

ARTICLE

Intrapersonal and social-contextual factors related to psychological well-being among youth experiencing homelessness

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Abstract

Homeless youth are adolescents and young adults who do not have stable dwellings but instead live on the streets, in shelters, or in other unstable situations. Although researchers have begun examining well-being among this population, little is known about components of well-being that are relevant to homeless youth or which factors predict differences in well-being. This study examined psychological well-being and its associations with demographic characteristics, intrapersonal factors (mental health, optimism, and self-esteem), and social-contextual factors (social support, sense of community, and empowerment) among 100 youth experiencing homelessness. All of the intrapersonal and social-contextual variables were associated with well-being at the bivariate level. In the full regression model, only self-esteem and psychological distress remained significant. Findings inform future research and program development at homeless service centers.

1 | INTRODUCTION

Homeless youth are unaccompanied youth and young adults (aged 12–24 years) who do not have stable dwellings but instead live on the streets, in shelters or abandoned buildings, or in other unstable situations (Kidd & Davidson, 2009). Each year, approximately 550,000 unaccompanied, single youth and young adults experience a homelessness episode of longer than one week (National Alliance to End Homelessness, 2014). The social context influencing youth homelessness often centers around familial breakdown or disruptive family relationships, including behaviors of parents, economic problems, and residential instability (Reeg, 2003; van Wormer, 2003). Compared with their housed counterparts, homeless youth report experiencing high rates of trauma and abuse both before and during homelessness (Coates & McKenzie-Mohr, 2010; Haber & Toro, 2009), putting them at a greater risk of psychological consequences (Coates & McKenzie-Mohr, 2010). Youth who identify as gay, lesbian, and transgender are 4%–13% more likely to experience homelessness than heterosexual youth, and some surveys report that as high as 40% of service-using youth identify as lesbian, gay, bisexual, transgender, questioning, or queer (Durso & Gates, 2012).

Although mental illness can and sometimes does precede homelessness, the detrimental effects of homelessness on mental health are consistently noted in research (e.g., Castellow, Kloos, & Townley, 2015), contributing to an 11-fold increase in mortality rates among homeless youth compared with housed youth, accounted for primarily by suicide and drug overdose (Roy et al., 2004). Further, 48%–98% of homeless youth meet the criteria for a psychiatric disorder (Hodgson, Shelton, van den Bree, & Los, 2013), a rate alarmingly high compared to peers of the same age group (Kessler et al., 2005), whereas lifetime rates of depressive disorders, posttraumatic stress disorder, and alcohol and drug abuse are many times higher among homeless youth than housed youth (Whitbeck, Hoyt, Johnson, & Chen, 2007).

Youth experiencing homelessness also have numerous financial, structural, and personal barriers to accessing mental and emotional support (Christiani, Hudson, Nyamathi, Mutere, & Sweat, 2008; Hudson et al., 2010; Reid, Berman, & Forchuk, 2005), with up to 50% reporting a perceived unmet need for health care in the past 6 months (Kozloff et al., 2016). Homeless youth are also more likely to work in lower paying jobs without benefits or health insurance and have difficulties accessing affordable housing and education (National Health Care for the Homeless Council, 2008).

Despite the adversities and struggles faced by many homeless youth, some research suggests that youth are able to capitalize on both internal and external resources to survive on the streets (Cleverley & Kidd, 2011; Kidd & Carroll, 2007), which may be a key component to maintaining well-being while homeless. However, previous studies examining the well-being of homeless youth have been inconsistent, using a combination of measures that may suggest well-being but that do not directly and holistically capture the construct (e.g., measures focusing on psychological symptom distress rather than positive psychological functioning) and are potentially lacking relevance to the values and experiences of homeless youth (Barczyk, Thompson, & Rew, 2014; Taylor, Lyndon, Bougie, & Johannsen, 2004; Osborne, Lyndon, & Taylor, 2009).

The present study aims to develop a deeper and more specific understanding of the intrapersonal and social-contextual factors that may predict greater levels of psychological well-being among some members of this population. Examining the nature of well-being among homeless youth can point to internal and external sources of support that may enhance youths' chances of experiencing positive outcomes despite the adversities they face.

1.1 | Intrapersonal factors related to well-being

Well-being research has spread into multiple disciplines, and research has demonstrated its associations with a myriad of outcomes, traits, and experiences. However, there are specific intrapersonal factors associated with well-being that are important to consider within the context of youth homelessness, including mental health, optimism, and self-esteem.

1.1.1 | Mental health

The World Health Organization (2014) defines mental health as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to her or his community”. It has also been described as a state in which individuals are both free of psychopathology and are flourishing (Keyes, 2002). However, mental illness and well-being have been construed as independent dimensions with their own continua (e.g., mental illness to mental health, languishing to flourishing; Huppert & Cooper, 2014; Keyes, 2002; Weich et al., 2011). Although individuals suffering from psychiatric distress typically have lower levels of well-being than those without mental illness (Diener & Seligman, 2004; Suslow, Roestela, Ohrmann, & Arolta, 2003), levels of well-being can vary among those with mental illness, with differences being predicted by both internal and external factors, such as coping style, finances, social relations, and healthcare (Lehman, 1983; Meyer, 2001). Given the higher-than-average rates of mental illness among homeless youth, it is particularly important to understand the relationship between mental health distress and psychological well-being within this population.

