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Are Negative Youth Experiences and a Lack of Treatment for Psychological Problems related to Homelessness?

And do they discriminate between People who were Homeless Once and People who were Recurrent Homeless? A Qualitative Study.

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Word of Thanks

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Abstract

Homelessness and, specifically, relapse in homelessness is becoming a bigger problem in the Netherlands. This qualitative study aims to analyze to what extent negative youth experiences and a lack of treatment for psychological problems are related to homelessness, and whether they discriminate between people who were homeless once and recurrent homeless people. Four additional factors were taken into consideration in this study: addiction, weak social network, involvement in criminal justice system and psychopathology. Thirty respondents were equally divided in two groups: homeless once (HO) and recurrent homeless (RH). Results showed that RH reported a higher prevalence of negative youth experiences and a broader range of those, compared to HO. RH also reported to match more factors of predictors than HO. Moreover, most people in RH reported to have an addiction to hard drugs, whereas most people in HO reported to have an addiction to soft drugs. A lack of treatment was barely reported by both RH and HO. Therefore this association remains unclear. It can be concluded that negative youth experiences and the four factors are related to homelessness and that they discriminate between both groups. These findings would be relevant to study further in larger groups in future research.

Keywords: homelessness, recurrent homelessness, negative youth experiences, treatment for psychological problems, addiction, social network, criminal justice system, psychopathology

Samenvatting

Dakloosheid, en vooral herhaalde dakloosheid, wordt een steeds groter probleem in Nederland. Deze kwalitatieve studie heeft als doel te analyseren in hoeverre negatieve jeugdervaringen en een gebrek aan behandeling voor psychische problemen verband houden met dakloosheid, en of er onderscheid is tussen mensen die eenmalig dakloos waren en mensen die herhaaldelijk dakloos waren. Vier extra factoren voor de voorspellers werden in dit onderzoek meegenomen: verslaving, zwak sociaal netwerk, betrokkenheid bij het strafrechtsysteem en psychopathologie. Dertig respondenten werden gelijk verdeeld in twee groepen: eenmalig dakloos (ED) en herhaaldelijk dakloos (HD). De resultaten toonden aan dat HD een hogere prevalentie van negatieve jeugdervaringen rapporteerde en een breder scala daarvan, vergeleken met ED. HD meldde ook dat het met meer factoren van voorspellers overeenkomt dan ED. Bovendien gaven de meeste mensen in HD aan verslaafd te zijn aan harddrugs, terwijl de meeste mensen in ED aangaven verslaafd te zijn aan softdrugs. Gebrek aan behandeling werd nauwelijks gemeld door zowel HD als ED. Zodoende blijft deze relatie onduidelijk. Geconcludeerd kan worden dat negatieve jeugdervaringen en de vier factoren gerelateerd zijn aan dakloosheid en dat er onderscheid is tussen beide groepen. Deze bevindingen zijn relevant om in toekomstig onderzoek in grotere groepen verder te bestuderen.

Kernwoorden: dakloosheid, herhaalde dakloosheid, negatieve jeugdervaringen, gebrek aan behandeling voor psychische problemen, verslaving, sociaal netwerk, rechtssysteem, psychopathologie

Introduction

Dutch research has shown that the numbers of homeless people in the Netherlands have increased since 2009: the number of homeless people between the age of 18 and 65 has doubled (Centraal Bureau voor de Statistiek [CBS], 2019). In addition, 50% of the current homeless people have been at least one time homeless before (Van Everdingen, 2015). Currently, there is no national policy on how to prevent homeless people from becoming homeless again, which is problematic given the fact that the numbers are rapidly increasing and no solutions are found yet.

Research has explored why adults become homeless (Morell-Bellai et al., 2000; Vet et al., 2017) and showed that different factors are related. To illustrate, many problems in adulthood can be (partly) explained by experiences and developments in youth (0 – 18 years) (Korkeila et al., 2010; McLeod & Almazan, 2003). Moreover, professionals working with homeless people in The Netherlands emphasize that homeless people are often not receiving the treatment they need for their psychological problems.

A Theory on the Link between Negative Youth Experiences and Homelessness

Negative youth experiences have been put forward as an explanation for homelessness in adulthood. Examples of negative youth experiences which are significantly related to homelessness are a lack of parental care during childhood, physical abuse and living with parents who abuse drugs, alcohol or both. Also significant, but less strongly associated with homelessness, are sexual abuse, out-of-home-placement, mentally ill parents, poverty, residential instability, and (financial) family problems. Furthermore, a combination of two or more factors will dramatically increase the chance for homelessness (Blankertz et al., 1993; Boesveldt, 2019; Herman et al., 1997; Koegel et al., 1995).

The association between negative youth experiences and homelessness has been proven, but the relationship between negative youth experiences and, specifically, relapse in homelessness has not been researched before. However, literature showed factors which can mediate this association. A model of determinants of relapse in homelessness should therefore include the following factors.

