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## Safer inside? Comparing the experiences and risks faced by young people who couch-surf and sleep rough

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### ABSTRACT

As youth homelessness has increased globally, so too has the proportion of young people who are couch-surfing. The risks involved in couch-surfing, compared to other forms of youth homelessness, are poorly understood. Drawing upon intake records from 808 homeless youth in Brisbane, Australia, the authors examine how couch-surfers compare to rough sleepers as well as other homeless youth on the basis of (1) general demographic characteristics; (2) mental and physical health; (3) legal issues; (4) relationship support; and (5) drug use. Couch-surfers were more likely to identify as female, have limited community support, report poor mental health, and indicate more serious histories of self-harm. Rough sleepers were more likely to have legal issues and describe recent drug use. We suggest a need for both increased awareness about couch-surfing risks; and for youth service providers to engage more nuanced and targeted risk assessment in identifying and responding to the needs of these vulnerable populations.

### ARTICLE HISTORY

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### KEYWORDS

Homelessness; youth; couch-surfing; sleeping rough; mental health

## Introduction

Following the global economic downturn, youth homelessness rose worldwide, even in industrialised countries such as the United States (Duffield and Lovell 2008; United States Interagency Council on Homelessness 2018), United Kingdom (Clarke et al. 2015; Watts, Johnsen, and Sosenko 2015), and Australia (ABS 2016; Pawson et al. 2018). Rather than sleeping rough, many of these young people turned to unstable or unsuitable temporary housing options. In Australia, the number of people who presented to specialised homelessness services and said they were couch-surfing increased by 33% from 2011–12 to 2014–15, with the largest proportion of couch-surfers reporting they were under-25 (AIHW 2016a). Couch-surfing has dual meanings in the public consciousness. Websites like couchsurfing.com have co-opted the term as a no-frills, affordable way to travel. Travelers can stay with ‘locals’ who offer up their couch, floor, or extra bedroom in exchange for a modest price. For many young people, though, couch-surfing is less romantic, instead serving as a way to *remain* local to school or work. For homeless young people, couch-surfing may involve ‘mov[ing] from household to household intermittently ... [the couch-surfer] is not regarded as being part of the household, and [...] does not have

any form of leased tenure of any accommodation' (AIHW 2016a). In such situations, couch-surfing is not a vacation, but instead the only safe option.

While more clients of specialist housing services report they are couch-surfing, these same individuals often find they are a low priority for triage and transitioning into stable, long-term housing. Couch-surfing may be presented as a less risky form of accommodation, especially when compared to sleeping rough, and the conflation between adventuring and couch-surfing is confusing, even for young couch-surfers themselves. In her online survey of young couch-surfers, Clarke (2016) noted the difficulties posed to researchers by such connotations:

The emergence of websites such as couchsurfing.com whilst targeted at travelers rather than people who are homeless, nevertheless, highlights the positive way in which sharing living spaces can be seen. [...] The extent to which sofa surfing was seen as a positive experience by young people responding to this survey presents a challenge to the way in which we conceptualize homelessness as a necessarily negative and often damaging experience (70).

Similarly, qualitative research on couch-surfers suggests that many do not seek out services because they do not view themselves as homeless.

Yet, while couch-surfing may be perceived positively, both by the broader public and couch-surfers themselves, there is limited comparative research that exists that compares the lived experiences and personal histories of couch-surfers with people who are sleeping rough. Here, we seek to fill that gap, focusing on comparing the demographics, mental and physical health, support networks, substance use, and criminal justice system involvement of young people who are couch-surfing and sleeping rough, both to each other and to all other homeless young people accessing services in Brisbane, Australia. Using intake service records from 808 young people, we found noteworthy differences in gender, patterns of drug use, severity of self-harm, and self-assessed mental health status. We conclude that support programmes need to adapt risk assessments for couch-surfers that respond to identified patterns or risk and use targeted harm reduction practices in providing support.

## Literature review

### *Youth homelessness: a question of definition*

Research on youth homelessness has been plagued by competing definitions over who to count (ABS 2012), both with regards to age and accommodation. Some countries, such as the United Kingdom and Australia and adopted a more sociocultural definition of homelessness in government records. Since 2009, the Australian Bureau of Statistics (ABS) has relied upon the following standardised definition of homelessness:

When a person does not have suitable accommodation alternatives they are considered homeless if their current living arrangement: (1) is in a dwelling that is inadequate; or (2) has no tenure, or if their initial tenure is short and not extendable; or (3) does not allow them to have control of, and access to space for social relations. [...] The ABS definition of homelessness is informed by an understanding of homelessness as 'homelessness, not rooflessness. [...] These elements may include: a sense of security, stability, privacy, safety, and the ability to control living space. Homelessness is therefore a lack of one or more of the elements that represent 'home' (ABS 2012).

By defining homelessness through the absence of a sociocultural concept (a home) as opposed to a physical object (a roof), service provision statistics include both the 'primary homeless', those who lack any house to stay in, and the 'secondary homeless', or those who have access to a place to stay but whose housing is characterised as unstable, temporary, or unsustainable, including couch-surfers.