1.1.2 | Optimism

Optimism is defined as a generalized tendency to expect positive outcomes even in the face of obstacles (Scheier & Carver, 1985), and it has been shown to predict numerous components of well-being (e.g., Diener, Oishi, & Lucas, 2003; Eid & Diener, 2004). Optimistic individuals tend to use problem-focused coping strategies and more effective forms of emotion regulation, both of which can contribute to better overall well-being when experiencing adversity or intense stressors (Taylor & Armor, 1996). Youth with greater self-regulation tend to have fewer symptoms of anxiety and depression when faced with adversities (Dishion & Connell, 2006), whereas youth with a more negative orientation toward life tend to have lower levels of well-being (White & Jones, 1996; White, Wampler, & Winn, 1998).

Among homeless youth, research suggests that optimism has a positive effect on their lives (Bender, Thompson, McManus, Lantry, & Flynn, 2007; Usborne, Lydon, & Taylor, 2009), with youth viewing a positive attitude as a key to survival on the streets (Bender et al., 2007). In qualitative interviews, homeless youth have emphasized the importance of seeing adversity as an opportunity for growth, as well as the need to look toward a positive future and remember that their situation is temporary (Kidd, 2003).

1.1.3 | Self-esteem

Self-esteem is defined as the value one places on the self (Rosenberg, 1965). High self-esteem not only has been found to be strongly associated with well-being among a variety of heterogeneous samples and populations (e.g., Diener & Diener, 1995; Lin, 2015; Rosenberg, Schooler, Schoenbach, & Rosenberg, 1995), but it has also been recognized as a distinct construct that has not received sufficient attention in the well-being literature (Paradise & Kerns, 2002). Self-esteem has also been related to numerous positive psychological outcomes, such as psychological adjustment, prosocial behavior, and positive affect (Joiner, 1995; Leary & MacDonald, 2003; Watson, Suls, & Haig, 2002).

Conversely, homeless youth with low self-esteem are at risk of succumbing to the emotional distress associated with loneliness and feeling trapped, which puts them at a greater risk of negative health outcomes (Kidd & Shahar, 2008). For example, one study found that self-esteem accounted for 16% of the variance in suicidal ideation among homeless youth (Cleverley & Kidd, 2011), and other studies also have connected low self-esteem with depression, suicidal ideation, and suicide attempts (Baumeister, Campbell, Krueger, & Vohs, 2003; Mann, Hosman, Schaalma, & deVries, 2004).

1.2 | Social-contextual factors related to well-being

Along with intrapersonal factors, social-contextual factors may positively affect psychological well-being among youth experiencing homelessness. Although researchers have only recently begun to pay close attention to the social-contextual experiences of homeless youth, preliminary research suggests the positive role of sense of community, social support, and empowerment as they relate to well-being.

1.2.1 | Sense of community

Defined by Sarason (1974) as "the sense that one was part of a readily available, mutually supportive network of relationships" (p. 1), sense of community has a well-established role in influencing community connectedness and well-being across the lifespan (e.g., Chipuer, Bramston, & Pretty, 2003; Davidson & Cotter 1991; Pretty, Conroy, Dugay, Fowler, & Williams, 1996; Prezza & Costantini, 1998). Conversely, a lower sense of belonging has been related to higher levels of personal distress and having experienced a greater number of negative life events (Gracia & Herrero, 2004). Although the direction of this relationship is not fully understood, it is likely a bidirectional relationship in the case of youth homelessness.

Homelessness typically entails a loss of housing and a disaffiliation from mainstream society and conventional social structures (Zlotnick, Robertson, & Lahiff, 1999). The longer an individual spends homeless, the greater the chance that

they will identify with the culture of street life and the negative social roles ascribed to them by society (Farrington & Robison, 1999; Grigsby, Baumann, Gregorich, & Roberts-Gray, 1990; Snow & Anderson, 1987). This disaffiliation may contribute to a lower sense of belonging and identification with housed society, which has the potential to negatively affect youth's well-being and complicate their efforts to transition out of homelessness.

1.2.2 | Social support

The number and strength of an individual's social connections are two of the strongest predictors of well-being among various populations (Cohen & Wills, 1985; Dolan, Peasgood, & White, 2008; Helliwell & Putnam, 2004; Pichler, 2006). Research suggests that effective social support through social connectedness may enhance well-being (Cohen & Wills, 1985; Jetten, Haslam, Haslam, Dingle, & Jones, 2014). Among individuals experiencing homelessness, positive social relationships have been found to contribute to well-being (Biswas-Diener & Diener, 2006), with recent research suggesting that gains in social support can benefit well-being among individuals using homeless services and housing programs (Johnstone, Jetten, Dingle, Parsell, & Walter, 2016).