Firstly, negative youth experiences such as physical and/or sexual abuse, are likely to cause addiction, mostly alcohol or substance use (Garcia-Rea & LePage, 2010; Lansford et al., 2010). Moreover, studies have shown the association between addiction to alcohol and substances and relapse in homelessness (Groskreutz, 2015; Lehman & Cordray, 1993, McQuistion et al., 2014).

Secondly, results of a quantitative research about recurrent homelessness in the United States showed that individuals who grew up in a family where domestic violence was present, had a weak social network to support them and this contributes to recurrence in homelessness (Zambrana & Kim, 2019). Furthermore, Kuijpers (2019) showed an association between the lack of an supportive social network and recurrent homelessness.

Furthermore**,** negative youth experiences can lead to engaging in criminal behaviour (Lansford et al., 2010; Nikulina et al., 2011). Research has shown that involvement in criminal justice system is significantly related to relapse in homelessness and that the number of homeless people engaging in criminality is much higher compared to those having a stable housing (Vet et al., 2017).

Lastly, literature showed that negative youth experiences can cause different psychological problems (Newbury et al., 2018; Nikulina et al., 2011; Read & Bentall, 2012, Susser et al., 1991). In addition, research showed an association between psychopathology and becoming homeless again (Boesveldt, 2019; Groskreutz, 2015).

An Additional View on Relapse in Homelessness

As negative youth experiences can lead to different kinds of psychological and psychiatric disorders, treatment is necessary for people suffering from these illnesses. Local literature addressed that more people who belong in a psychiatric clinic are staying in the homeless shelter due to cuts in the psychiatric clinics (Straat Consulaat, 2013). Professionals working with homeless people in Utrecht, confirm that these cuts are related to relapse in homelessness: *"*Because of the cuts, there are waiting lists and therefore homeless people do not get the help they need to avoid relapse in homelessness. If they are not properly supported because of budget cuts or waiting lists, they can live somewhere but they will develop problems in other areas of life that cause them to fall back into homelessness." (C. Heck, personal communication, March 3, 2021). These findings indicate that a lack of treatment for psychological problems [lack of treatment] is directly associated to homelessness.

The Current Study

Research has provided possible explanations for homelessness, yet relapse in homelessness is a much less researched topic. Therefore, the aim of this research is to find out to what extent negative youth experiences and lack of treatment indicate homelessness in adulthood, and whether they discriminate between people who were homeless once and people who were recurrent homeless.

Theoretically, negative youth experiences lead to addiction, a weak social network, involvement in criminal justice system and psychopathology, and these factors lead to

homelessness. In the current research it was not possible to test this mediation, but all the factors in our model were explored in relation to homelessness. Therefore in this paper the factors *addiction, weak social network, involvement in criminal justice system* and *psychopathology* will be named *factors of predictors.* A distinction has been made between respondents who were homeless once and respondents who were recurrent homeless. The associated research questions are:

RQ1: Do negative youth experiences and a lack of treatment indicate homelessness, and do they discriminate between recurrent homeless respondents and homeless once respondents?

RQ2: Do addiction, a weak social network, involvement in criminal justice system and psychopathology predict homelessness and do these factors discriminate between recurrent homeless respondents and homeless once respondents?

Based on the literature it is expected that:

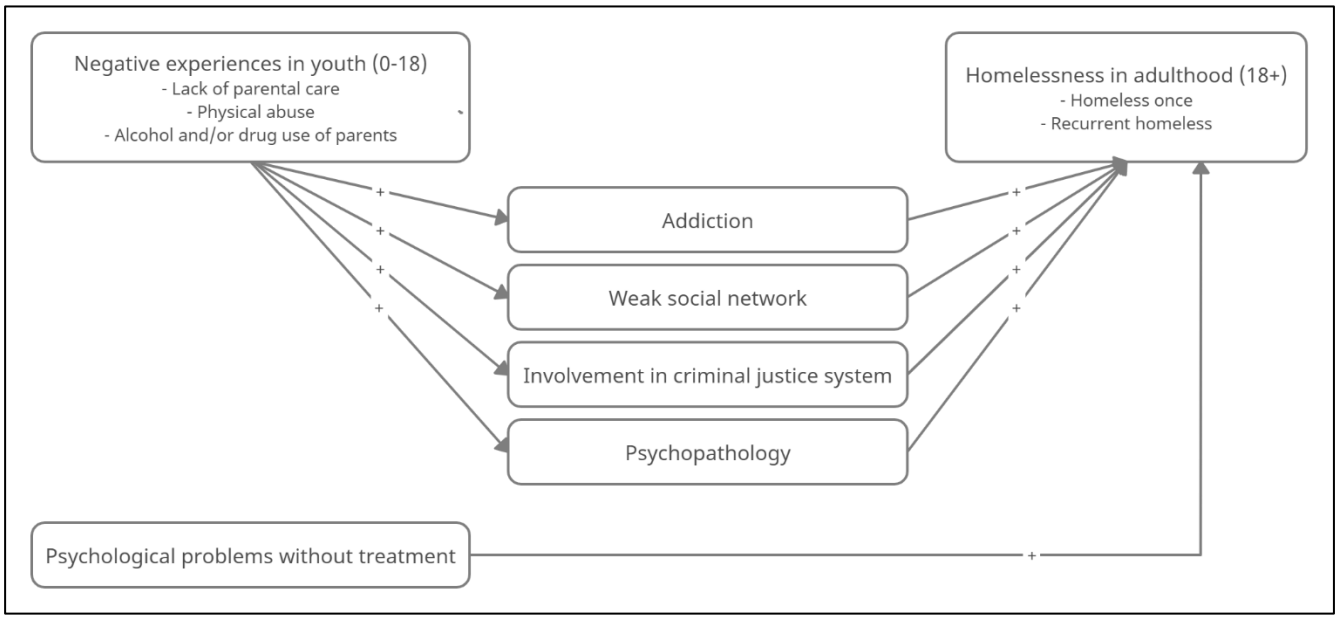
H1: Both negative youth experiences and a lack of treatment will indicate homelessness. The prevalence of both of these predictors will be higher in RH than in HO. Negative youth experiences that will be associated with both groups will be: lack of parental care during childhood, physical abuse and living with parents who abuse drugs and/or alcohol.

