the homeless youth population, with research consistently demonstrating this association.³⁵ A study in California showed that a quarter of street youth were in foster care, a group home, or juvenile detention shortly before becoming homeless.³⁶ In this study, nearly 40% were in foster care and approximately half had



been in juvenile detention. Many who transition from structured systems like foster care or juvenile detention may not have adequately acquired self-sufficiency skills, financial resources, and means to maintain positive physical and mental health³⁷ that may lead them to life on the streets.

Many of the study respondents came from families with risk factors, such as parental substance abuse (50.3%), parental incarceration (60.9%), and military backgrounds (22.5%). Parental substance abuse seriously affects the well-being of children as it may lead to severe family dysfunction and is often associated with child maltreatment and neglect.³⁸ Parental incarceration can bring negative consequences on familial functioning, financial resources available to children, as well as access to institutional recourses such as public housing and social welfare, which may increase children's risk of being homeless.³⁹ Homelessness is prevalent among veterans in general, but there has been an increase in homelessness among female veterans and veterans of child-bearing age that puts more children of veterans at risk for homelessness.⁴⁰ There are higher rates of mental health conditions, such as Post-Traumatic Stress Disorder (PTSD) and depression among military personnel and veterans. Their subsequent symptoms may cause them to come across as distant or irritable to their children, causing family discord (one of the top reasons for youth becoming homeless). This can have harmful effects on veterans' children by making them more susceptible to behavioral, academic and interpersonal issues⁴¹—issues shared by street youth.

Similar to other studies on street youth,⁴² many of the youth in this study (73.8%) viewed themselves as having good to excellent general health. However, the rates of reported disabilities, illnesses, and issues contradict such perceptions, indicating that their actual general health was not as good as they may have perceived. A total of 13.9% of study participants reported having a physical or developmental disability or been diagnosed with HIV/AIDS, 88.1% had used substances in the past 30 days, 32.5% had been admitted to a drug treatment program, 31.8% had committed self-harming acts, and 39.7% had suicidal thoughts, with 58.3% of those having had attempted suicide. These statistics indicate that some youth could benefit from treatment that addresses their physical, emotional and psychological health issues.



The types of services that the youth in this study used can provide insight into prioritizing their needs. Services that were accessed by the majority were hot meals (75.5%), clothing and hygiene supplies (69.5%), showers (69.5%), laundry facilities (52.3%), and clinic services (50.3%). Based on their responses, youth participants preferred services that met basic needs over such options as airfare assistance for family reunification (4.6%), treatment for substance use (13.9%), and GED classes (15.9%). However, although services for basic needs were used the most, this does not mean that other services are not needed or

undesired. It may be likely that homeless youth need to have their basic survival needs satisfied before seeking services for mental health, substance use issues, employment and educational advancement. The respective needs of homeless youth should not be treated in isolation as these needs can be overlapping.⁴³

Given the complexities of this population's experiences, those providing services and supports could benefit from taking multidimensional approaches to address the needs of this population. In general, as indicated above, services should address the physical needs around hunger, hygiene and basic health. Beyond basic physical care, street youth who engage in survival sex or other risky sexual behaviors could also benefit from more intensive health services, including treatment for sexually transmitted infections and healthcare for unplanned pregnancies. Mental health services can assist with challenges such as trauma, depression and addiction. Moreover, street youth could find value in services aimed at building their life skills: self-care, financial management, conflict resolution, goal-setting, problem-solving, parenting know-how, communication and coping. Although seemingly similar to supports already available to the general homeless population, specific approaches tailored to this age group need to be further discussed.

Furthermore, interventions and prevention programs that are available through a variety of modes should be explored. With approximately a quarter of respondents having dropped out of school, programs that target unaccompanied youth in schools may fail to reach a sizable proportion of this population. In addition, shelters tend to provide a variety of resources to their clients but with 42.2% of youth in this study having ever sought shelter services, this can indicate that many street youths may not receive the resources that are available. Considering that homeless youth use different types of temporary housing locations, including friends' and other family members' homes, hotels and unsheltered settings, service providers may need to find creative ways to reach this population.

In Hawai'i, a limited range of efforts and programs exist that aim to address the needs of Hawai'i's homeless and unaccompanied youth. Under the federal McKinney-Vento Act, Hawai'i public schools must ensure that homeless youth continue uninterrupted access to education and services that support that education.⁴⁴ The federal Basic Center Program (BCP) provides funding for emergency shelter and other services that meet the immediate needs of youth up to age 18 and their families. In Hawai'i, BCP is currently available on O'ahu through Hale Kipa and on Maui through Maui Youth and Family Support Services. Another federal program that serves this population is the Transitional Living Program (TLP), which provides transitional residential services to homeless youth and young adults up to age 22. TLP is available on O'ahu through Hale Kipa, on Maui through Maui Youth and Family Support Services, and on Hawai'i Island through Salvation Army.⁴⁵ Unaccompanied or parenting homeless youth who are 18 years and older can also access state-supported emergency shelter, transitional housing and rapid rehousing services. A number of youth outreach programs and drop-in centers provide medical and social services, and other forms of support to homeless

and street youth. In Hawai'i, partnering organizations that offer youth outreach programs include Hale Kipa, Waikiki Health, and Maui Youth and Family Services.⁴⁶ Nevertheless, the current programs and funding levels may not be enough to adequately address the range of needs among this diverse population.

A fully resourced service delivery system requires a range of supportive and housing service components specific to the unique and varied needs of homeless youth. Since it is common for street youth to utilize different types of services, come in-and-out of homelessness, and have changing needs, prevention and intervention programs that embrace collaboration among organizations and move towards a coordinated system of care will help tackle youth homelessness. Families, schools, caring adults and communities are all important for supporting youth and preventing youth homelessness.⁴⁷ Schools can play an important role by intervening quickly with youth in crisis and working with families and organizations within the community to find the best resources. Schools can also be places where youth are educated about what to do to avoid the risk of homelessness, how to support others experiencing or at risk for homelessness, and how to create plans for what to do when a family is in crisis. To end youth homelessness, interventions that provide stable housing, supportive connections to caring adults and services that guide towards long-term success are needed.⁴⁸

This study serves as a starting point for further discussion and research. While the data provides a picture of street youth on O'ahu, it only does so in broad strokes. Being able to accurately describe the breadth of youth homelessness across the state is imperative for providing effective supports that will transition youth from the streets and toward a brighter future.



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