Although homeless youth experience persistent challenges related to social exclusion and disaffiliation from conventional social structures, they often develop peer social networks that contribute to a sense of companionship and help them adapt to the complexities of street life (Bender et al., 2007). Although housed youth receive the well-being benefits of social support in the form of family members (Morgan et al., 2011), homeless youth typically depend on one another rather than family members, service providers, or authority figures (Karabanow, 2006; Taylor, Lydon, Bougie, & Johannesen, 2004). These networks of "street friends" are similar to the nuclear family and fill those missing roles, helping youth to combat feelings of loneliness and alienation while providing emotional support and assistance (Bender et al., 2007).

1.2.3 | Empowerment

Empowerment pertains to the ability of individuals and communities that have been marginalized by society to regain control over their own lives (Rappaport, 1987), and it has been related to both sense of community and well-being among youth and vulnerable populations (Friis-Hansen & Duveskog, 2012). Further, active participation among youth in community organizations has been associated with psychological empowerment (Flanagan, 2004; Mazzoni, Cicognani, Albanesi, & Zani, 2014; Youniss & Yates, 1999; Zimmerman & Rappaport, 1988), whereas youth who are supported by adults in community decision making are more likely to demonstrate greater confidence and agency, increased community connections, and a greater sense of empowerment (Krauss et al., 2014).

In one of the few published studies to examine empowerment among homeless youth, Ferguson, Kim, and McCoy (2011) suggested that greater ownership of service programs and involvement in agency decision making may increase their sense of community, enhance their motivation to participate actively in agency programming, and encourage them to improve their lives. Given the positive associations between empowerment and well-being reported in studies of other vulnerable populations (e.g., Friis-Hansen & Duveskog, 2012), it is likely that empowerment can also positively affect well-being for homeless youth, helping them influence the settings in which they participate and eventually transition out of homelessness.

2 | STUDY PURPOSE, RESEARCH QUESTIONS, AND HYPOTHESES

The experiences of well-being are varied both among homeless youth and between homeless and housed youth. This study aims to increase our understanding of well-being among youth experiencing homelessness by examining associations of both intrapersonal and social-contextual factors with psychological well-being. Understanding the well-being of homeless youth can inform the services and supports offered to them as they work toward transitioning out of homelessness, as well as the development of interventions aimed at enhancing well-being among homeless youth.

To address the aims of this study, we first examined the relationship between psychological well-being and demographic characteristics of homeless youth, including race, age, gender, and sexual orientation. Few studies have examined the relationship between demographic characteristics and psychological well-being among homeless youth. Therefore, rather than testing specific a priori hypotheses, the demographic analyses were exploratory and served the dual purpose of (a) contributing to the limited research literature and (b) determining whether any demographic variables needed to be controlled for in subsequent analyses.

Next, we examined the association between two categories of explanatory variables (intrapersonal and social contextual factors) and psychological well-being. Based on previous research among homeless youth and other populations, we hypothesized that intrapersonal factors would explain a significant portion of variability in psychological well-being. Specifically, higher levels of self-esteem and optimism and lower levels of psychiatric distress would be related to greater well-being. Second, we hypothesized that social-contextual factors would also explain a significant portion of variability in psychological well-being. Specifically, higher levels of sense of community, empowerment, and social support would be associated with greater well-being. Third, we hypothesized that the intrapersonal factors would account for more variance in well-being than the social-contextual factors because they are more proximal to an individual's overall level of psychological functioning and wellness.

3 | METHOD

3.1 | Participants

Participants in this study were 100 youth using homeless services in a Pacific Northwest city of the United States. Participants were recruited via in-person invitation and informational flyers at a nonprofit mentoring center that provides drop-in services to homeless youth (meals as well as educational, art, and recreational activities). The first author worked with staff at the organization to recruit potential participants. Staff were fully briefed on the study before the distribution of flyers so that they were equipped to answer questions from potential participants.

To be included in the study, participants had to be between 18 and 25 years of age and currently using services at the nonprofit community center from which data were collected. Youth were able to participate on a first-come, first-served basis. Although there were likely youth who opted not to volunteer for participation, information concerning the response rate was not captured given the variable nature of youth attendance at the community center. The extent to which youth had been receiving mentoring services before data collection was not known, though there was likely a variety of prior mentorship engagement (e.g., for some youth it was the first day at that service center, whereas others had been engaged for at least one year).