H2: Addiction, a weak social network, involvement in criminal justice system and psychopathology are associated with homelessness and will have a higher prevalence in RH than in HO.

Based on the literature a research model is developed. A graphic representation of the expected associations can be found in Figure 1.

Figure 1

Research Model



Note: all arrows are provided of a '+', which reflects the positive relationship between variables.

Methods & Measurement Tools

Research design

The current study was part of an ongoing qualitative, longitudinal research in The Netherlands by Dr. Boesveldt, in which semi-structured interviews were conducted. Every interview was conducted by a duo-team of researchers, consisting of one researcher from the University of Amsterdam and one researcher with personal experience regarding homelessness or psychological vulnerabilities, so-called experience-experts. The questionnaires have been approved by the Faculty Ethical Assessment Committee of Utrecht University. The current study used the already existing qualitative data and contributed therefore to providing insight into the experiences, beliefs and reasons of the participants. In order to distinguish between factors that indicate homelessness and relapse in homelessness, a comparison is made and therefore the current research is also a comparative study.

Participants and Procedure

For the current study, existing data of the study by Dr. Boesveldt is used, but only in the region of Utrecht as this was the only region where respondents were asked about specifically relapse in homelessness. As only the first two measuring waves are finished, only these data has been used for the current study (T0+T1). In the first collection wave of the original research, data was gathered of 69 participants (84% male, 16% female). The

sampling trial strategy was a purposive one and local organizations who work with homeless people were involved in this selection procedure to create a representative perspective. Prior to the study, participants received an information letter (Appendix 1) and they also signed the consent form. On average, the interviews lasted an hour and all participants received a gift voucher worth ten euros for their participation.

In the current research, data of fifteen respondents who reported to be recurrent homeless (RH) were compared to data of fifteen respondents who were homeless once (HO). Regarding the first group, the definition of relapse is based on the article of McQuistion and colleagues (2014): "having one or more new episodes of homelessness at some point after obtaining housing, for a specified period of time, following a previous episode of homelessness". The participants in both groups were selected based on matching criteria regarding sex, ethnicity and age. As a result, the two groups are relatively equal and are therefore comparable.

During the selection of respondents for the current research, some participants mentioned to be a war refugee. Even though these people are part of the population and excluding them from the study would lower the representativeness, people who mentioned this were not included in the current research. This choice has been made since experiences as a war refugee can also lead to problems that have been included as factors in our model (Bryant et al., 2018; Ivert & Magnusson, 2019) and it is, in their case, difficult to distinguish between the origin of possible problems: youth experiences or war trauma.

Measurement Instruments and Operationalization

After creating two equal groups of fifteen participants, the respondents were given new respondent numbers. Then the interviews were coded by the researcher in Atlas.TI. The researcher was trained by an experienced Atlas.TI user in order to guarantee professional use of the software.

Codes and subcodes were created for the different factors. A complete graphic representation of the codes is added in Appendix 2. The first code, negative youth experiences, was added to all negative experiences respondents reported about their youth. Subcodes were initially created based on possible negative youth experiences pointed out by literature. All other negative youth experiences reported by respondents were coded as ‘other’. Some experiences could easily be coded as negative, as it is well-established that for example physical abuse is a negative experience. In some cases, experiences were not immediately possible to code as negative youth experiences. Whenever a respondent did not

report anything about an experience being negative, these experiences were not coded as negative youth experiences. Respondents were not specifically being asked about their youth as this is not a topic of the original study. Everything that participants reported about their youth was because they found it appropriate to talk about this.