### *Couchsurfing: what we know*

Though lacking a home, couch-surfers do have a roof. As such, they often fall into the category of 'hidden homelessness', those young people whose experience with housing instability is hidden from the public eye. The hidden homeless are difficult to count, as they are often not included in point-in-time censuses. As a result, little is known regarding the prevalence and impacts of couch-surfing in relation to youth homelessness. However, surveys suggest that couch-surfing is a common experience among young persons (Clarke 2016; Curry et al. 2017; Fildes, Perrens, and Plummer 2018; MacKenzie and Chamberlain 2006; Mackenzie et al. 2016; Michael 2010). For instance, a recent report released by Mission Australia found that over one in ten (11.4%) young persons who responded to a 2017 *Youth Survey* reported a couch-surfing experience because they felt that they couldn't go back home (Fildes, Perrens, and Plummer 2018). The report also found that these were not isolated experiences, with one in five (19.8%) indicating this had happened on only one occasion and seven percent reporting that they typically stayed away for periods longer than six months (Fildes, Perrens, and Plummer 2018). Similarly, a recent report by the Australian Institute of Health and Welfare (AIHW 2018) found the majority of couch surfers that sought assistance from specialist homeless services were between 15 and 24 years old<sup>1</sup>, and that the couch surfers were more likely to experience repeat episodes of homelessness compared to other specialist homeless services clients. These findings support concerns that couch-surfing can be a precursor to entrenched homelessness if services are not accessed.

Compared to other forms of homelessness, Australian research suggests that young couch-surfers are slightly more likely to be female<sup>2</sup>, identify as LGBTIQ+, equally likely to report problematic drug and/or alcohol use, and more likely to report a mental health issue or a mental health diagnosis (AIHW 2018; Fildes, Perrens, and Plummer 2018; Vichta and Hail-Jares 2017).<sup>3</sup> Mental illness is a particular concern amongst this group, with the AIHW (2018) study finding that 37% of couch-surfers seeking assistance from specialist homeless service agencies reporting a mental health issue (compared to 35% of other specialist homeless serviceclients), while other research has found higher rates of reported self-harming behaviour and suicidal thoughts amongst this population (Moore 2017; Vichta and Hail-Jares 2017). The leading cause for young people resorting to couch-surfing is family conflict and family breakdown, with issues such as divorce or separation of parents, difficult relationships with step-parents or de facto partners, and/or experiences of domestic and family violence causing young people to voluntarily leave the home, be 'crowded out', or asked to leave (Clarke 2016; McLoughlin 2013; Moore 2017).

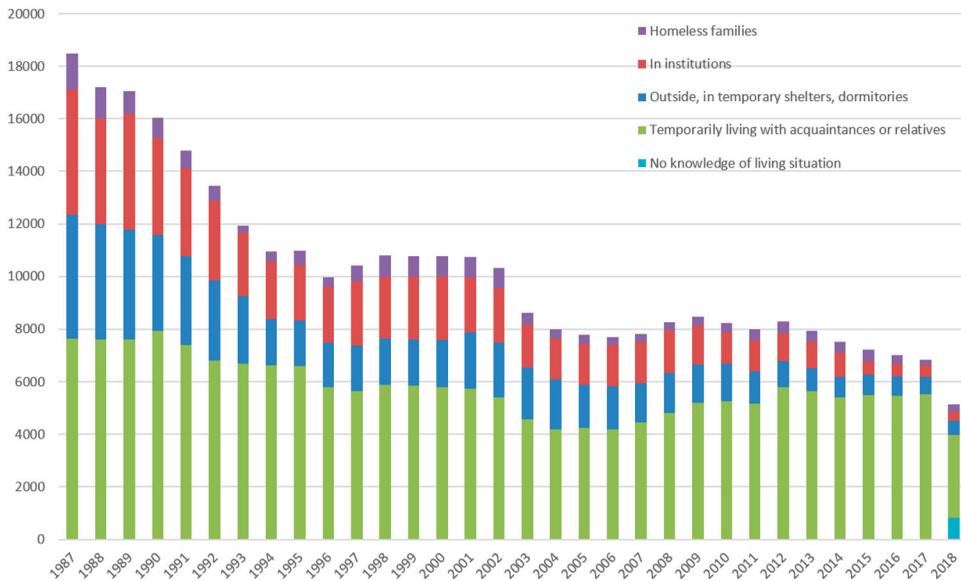
While young couch-surfers represent a prevalent and vulnerable group, qualitative research on the experiences of young couch-surfers has revealed that formal supports and services are largely unavailable, inaccessible or undesirable among this group

(McLoughlin 2013; Moore 2017). The strong association between rooflessness and homelessness means that young couch-surfers frequently do not identify themselves as homeless, regardless of how unsafe or insecure their housing circumstances may be, and as a result many do not seek formal services or are unaware of their existence (McLoughlin 2013; Moore 2017). Even when they do seek assistance, young couch-surfers encounter a number of barriers in accessing and securing stable accommodation. For instance, in her qualitative study of 15- to 25-year-old couch-surfers in Australia, McLoughlin (2013) found that couch-surfers are often deemed as less of a priority: 'lack of appropriate and available formal assistance may be a key reason early home leavers are having to "manage" their situations through other avenues' (531). Even in circumstances where services are available, research has found that some young couch surfers prefer to stay 'out the system', with negative experiences or perceptions of shelter systems (such as stressful, crowded or unsafe living condition and shelters with too many rules), and fear of the stigma of being 'labelled homeless', being found to be major deterrents in seeking out formal sources of accommodation (McLoughlin 2013; Moore 2017; Perez and Romo 2011).