3.1.1 | Demographics and participant characteristics

In this sample ($N = 100$), 68% of participants identified as male, 67% as heterosexual, and 52% as White (see Table 1). Ages ranged from 18 to 25 years, with the mean age being 21.42 (standard deviation [SD] = 2.09). The age at which youth became homeless ranged from 1 to 23 years, with a mean of 16.53 ($SD = 2.09$). Participants reported an average of 4.63 ($SD = 11.27$) lifetime episodes of homelessness; and the current length of homelessness ranged from 1 week to 12 years (mean [M] = 20.63 months, $SD = 27.93$).

Participants were asked how they became homeless this most recent time, and the most common reasons were being kicked out of their previous homes ($n = 36$) or choosing to leave ($n = 29$). Youth also cited personal issues (e.g., drug relapse and pregnancy; $n = 14$), financial difficulties ($n = 11$), and difficulty finding housing ($n = 4$). Numerous participants ($n = 39$) mentioned familial factors as part of the reason they became homeless. For example, youth cited abuse from family members, an unhealthy living environment, and differences in beliefs or morals as their reasons for either being kicked out of or choosing to leave their homes. None of these homelessness experience variables were significantly correlated with the psychological well-being outcome variable and thus were not included in the primary analyses.

TABLE 1 Demographic percentages

Gender	%
Male	68
Female	26
Transgender	3
Nonbinary	2
Gender fluid	1
Sexual orientation	%
Heterosexual	67
Bisexual	18
Gay	3
Other	12
Racial background	%
White	52
Black	15
Latino	6
Native Hawaiian or other Pacific Islander	1
Asian	1
Multiracial	16
Other	9

3.2 | Measures

3.2.1 | Psychological well-being

We used the 18-item Psychological Well-Being Scale (Ryff & Keyes, 1995) to measure psychological well-being. The scale assesses the six primary components of the construct (Ryff, 1989; 1995): autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance (e.g., “I gave up trying to make big improvements or changes in my life a long time ago” and “I have confidence in my opinions, even if they are contrary to the general consensus”). Participants rated the items on a 6-point Likert scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). This measure has been used in previous studies of homeless youth (e.g., Townley, Pearson, Lehrwyn, Prophet, & Trauernicht, 2016) and demonstrated sufficient internal consistency in the current study ($\alpha = 0.76$).

3.2.2 | Mental health

We used the Kessler-6 Scale to measure mental health. The scale assesses the severity of psychological distress and was designed to estimate the proportion of serious mental illness within the general population (Kessler et al., 2002). The six items ask participants how often they felt nervous, hopeless, restless, depressed, worthless, or that everything was an effort over the past 30 days. Participants rated the items on a 5-point Likert scale ranging from 1 (*all of the time*) to 5 (*none of the time*). The Kessler-6 has established reliability and validity and has been used within a variety of populations both in the United States and internationally (Kessler et al., 2002). The internal consistency for this scale in the current study was adequate ($\alpha = 0.78$).

3.2.3 | Optimism

We used the Life Orientation Test-Revised (LOT-R; Scheier, Carver, & Bridges, 1994) to measure optimism. The Life Orientation Test was originally developed to assess individual differences in generalized optimism versus pessimism (“In uncertain times, I usually expect the best”). The LOT-R is a six-item measure, and participants rated each item on a

5-point Likert scale ranging from 1 (*strongly agree*) to 5 (*strongly disagree*). The LOTR has demonstrated good reliability and validity in a variety of studies with multiple populations (for a review, see Carver, Scheier, & Segerstrom, 2010) and had adequate internal consistency in this sample ($\alpha = 0.76$).

3.2.4 | Self-esteem

We used the 10-item Rosenberg Self-Esteem Scale (Rosenberg, 1965) to measure self-esteem. The scale measures global self-worth by assessing both positive and negative feelings about the self ("I feel that I am a person of worth, at least on an equal plane with others"). Participants rated the items on a 4-point Likert scale ranging from 1 (*strongly agree*) to 4 (*strongly disagree*). More recent studies have confirmed the reliability and validity of this scale (e.g., Gray-Little, Williams, & Hancock, 1997), and the scale demonstrated good internal consistency in the current study ($\alpha = 0.85$).

3.2.5 | Sense of community

We used the 24-item Sense of Community Index-2 (SCI-2; Chavis, Lee, & Acosta, 2008) to assess the perceptions of sense of community. Participants responded to 24 items assessing perceptions of community membership, influence, fulfillment of needs, and shared emotional connection ("I get important needs of mine met because I am part of this community" and "being a member of this community is part of my identity"). Participants rated the items on a 4-point Likert scale ranging from 1 (*not at all*) to 4 (*completely*). Participants were given a general instruction to answer questions in relation to the areas where they spend the most time. Multiple studies across different cultures and types of communities have used this measure and demonstrated its validity and reliability (Chavis et al., 2008). The scale demonstrated a high level of internal consistency in this sample ($\alpha = 0.91$).

3.2.6 | Social support

Although social support has been measured in a variety of ways in the literature, we measured youth's social support networks by asking how many (a) family members, (b) friends, and (c) other adults the participant can turn to for support. In addition to reporting the total number of supports in each category, participants were also asked to rate their satisfaction with the relationship on a 5-point Likert scale ranging from 1 (*very dissatisfied*) to 5 (*very satisfied*).