In addition, lack of treatment was coded when respondents reported that they did not receive any treatment. Addiction was coded when a respondent reported to have (had) an addiction in their adult lives. Subcodes were added for alcohol, soft drugs, hard drugs and other. A weak social network was coded when respondents reported to have little or no contacts or would like to have more (close) contacts. Involvement in criminal justice system was coded when respondents reported to have (had) contacts with the police and/or had been in prison. In addition, some respondents reported to have engaged in criminal activities, but were never caught by the police. Those experiences are coded with a subcode for involvement in criminal justice system: engagement in criminal activities, no police contacts. Psychopathology was coded for all psychological problems respondents had or used to have. Since the literature study has not provided which disorders and illnesses are most common in relation to homelessness, no subcodes were added. Lastly, the code ‘number of homeless episodes’ was divided in the subcodes ‘homeless once’ and ‘recurrent homeless’.

After coding, the results were compared within and between the different groups and for most factors the prevalence has been counted. Overviews were created for all reported negative youth experiences and reported factors related to the two different groups. Based on these results, a comparison between both groups was made.

Results

Negative Youth Experiences and Lack of Treatment in Relation to Homelessness

Table 1 and 2 provide an overview of the prevalence of negative youth experiences and the prevalence of lack of treatment for both groups. Of all selected participants (*N=30*), 26 reported to have experienced negative youth experiences. In RH there was one respondent who did not report any negative youth experiences, whereas in HO four people did not report negative youth experiences.

In addition, respondents in both groups mentioned more than one negative youth experience, which sometimes were also intertwined: "After my father died, my mom got addicted to cocaine and she didn't care about us anymore. So we couldn't stay in the house and that was when I first went to a shelter." (RH, 13). Remarkable is that participants in RH reported an average of 2,27 negative youth experiences, whereas participants in HO reported

an average of 1,13 negative youth experiences. An overview of the numbers of combined factors that were reported in the two different groups can be found as Appendix 3.

Last, lack of treatment is reported more in RH than in HO. In RH, five people mentioned something about this topic, whereas in HO one participant mentioned not having receiving treatment. In RH three respondents reported not having received treatment for PTSD, one for personality disorder and one did not further specify their diagnosis. In HO the one respondent reported not having received treatment for depression. None of them reported this in relation to being homeless (again), nor did they report whether or not they have asked for treatment themselves.

Table 1

Prevalence of Negative Youth Experiences and lack of treatment in RH

Respondent Number	Times Homeless	Number of Negative Youth Experiences	Lack of Treatment
1	Multiple	4	Yes
6	Multiple	2	No
9	Multiple	1	No
13	Multiple	3	No
14	Multiple	5	Yes
15	Multiple	3	Yes
16	Multiple	2	Yes
17	Multiple	0	No
18	Multiple	1	No
19	Multiple	1	No
20	Multiple	4	No
21	Multiple	3	Yes
22	Multiple	1	No
26	Multiple	1	No
27	Multiple	3	No
		Mean: 2,27	Total: 5

Table 2

Prevalence of Negative Youth Experiences and Lack of Treatment in HO

Respondent Number	Times Homeless	Number of Negative Youth Experiences	Lack of Treatment
2	1	0	No
3	1	0	No
4	1	1	No
5	1	2	No
7	1	0	No
8	1	1	No
10	1	1	No
11	1	2	No
12	1	1	No
23	1	2	No
24	1	4	No
25	1	1	No
28	1	1	Yes
29	1	1	No
30	1	0	No
		Mean: 1,13	Total: 1

Different Kinds of Negative Youth Experiences. Besides the prevalence of negative youth experiences, also an overview of the different negative youth experiences is provided. The following figure shows which negative youth experiences were reported by the respondents.

Table 3

Negative Youth Experiences reported by Respondents in RH and HO

Factor	Reported by participants in RH	Reported by participants HO
Drug use of parents	2	3
Lived with/raised by others than parents (grandparents, foster, streets, own house, etc.)	5	5
Problems between parents (fights, cheating, divorce)	3	3
One or both parents passed away	2	2
Moving	2	1
Mental/physical illness of parents or other family members	2	2
Not further specified, mentioned as ‘problems’	1	1
Physical abuse	3	0
At age 18 serving in war	2	0
Criminal activities	2	0
Negative influences of contacts with family/friends	2	0
Lack of care of parents	2	0
Own addiction	1	0
Sexual abuse	1	0
Family secrets	1	0
No contact with parents form young age	1	0
Being unwanted	1	0
Parents very controlling	0	1

Seven factors are reported just as often by both groups: drug use of parents, lived with/raised by others than parents, problems between parents, one or both parents passed away, moving, mental/physical illness of parents or other family members and not further specified problems. Examples of factors which were reported in both groups can be found in the following quotes: "I lived with my grandparents till I was 3, then lived with my mother until I was 6, but my mother couldn't handle it anymore. So I started living with my father. I left the house when I was 16 and then I screwed up really bad. I don't want to talk about my youth, because it was not good." (RH, 1). "At some point we moved, but that leaded to the divorce of my parents. It really had a negative influence on me." (HO, 27).

RH reported not only more factors, they also reported a broader range of factors than HO. In RH ten factors were reported which were not reported by HO, for example physical abuse and criminal activities: "My father was hitting my brother, there was blood everywhere, so I stabbed my dad, and my brother and I ran away. That was the first time I was sleeping on the streets, I was twelve" (RH, 20). Lastly, only one factor was reported in HO which was not reported in RH: parents very controlling.

Corresponding with the hypotheses, the prevalence of negative youth experiences and lack of treatment were higher in RH than in HO. Likewise, the negative youth experience alcohol/drug use of parents was associated to both groups. On the contrary, lack of parental care and physical abuse were expected to be associated with both groups as well, but were in the current sample only related to RH and not at all to HO.

Four Factors of Predictors for Homelessness

Regarding the second research question, Tables 4 and 5 provide an overview of the prevalence of factors of the research model. Addiction was reported twelve times in both groups. A weak social network was reported thirteen times in RH and five times in HO. Involvement in criminal justice system was reported ten times in RH and four times in HO. Psychopathology was reported fourteen times in RH and ten times in HO. Another difference was found between the two groups: in RH twelve participants reported three or four factors (*M=3,27)*. In HO, most participants reported two factors (*M=2,06)*.

Table 4

Prevalence of Factors in RH

Respondent Number	Times Homeless	Addiction (now or in the past)	Weak Social Network	Criminal Justice System	Psycho-pathology
1	Multiple	Yes	Yes	Yes	Yes
6	Multiple	Yes	X	Yes	Yes
9	Multiple	Yes	Yes	X	Yes
13	Multiple	X	Yes	Yes	Yes
14	Multiple	Yes	Yes	Yes	Yes
15	Multiple	X	Yes	X	Yes
16	Multiple	Yes	Yes	Yes	Yes
17	Multiple	Yes	Yes	Yes	Yes
18	Multiple	Yes	Yes	X	Yes
19	Multiple	X	Yes	Yes	X
20	Multiple	Yes	Yes	Yes	Yes
21	Multiple	Yes	Yes	Yes	Yes
22	Multiple	Yes	Yes	X	Yes
26	Multiple	Yes	X	X	Yes
27	Multiple	Yes	Yes	Yes	Yes
		Mean number of reported factors: 3,27 (of 4)			

Table 5

Prevalence of Factors in HO

Respondent Number	Times Homeless	Addiction (now or in the past)	Weak Social Network	Criminal Justice System	Psycho-pathology
2	1	X	X	Yes	Yes
3	1	Yes	X	Yes	X
4	1	Yes	Yes	X	X
5	1	Yes	Yes	X	X
7	1	Yes	X	X	Yes
8	1	Yes	X	X	Yes
10	1	Yes	Yes	X	Yes
11	1	X	X	X	Yes
12	1	Yes	X	X	Yes
23	1	Yes	X	X	Yes
24	1	Yes	X	X	X
25	1	Yes	X	Yes	X
28	1	Yes	Yes	X	Yes
29	1	X	Yes	X	Yes
30	1	Yes	X	Yes	Yes
		Mean number of reported factors: 2,06 (of 4)			

Addiction. As showed in Tables 4 and 5, in both groups most of the participants reported to have (had) an addiction in their adult lives (thirteen in RH; twelve in HO). Differences between the groups can be found in Table 6. The table shows that addiction is present in both groups and that both groups reported the same kinds of addiction, but that the prevalence of different kinds of addictions differed: in RH more people were addicted to hard drugs than to anything else, whereas HO shows more participants to be addicted to soft drugs than to anything else: "My parents had a bad marriage and my mom had a really hard time with that. Whenever my father was home, it was absolutely not nice. Because of all that I started smoking weed." (HO, 25).

Table 6

Reported Addictions by Respondents in RH and HO

Kind of Addiction	RH	HO
Alcohol	7	4
Soft Drugs	4	8
Hard Drugs	9	5
Other (gambling, stealing, medicines, PC)	2	3

Weak Social Network. Differences appeared between both groups. In RH, thirteen respondents reported to have a weak social network or would like to have some more (close) friends. Seven of these thirteen people reported to have little contact or no contact at all with their parents or family. In HO only six of fifteen people reported to have a weak social network, but all of this six people reported to have little contact or no contact at all anymore with their parents or family.

Involvement in Criminal Justice System. In RH seven participants have been in prison for one or multiple times. Three others have been engaged in criminal activities, but were never in prison: "From age eleven till seventeen I did all kind of things that weren't allowed. I lived with my girlfriend at age 15, but it wasn't very much fun: there were shootings and many people died." (RH, 21). In HO, only two people were in prison and two others engaged in criminal activities but were never in prison. This means that in this latter group eleven out of fifteen people were never engaged in criminal activities, whereas in RH only five people never engaged in criminal activities.

Psychopathology. In the first group, fourteen people reported to have one or more psychological disorders. In the second group, ten people reported this. In both groups, the same mental illnesses are mentioned: PTSD, depression, traumas, ADD/ADHD/PDDNos, psychosis, schizophrenia/schizotypic, personality disorders, burn-outs, suicidal thoughts and anxieties*:* "My parents are both depressive as well [as me], so I got crazy and needed help." (RH, 11). "I heard that I was diagnosed with borderline and that the reason for this was most likely the divorce of my parents when I was 9 years old." (HO, 28). When it comes to PTSD, this disorder was more characteristic for respondents in RH: four people in RH compared to one in HO.