Total Social Support scores for each participant were obtained by first creating a product between network size and satisfaction for each category (i.e., family members, friends, other adults), and second by summing the product scores across the three support categories to yield a weighted social support score (i.e., a measure of the total number of supports weighted by the satisfaction the participant has with each type of support). This scaling was employed to capture the importance of both the quantity and the quality of support networks and is consistent with other social support measures used in homelessness research (e.g., The Social Network Inventory; Bates & Toro, 1999).

Although this variable was positively skewed and peaked, a logarithmic transformation did not substantially alter the results, and the skewness and kurtosis values were within an acceptable range according to less stringent guidelines ($|s| < 3$, $|k| < 10$; Kline, 2011). All other variables were normally distributed and fell within a more conservative range for skewness and kurtosis (e.g., $|s| < 1$, $|k| < 3$; see Table 2).

3.2.7 | Empowerment

We used the 17-item Sociopolitical Control Scale for Youth (Peterson, Peterson, Agre, Christens, & Mort, 2011) to measure empowerment. The scale assesses leadership competence (e.g., "I can usually organize people to get things done") and policy control (e.g., "youth like me have the ability to participate effectively in community activities and decision making"). Participants rated the items on a 5-point Likert scale ranging from 1 (*strongly agree*) to 5 (*strongly disagree*). This scale has been used with multiple youth populations in the United States and internationally (Peterson et al., 2011) and demonstrated good internal consistency in the current study ($\alpha = 0.83$).

TABLE 2 Descriptive statistics for study variables

Measure	N	Min	Max	Mean	SD
Psychological well-being	100	2.44	5.78	4.39	0.64
Optimism	100	1.00	5.00	3.31	0.74
Self-esteem	100	1.30	4.00	2.93	0.56
Psychological distress	100	1.00	5.00	2.72	0.80
Loneliness	100	1.00	4.00	2.60	0.76
Empowerment	100	1.82	5.00	3.71	0.56
Sense of community	100	0.42	3.00	1.82	0.53
Social support	100	0.00	126.67	21.06	23.60

Note. SD = standard deviation.

3.3 | Design and procedures

Approval for the study was granted by the university's institutional review board in April 2017. Data were collected in a one-on-one interview format. Participants responded verbally to survey measures administered by a researcher, who then recorded their responses electronically using iPads. The first author worked with two research assistants to recruit participants and conduct interviews. Inclusion criteria were being within the specified age range and accessing services at the data collection site during the times that interviews were conducted. Interviews took an average of 30 minutes to complete and were conducted in a semiprivate common area to ensure privacy and minimal distractions.

Before the interview, youth were asked to read and sign an informed consent document specifying that participation was entirely voluntary and would not affect receipt of services. All survey item responses were kept entirely confidential. All youth received a copy of the informed consent, and the first author and/or research assistants answered any questions that they had before, during, and following their involvement. Youth received \$10 cash for completing the survey.

4 | RESULTS

Data were analyzed using IBM SPSS (version 24). Continuous composite scores of individual variables were computed for all scales, and demographic variables were categorized into binary variables (e.g., male/ non-male¹). Table 2 presents descriptive statistics, and Table 3 presents a correlation matrix of all study variables. All independent variables had moderate (i.e., $0.3 \leq |r| < 0.7$) to strong (i.e., $|r| > 0.7$) significant correlations with psychological well-being.

4.1 | Demographic characteristics and well-being

We conducted Pearson correlation and independent samples *t* tests to examine associations between participant demographics and psychological well-being. Age was not significantly associated with psychological well-being ($r = -.05$, $p = .65$). There were no significant differences in psychological well-being between White participants ($M = 4.46$, $SD = 0.66$), and non-White participants ($M = 4.32$, $SD = 0.63$), $t(98) = 1.08$, $p = .28$, and between participants who identified as heterosexual ($M = 4.42$, $SD = 0.61$) and those who did not identify as heterosexual ($M = 4.35$, $SD = 0.72$), $t(98) = 1.08$, $p = .59$. However, psychological well-being was significantly greater among male participants ($M = 4.49$, $SD = 0.59$) than participants identifying as female, transgender, or nonbinary ($M = 4.20$, $SD = 0.72$), $t(98) = 2.15$, $p < .05$. Based on these findings, gender was entered as a covariate in the subsequent regression analyses, whereas the other demographic variables were not.

¹ Given the small percentage of those who identified as female, transgender, nonbinary, and gender fluid, gender was coded as a dichotomized variable instead of retaining separate groups to protect the identities of all participants.