Corresponding with the hypothesis, the four factors were all related to homelessness and had a higher prevalence in RH than in HO. A striking result is showed regarding addiction: soft drugs were more present in HO than in RH, whereas hard drugs were more present in RH than HO. Furthermore, relatively more respondents in HO than RH reported to have little contact or no contact at all with their family and/or parents.

Discussion

Most Important Findings

The first aim of this research was to study whether negative youth experiences and lack of treatment have an association with homelessness in adulthood and whether they discriminate for respondents who were homeless once and respondents who were recurrent homeless. It was furthermore studied whether addiction, weak social network, involvement in criminal justice system and psychopathology can predict homelessness and whether they discriminate between both groups. Our most important findings are that RH respondents have twice as many negative youth experiences compared to HO respondents. In addition, RH respondents have a broader range of negative youth experiences than HO respondents. Moreover, in RH respondents also reported more factors than in HO, which seems to be in accordance with the literature which stated that a combination of two or more factors will dramatically increase the chance for relapse in homelessness (Boesveldt, 2019; Herman et al., 1997)

Negative Youth Experiences and Lack of Treatment in Relation to Homelessness

Regarding the first aim of this research, expected was that the prevalence of negative youth experiences and lack of treatment are higher in RH than in HO.

Negative Youth Experiences. Firstly, RH reported an average of over two times more negative youth experiences than HO. Even though only a small sample size is used, these first findings indicate that the more negative youth experiences, the higher the chance of recurrent homelessness. In addition, the results show that RH reported a broader range of negative youth experiences compared to HO: ten factors were only mentioned in RH and not in HO, whereas in HO only one factor was reported which was not in RH. These findings might indicate that the higher the prevalence and the broader the range of negative youth experiences, the more likely to become recurrent homeless.

Regarding the different kind of negative youth experiences, literature showed that a lack of parental care, physical abuse and living with parents who abuse drugs and/or alcohol were most significant for becoming homeless (once) and would therefore be likely to be

associated with recurrent homelessness as well. However, lack of parental care and physical abuse were only mentioned by RH (both two times) and not by HO, which is not in accordance with the literature. Living with parents who abuse drugs and/or alcohol was reported in both groups and is therefore not associated more with one group than with another. In addition, three more youth experiences were not mentioned in HO nor in the literature, but only in RH: criminal activities, negative influence of contacts with family/friends, and serving in war at age 18. These are new youth factors in relation to recurrent homelessness and these findings give reasons to believe that these factors are associated with relapse in homelessness.

Lack of Treatment. Local literature and personal communication with professionals pointed out that cuts in psychiatric clinics are related to (relapse in) homelessness. In the current study, five respondents in RH and one respondent in HO reported that they did not receive treatment for their disorders. Based on the findings of the study, combined with the scarce literature and professional view, there is reason to believe that there is a relationship between lack of treatment and relapse in homelessness, but due to the small sample size, this is not yet very convincing.

The Four Factors of Predictors in Relation to Homelessness

Regarding the second focus of this research, it was expected that addiction, weak social network, involvement in criminal justice system and psychopathology were associated with homelessness and that they would have a higher prevalence in RH than in HO.

Addiction. Literature showed that addiction to alcohol and substances are associated to homelessness (Groskreutz, 2015; Lehman & Cordray, 1993, McQuistion et al., 2014). Results of this study confirm this association. Even though in HO and RH addiction is almost equally present, a remarkable finding is that an addiction to soft drugs was reported more than anything else in HO, whereas an addiction to hard drugs was more than anything else reported in RH. These results indicate that an addiction to soft drugs is more likely to be related to HO whereas an addiction to hard drugs is more likely to be related to RH.

Weak social network. RH reported to have two times more participants with a weak social network, which could contribute to relapse in homelessness. It can therefore be concluded that there is an association between weak social network and relapse in homelessness. A striking finding however, was that even though the number of people in HO reporting to have a weak social network was lower compared to RH, all of these people reported to have little contact or no contact at all with their family and/or parents, whereas in

RH half of the people with a weak social network reported to have little contact or no contact at all with their family and/or parents. This is remarkable as we just concluded that the weaker to social network, the higher the chance of relapse in homelessness, even more since family and parents play an important role in the youth (Wagner et al., 2014).

Criminal Justice System. Literature showed an association between criminal behaviour and (relapse in) homelessness (Lansford et al., 2010; Nikulina et al., 2011; Vet et al., 2017). Results of this study confirm this relationship and show a clear distinction between the two groups: in HO five people engaged in criminal activities, whereas in RH eleven people reported this. Therefore it seems like engagement in criminal activities is more likely associated with RH than HO.

Psychopathology. In the two groups the reported kind of mental disorders were relatively equal and in RH fourteen people and in HO ten people reported psychopathology. Therefore, there is a clear association between psychopathology and recurrent homelessness, but there is also reason to believe that there is an association between psychopathology and HO.