TABLE 3 Correlation matrix of variables

	Psychological well-being	Optimism	Self-esteem	Psychological distress	Empowerment	Social support	Sense of Community	Age	Gender	Sexual Orientation	Race
Psychological well-being	-										
Optimism	.516***	-									
Self-esteem	.718***	.742***	-								
Psychological distress	-.588***	-.565***	-.603***	-							
Empowerment	.465***	.376***	.486***	-.364***	-						
Social support	.295**	.292**	.338**	-.347***	0.178	-					
Sense of community	.225*	.222*	.243*	-.0145	.244*	.304**	-				
Age	-0.045	-0.091	-0.151	-0.116	-0.022	-0.169	-0.212*	-			
Gender ^a	-.212*	-.266**	-.308**	.324**	-.277**	-0.139	-0.105	-.253*	-		
Sexual orientation ^b	-0.054	-.259**	-.269**	.226*	-0.195	-0.035	0.019	0.104	.385***	-	
Race ^c	-0.109	-0.141	-0.162	.200*	-0.048	-0.074	-.239*	0.182	-0.015	0.007	-

^aGender: 0 = male, 1 = nonmale.

^bSexual orientation: 0 = heterosexual, 1 = nonheterosexual.

^cRace: 0 = White, 1 = non-White.

* $p < .05$. ** $p < .01$. *** $p < .001$.

TABLE 4 Hierarchical linear regression of intrapersonal and social-contextual variables predicting psychological well-being

Variable	B	SE	β	R ²	ΔR^2
Block 1				.045	.045*
(Constant)	4.489	.077			
Gender	-.291	.136	-.212*		
Block 2				.561	.516***
(Constant)	3.09	.448			
Gender	.066	.100	.048		
Self-esteem	.746	.125	.647***		
Psychological distress	-.22	.071	-.273**		
Optimism	-.092	.090	-.106		
Block 3				.577	.016
(Constant)	2.615	.514			
Gender	.091	.101	.066		
Self-esteem	.675	.131	.585***		
Psychological distress	-.210	.073	-.261**		
Optimism	-.095	.090	-.110		
Empowerment	.152	.091	.133		
Soc	.049	.089	.040		
Social support	.000	.002	.012		

Note. SE = standard error.

* $p < .05$. ** $p < .01$. *** $p < .001$.

4.2 | Bivariate correlations between intrapersonal, social-contextual, and well-being variables

Correlational analyses indicated that all six intrapersonal and social-contextual factors were significantly related to psychological well-being in the expected direction. Optimism ($r = .52, p < .001$), self-esteem ($r = .72, p < .001$), social support ($r = .30, p < .01$), sense of community ($r = .23, p < .05$), and empowerment ($r = .47, p < .001$) were all positively correlated with psychological well-being, whereas psychological distress was negatively correlated with psychological well-being ($r = -.59, p < .001$; see Table 3).

4.3 | Assessing the relative influence of intrapersonal and social-contextual factors

A hierarchical linear regression was conducted to examine whether intrapersonal or social-contextual factors accounted for more variance in psychological well-being. Explanatory variables were added in blocks, and the resulting change in R-squared values as well as the beta-weights for each individual variable were assessed. The full hierarchical model was significant, accounting for 57% of the variance in psychological well-being, $F(7, 92) = 17.99, p < .001$ (see Table 4).

In block 1, gender accounted for 4.5% of the variance in the model and was significantly negatively related to psychological well-being ($\beta = -.21, p < .05$), indicating that males experienced significantly greater psychological well-being than nonmale-identified participants. The inclusion of intrapersonal variables in block 2 accounted for an additional 52% of the variance ($p < .001$).

Self-esteem was significantly positively related to well-being ($\beta = .65, p < .001$), whereas psychological distress was significantly negatively related to psychological well-being ($\beta = -.27, p < .05$). Optimism was not significantly associated with well-being ($\beta = -.11, p = .31$). The addition of the social-contextual variables in block 3 did not account for

a significant amount of additional variance ($\Delta R^2 = .02, p = .31$). In the full model, self-esteem ($\beta = .56, p < .001$) and psychological distress ($\beta = -.26, p < .05$) were the only significant predictors of psychological well-being.

5 | DISCUSSION

Research with youth experiencing homelessness has typically focused on their challenges, setbacks, and negative outcomes as opposed to their strengths and positive outcomes—their resilience in the face of adversity. This study's exploration of psychological well-being among homeless youth can add to the emerging strengths-based research literature and help to illuminate several factors that may affect the well-being of homeless youth.

5.1 | Study findings and implications

5.1.1 | Demographics and participant characteristics

Although this study did not find psychological well-being to be related to age, sexual orientation, or racial background among homeless youth, male-identified individuals reported greater psychological well-being than participants who identified as female, transgender, nonbinary, and gender fluid. In addition to males possibly underreporting negative characteristics and overreporting positive characteristics (e.g., psychological well-being), these differences are likely also due to the marginalization often faced by those who step outside of the gender binary norms (e.g., Cochran, Stewart, Ginzler, & Cauce, 2002). Further, female, transgender, and genderqueer youth who experience homelessness may face certain stressors or dangers that those who are male do not face (e.g., managing feminine hygiene, threats of sexual violence or assault). Results suggest the importance of services that are focused on supporting individuals with gender-related needs.

5.1.2 | Intrapersonal correlates of psychological well-being

Each of the intrapersonal variables was significantly associated with psychological well-being at the bivariate level. Specifically, greater levels of optimism and self-esteem were associated with higher scores on psychological well-being, with self-esteem being the strongest correlate of all study variables. Because greater optimism and lower pessimism have been linked to better psychological well-being outcomes after facing adversity (e.g., Taylor & Armor, 1996), future studies should examine whether and how optimism might benefit the well-being of homeless youth.

Moreover, previous research has discussed the crucial protective role that self-esteem may have for the resilience of homeless youth, reporting that homeless youth emphasize a reliance on the self to remain resilient (e.g., Kidd & Shahar, 2008). Youth's ability to depend on their own self-resources may be directly related to their self-esteem, such that those who have lower self-esteem may experience a heightened vulnerability to negative psychological health outcomes (Kidd & Shahar, 2008). Thus, self-esteem may promote self-reliance and autonomy among homeless youth, which in turn could boost their psychological well-being. Considering that homeless youth tend to have lower self-esteem than nonhomeless youth (Maccio & Schuler, 2011), programs that promote the development of healthy self-esteem among this population may be particularly crucial to supporting their well-being.

Psychological distress was also significantly associated with psychological well-being, with lower psychological distress predicting greater psychological well-being. Considering the moderate size of this association, it is possible that youth may experience minor levels of psychological distress while still having above-average levels of psychological well-being, supporting the notion that psychological health is a distinct construct from psychological well-being (Provencher & Keyes, 2011). Further research is needed to understand the nuances of this relationship and how to promote mental-emotional health of youth experiencing homelessness.

5.1.3 | Social-contextual correlates of well-being

Empowerment, sense of community, and social support were all positively associated with psychological well-being, such that higher scores on each of these social-contextual variables were associated with greater levels of psychological well-being. Empowerment may encourage homeless youth to take initiative in developing autonomy and gaining mastery over their environments, particularly for youth who display a sense of agency in leaving abusive homes or dangerous circumstances for the sake of their own health and safety. These youth may view homelessness as a situation that they are in control of and that supports their autonomy and thus may feel empowered in their experiences of homelessness.

Further, empowerment could contribute to a sense of purpose and meaning if youth see themselves as being able to make positive changes in their communities, and if service programs support youth to take control of their lives, set goals, and work toward positive changes. Indeed, recent research demonstrates that youth benefit from having “increased voice, choice, and responsibility in developing programs that better respond to” their own needs (Ferguson et al., 2011) (p. 15).

Social support was also significantly associated with psychological well-being. Social support provided by service center programs may aid youth in developing autonomy and mastery while fostering personal growth. Further, these supports may provide youth with opportunities to develop positive social relationships, whether with the service center staff or with other youth who visit the service centers. Developing peer friendships is acutely important to youth and emerging adults as they begin to break away from their families and establish autonomy (e.g., Arnett, 2004). These social relationships may be particularly important to the well-being of youth experiencing homelessness because these friendships may be their primary sources of support and protection on the streets (e.g., Oliver & Cheff 2014), particularly if they are disconnected from their families. Aside from peer networks, supportive adults in the community may also be important to the well-being of homeless youth, such as by reducing the risk of substance use (Ferguson & Xie, 2012).

Although sense of community was significantly correlated with psychological well-being, it had the weakest correlation of all intrapersonal and social-contextual variables. Although much research demonstrates the importance of supportive social networks to the well-being of youth, as well as factors associated with the well-being of youth (e.g., Whitbeck, 2009), sense of community may not be equally important to all youth experiencing homelessness or may depend upon their particular circumstances. For example, Rice, Milburn, Rotheram-Borus, Mallett, and Rosenthal (2005) describe the role of peer networks in influencing some homeless youth to engage in problem behaviors, such as substance abuse.

Further, disaffiliation from conventional social structures and identification with street life culture can make transitioning out of homelessness more difficult because research has demonstrated positive associations between adaptation to street life and the length of time spent homeless (Piliavin, Sosin, Westerfelt, & Matsueda, 1993). And because experiences on the street can exacerbate already existing psychiatric symptoms or result in new symptoms (Whitbeck, 2009), a strong sense of community with other homeless youth may be detrimental to well-being. With these findings in mind, a lower sense of community may actually be adaptive if overidentification with other homeless youth puts individuals in danger or exposes them to influences that may interfere with their efforts to transition out of homelessness.

As we discuss in more detail in the Limitations section, additional research is needed to better understand and measure the nuanced relationship between sense of community and psychological well-being among homeless youth, particularly because the strength of affiliation with various communities likely affects the well-being of homeless youth differentially at various stages of homelessness.