Moreover, there were some striking findings regarding PTSD: this disorder was reported four times in RH and once in HO. All of these five respondents reported to have served in war. Two of the RH respondents also reported the negative youth experience serving in war at age 18. In addition, out of the four people in RH, three respondents reported that they did not receive treatment for PTSD. It is well-established that serving in war can cause PTSD, but all of these respondents also reported negative youth experiences. Therefore it is not clear what the origin of their PTSD is. It is remarkable that four of the people suffering from PTSD are in RH and one in HO. Even though the sample size is very small, these findings give reason to believe that there is an association between PTSD and RH.

The Four Factors of Predictors in Relation to the Research Model.

It can be concluded that all four factors are related to homelessness and that for all the factors, there are differences in both groups. In addition, many factors are also intertwined with each other. This is also confirmed by a recent study in the Netherlands, where the researchers state that in almost all cases comorbidity between two or more problems amongst this population is present (Van Everdingen et al., 2021). However, comorbidity is more present in RH than HO.

As showed in literature, the factors were likely to mediate the relationship between negative youth experiences and homelessness. As the respondents did not literally report

whether the factors are consequences of negative youth experiences and whether this leaded to homelessness, a mediation-effect is hard to check. However, there are reasons to believe that the factors can possibly be mediators as the factors are later in time than the youth experiences (1), literature showed that these factors are common consequences of negative youth experiences (2) and this current research showed that these factors are predictors for homelessness (3). Future research is necessary to find out whether these factors can be definitively appointed as mediators.

Strengths and Limitations

A strength of this research is that it is the first to explore a link between youth experiences and, specifically, relapse in homelessness. Due to the comparative aspect of the study, group differences could be identified. Combined with the qualitative aspect of the research, this is a valuable way to create new insights in homelessness and recurrent homelessness. Furthermore, lack of treatment has not been researched before in relation to homelessness, even though this is getting more and more important: the CBS stated that homeless people no longer receive as much specialistic help since the mental health care system has been changed since 2014, and therefore it is not possible to indicate how many homeless people are have psychological problems (CBS, 2018).

In addition, as the research was retrospective and in the interviews respondents were not directly asked about their youth, information given by the participants will therefore not be given for socially desirable reasons. However, the downside of not asking systematically about participants' youth is that they might have not shared everything: possibly respondents had more and/or other negative youth experiences than the one they talked about. In addition, respondents who did not mention negative youth experiences at all, did not per se not experience them, but just did not talk about them because they might find it inappropriate or can't remember everything properly.

Regarding the representativeness, when it comes to the mental health amongst this homeless population, this study may be representative: Van Everdingen (2016) shows that 80% of homeless people in Utrecht have psychological disorders and in this study also 80% reported this. In addition, when it comes to the Dutch standard of EPA[1], also the percentage of 20% is confirmed in this study's sample. However, regarding the ethnicity of the sample the representativeness may be low: Van Everdingen states that 47% of the homeless people were not born in the Netherlands, whereas in this study only 13% of the respondents were not

[1] EPA: *Ernstige Psychische Aandoening* (Severe Mental Disorders)

born in the Netherlands. Therefore this sample is not completely representative for the Dutch population of homeless people.

Recommendations for Future Research

This research provided many insights, but raises new questions at the same time. Overall it can be concluded that all the factors in our model are related to homelessness and that future research should probe into the mechanisms through which negative youth experiences translate in homelessness. Furthermore, some specific directions for future research are provided.

First, regarding addiction, associations between different kind of drugs and the number of homeless episodes seem related. This research was not adequate enough to check this relationship. Future research should focus on the associations between different forms of addiction and the number of homeless episodes.

Second, even though a weak social network is related to RH more, in HO relatively more people reported to have little contact or no contact at all with their family and/or parents. This is contrary to the literature and therefore requires more research.

Third, in the current study the factor lack of treatment was studied for the first time in relation to homelessness. New insights are therefore provided, but due to the small sample size the association remains partly unclear. Specific research to the consequences of the cuts in mental hospitals might reveal more answers.

Fourth, insights have been provided regarding PTSD and RH, but this research was not adequate enough to substantiate this association completely. Future research should focus on the relationship between different causes of PTSD and recurrent homelessness.

Conclusion

Whereas the association between lack of care and homelessness remains unclear, it can be concluded that there is an association between negative youth experiences and homelessness. All four factors seem to be related as well and all have a higher prevalence in RH than in HO. The current research showed many new insights which provide relevant information for organizations working with and for homeless people: the better we understand the cause of their problems, the better we can help them. These insights could form a starting point for new working methods which focus on preventing homelessness.

It is necessary to continue researching this topic in order to find out what can predict homelessness and, specifically, recurrent homelessness – and more important, what can eventually prevent people from getting homeless (again).

Appendix 1: Information letter participants

Informatiebrief voor deelnemers aan het onderzoek naar Terugval in dakloosheid Namens: Nienke Boesveldt, hoofdonderzoeker, onderzoekers en ervaringsdeskundige co- onderzoekers

Beste deelnemer,

U bent gevraagd mee te werken aan 5-jarig onderzoek naar Maatschappelijke Opvang en Beschermd Wonen in Utrecht. Er is gebleken dat mensen vaak terugvallen in dakloosheid, en in Utrecht wil men graag weten hoe dit kan worden voorkomen. Daarom hebben zorgaanbieders en de gemeente de Universiteit Utrecht gevraagd dit te onderzoeken.

Uw interview zal gaan over uw ervaringen met hulpverlening en de ervaringen met zelfstandig wonen. Om ervoor te zorgen dat u zo vrij mogelijk uw ervaringen kunt delen, wordt het interview gehouden in een afgesloten ruimte. Alle gegevens en informatie die u deelt zijn vertrouwelijk. Uw deelname is anoniem: niemand zal weten wat er gezegd is tijdens het interview.

Uw deelname is geheel vrijwillig en u ontvangt hiervoor een cadeaubon van 10 euro. U kunt altijd besluiten om te stoppen, ook tijdens het interview. Als u wilt stoppen, hoeft u hier geen reden voor op te geven, en u ontvangt wel uw cadeaubon.

Voordat we het interview beginnen ontvangt u een toestemmingsverklaring. Deze bespreken de onderzoekers met u voordat het interview wordt gestart. In de toestemmingsverklaring wordt u ook gevraagd of u toestemming geeft voor het met een psuedoniem (andere naam) raadplegen van gegevens van de Centrale Toegang en/of Stadsteam Herstel. Via deze systemen kunnen de onderzoekers aanvullende informatie krijgen over uw situatie voordat u dakloos werd: uw woonsituatie, gemeente van herkomst en toewijzingen. Uw eigen contactpersonen bij de gemeente krijgen deze gegevens niet te zien. Wij gaan hier zeer vertrouwelijk mee om. Als u hier geen toestemming voor geeft, kunt u nog steeds worden geïnterviewd.

Verder kunt u in de toestemmingsverklaring aangeven of u het eindrapport van dit onderzoek wilt ontvangen per email of via uw ondersteuner. Ook kunt u toestemming aan ons geven om onherkenbaar gemaakte informatie uit uw interview te gebruiken voor ander onderzoek. Zo hoeven we niet onnodig opnieuw mensen te interviewen. Tenslotte zouden we u graag

volgend jaar weer benaderen voor dit onderzoek, om op de hoogte te blijven van uw situatie. Zo hopen we te leren wat er goed gaat en wat nog beter kan.

In uw interview vertelt u belangrijke informatie. We nemen de interviews op, zodat de informatie kan worden uitgetypt. Dit wordt gedaan door een typist. De typist gaat vertrouwelijk met uw informatie om en vernietigt de opname na het uittypen van de interview. Verder is uw interview alleen toegankelijk voor onderzoekers van de Universiteit Utrecht, zodat deze de informatie kunnen verwerken in de eindreportage. Uw interview wordt nog door de universiteit bewaard voor de duur van dit onderzoek.

Als u vragen heeft kunt u contact met ons opnemen, of met degene van wie u deze brief ontving. Bedankt voor uw deelname!

Nienke Boesveldt, Marcia Bochem en Marte Kuijpers

Contactgegevens voorkomen@uu.nl

06 38 32 58 70

Appendix 2: Code Tree

1. Negative youth experiences
   - 1.1 Lack of parental care
   - 1.2 Physical abuse
   - 1.3 Living with parents who abuse drugs and/or alcohol
   - 1.4 Sexual abuse
   - 1.5 Out-of-home-placement
   - 1.6 Mentally ill parents
   - 1.7 Povery
   - 1.8 Residential instability
   - 1.9 (Financial) family problems
   - 1.10 Other
2. Lack of treatment
3. Addiction
   - 3.1 Alcohol
   - 3.2 Soft drugs
   - 3.3 Hard drugs
   - 3.4 Other
4. Weak social network
5. Involvement in criminal justice system
   - 5.1 Engagement in criminal activities, no police contacts
6. Psychopathology
7. Number of homeless episodes
   - 7.1 Homeless once
   - 7.2 Recurrent homeless

Appendix 3. Matrix about Double Reported Factors of Predictors by Respondents in Both Groups

	Addiction	Weak Social Network	Criminal Justice System	Psychopathology
Addiction	**X**	9	8	12
Weak Social Network	9	**X**	9	12
Criminal Justice System	8	9	**X**	9
Psychopathology	12	12	9	**X**

Note: Double Reported Mediators by Respondents in the Recurrent Homeless Group.

	Addiction	Weak Social Network	Criminal Justice System	Psychopathology
Addiction	**X**	4	3	7
Weak Social Network	4	**X**	0	3
Criminal Justice System	3	0	**X**	2
Psychopathology	7	3	2	**X**

Note: Double Reported Mediators by Respondents in the Homeless Once Group.

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