5.1.4 | Hierarchical regression predicting psychological well-being

Examined collectively, the intrapersonal variables remained significantly associated with psychological well-being, whereas the social-contextual variables did not. Because psychological well-being is an inherently intrapersonal construct, it would be theoretically expected to have a stronger relationship with the intrapersonal variables than the social-contextual variables. From a measurement perspective, it is also likely that there are more similarities in the

content of items between the intrapersonal variables and psychological well-being, which could inflate the size of their associations. Future studies should incorporate measures of well-being and its hypothesized correlates that are more conceptually distinct or include multiple respondents (e.g., service staff, peers) and types of measurement (e.g., observational data or secondary analysis of service use data).

5.2 | Limitations

Several limitations should be addressed and considered in future research. First, generalizability in this study is limited by (a) the relatively small sample size and (b) the fact that data were collected from youth who are engaged in service use. Findings may not generalize to homeless youth who are not currently using services or those who elected not to participate in the study. Furthermore, based on discussions between our university's institutional review board and the partnering community center pertaining to informed consent and guardians not being present to sign consent, youth younger than age 18 years could not be interviewed. Therefore, this study may not generalize to youth who are minors. Moreover, data were collected during the summer months. The experiences of homeless youth from winter to summer may vary, and future research should consider seasonal challenges when studying the well-being of homeless youth.

A second major limitation is that correlational, cross-sectional analyses cannot determine causality, and thus caution should be taken when interpreting findings. It is quite possible that other factors that were not directly measured in this study exist and interact in complex ways to explain differences in psychological well-being. It is also possible that the directionality between well-being and the intrapersonal and social-contextual predictors may be reversed. For example, youth who have higher levels of well-being may be more likely to seek out opportunities for cultivating social support and sense of community. Longitudinal studies are needed to further understand the direction of effects between variables and their potential interactions.

A third limitation is the possibility for response bias because of the self-reported nature of the data. For example, participants may have felt pressured to manage their self-presentation and thus may have under- or overreported negative or positive experiences. Although efforts were made to ensure that participants knew that responses would be confidential, it is possible that participants were concerned that answering openly and honestly could affect their receipt of services. All efforts were taken to minimize these concerns and to provide resources in the event that any of the questions become distressing.

Finally, the lack of clarity concerning the communities youth were reporting a sense of connectedness to in the sense of community measure is a major limitation of this study. Participants were asked to answer the sense of community questions thinking about the parts of their community where they spend the most time. Thus, although some youth likely thought about the broader geographic community when responding, many youth answered the questions in relation to the homeless youth community or to areas where they spend time with other youth experiencing homelessness (e.g., homeless youth service centers). This inconsistency makes interpretation of findings quite difficult. Future research should consider how to capture the sense of community construct more clearly and consistently and how to best distinguish the importance of youths' locality-based communities from their relational communities, particularly in light of their tendency to view other friends experiencing homelessness as "family."

5.3 | Directions for future research

The findings and limitations of this study inform numerous future directions for research. First, replication research is needed to determine whether similar findings are observed among samples of youth experiencing homelessness in different locations, with youth who are not engaged in service centers and with youth from other diverse backgrounds, that may not be reflected here.

Future studies should also focus on additional risk and protective factors that expand upon the current investigation. In particular, characteristics of personal strength and resilience, which have been found to be associated with well-being, have also been cited by homeless youth as being important to their survival on the streets. Some of these potential protective factors include goal orientation (Kidd & Shahar, 2008; Osborne et al., 2009), spirituality

(Bender et al., 2007; Kidd, 2003), and nonconformity (Bender et al., 2007; Kidd, 2003; Lindsay, Kurtz, Jarvis, Williams, & Nackerud, 2000). Longitudinal research is also needed to examine causal relationships among the factors examined in this study as well as other factors not included in the current research.

Future research should also incorporate more participatory approaches, such as asking youth about their perspectives of what is important to measure for their well-being, which could inform new measures that more accurately reflect their developmental stage and the components of well-being that they prioritize. This research could also ask youth about the ways in which service centers might best meet their needs for physical, emotional, and mental well-being and what barriers might prevent them from accessing such services, as suggested in a review conducted by Thompson, Bender, Windsor, Cook, and Williams (2010). Such participatory research could mirror the framework developed in recent participatory approaches to youth engagement (i.e., Iwasaki, Springett, Dashora, McLaughlin, & McHugh, 2014) or create setting-specific frameworks using similar participatory approaches.

5.4 | Conclusion

The results of this study expand our understandings of psychological well-being among youth experiencing homelessness. Individual-level factors (e.g., self-esteem, psychological distress, and self-care) appear to be particularly important to well-being, but the influence of social-contextual factors (e.g., social support and empowerment) must also be considered. The findings of this study can inform prevention, health promotion, and interventions for homeless youth as well as assist service centers in developing programs that capitalize on the strengths and values of youth while recognizing the unique challenges and needs of this population.

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