### *Prioritising rough sleeping*

Thus, despite the prevalence of couch surfing among homeless youths, research suggests, overwhelmingly, that homelessness services do not prioritise this group. Instead, most jurisdictions have prioritised service delivery for people who are sleeping rough (for example, see The Council of Economic Advisers 2019; Department of Community and Children's Services 2019; Department of Health and Human Services 2018; NSW Government 2018). This prioritisation is not without merit; young people who are sleeping rough are at greater risk of poor health and preventable mortality, criminalisation, and victimisation than their housed counterparts (Hwang 2000; Cheung and Hwang 2004; Roy et al. 2004). Wingert and colleagues found that medical concerns were exacerbated by sleeping rough, suggesting that secondary forms of homelessness may be safer, at least in terms of physical health, than street-based living (Wingert, Higgitt, and Ristock 2005). Research has also supported applying this same harm-minimisation philosophy to mental health as well; that housing, even unstable, may be associated with better mental health. Past studies of homeless youth suggest that between 21% and 69% have engaged in self-harm or attempted suicide with no statistical difference by gender (Tyler et al. 2003; Whitbeck et al. 2004; Oppong Asante and Meyer-Weitz 2017; Hadland et al. 2015; Moskowitz, Stein, and Lightfoot 2013) and that rough sleeping adolescents were twice as likely to experience psychological distress as their housed peers (Kamieniecki 2001).

Prioritising rough sleeping clients has further intensified as more jurisdictions explore and pilot Housing First models (Clarke, Parsell, and Vorsina 2019). Housing First programmes, while incredibly successful in improving life for formerly homeless people, again reinforces equivalency between homelessness and rooflessness. There is no better example of this than in Finland, where the Housing First model was introduced. After Housing First was introduced in 2007, the number of rough sleeping individuals and homeless families decreased—but the number of couch-surfers increased then stabilised, comprising the largest proportion of homeless individuals (Figure 1). In corresponding with Finnish officials, they acknowledged this category was largely comprised of couch-surfers whose housing needs were not met within the initial Housing First roll-



**Figure 1.** Homelessness in Finland, 2018. This figure, created by the Housing Finance and Development Centre of Finland, illustrates the distribution of homelessness by type both before and after the successful introduction of Housing First policies in 2007, and then the Housing First 2.0 policies in 2017 (taking effect in 2018).

out (Personal Correspondence 2019; Helskyaho, Ohisalo, and Turunen 2019). As a consequence, Finland introduced Housing First 2.0 in 2017, a revised version of the programme that reassesses eligibility based on a wide range of criteria, beyond roofed status. The plan, which seeks to eliminate homelessness in Finland within ten years, resulted in the lowest recorded number of couch-sufferers in a thirty-one year period.

Compared to the success Finland has had in reducing the number of people who are couch-surfing and rough-sleeping, in Australia, the number of people in both groups is growing. The AIHW found that 13,037 people were sleeping rough in 2011–12, and that this increased to 15,252 in 2014–15 (AIHW 2016b). During the same period, couch-surfing Australians also increased from 15,836 in 2011–12 to 21,028 in 2014–15 (AIHW 2016a). Improving research on couch-surfing may better identify opportunities for homelessness services to provide support and services, without de-prioritising either group.

*'An Undifferentiated List:' Quantitative Homelessness Research in the New Orthodoxy*

Homelessness has often been attributed to individual rather than structural causes, with the focus of much research identifying the causal connection between observable traits, such as mental health, substance abuse, or relationship breakdown. These traits are 'often presented in an undifferentiated list, in which neither their relationship to each other nor to wider explanatory frameworks [is] rigorously investigated' (Fitzpatrick 2005, 1). However, in the 1980s, critics pushed back against this approach to homelessness research and suggested that homelessness was instead the result of formal systems of support, such as welfare, the public health system, and housing markets, failing. Focusing on individual-factors at the expense of these structural-level factors ignores the important interplay between the two. This theoretical dissatisfaction gave rise to the 'new orthodoxy' of homelessness research (Caton 1990; Pleace 1998; Farrugia and Gerrard 2015). The

resulting new orthodoxy holds that (1) structural factors contribute to conditions in which homelessness will occur; (2) people with low levels of resiliency or coping skills will be more vulnerable to potential homelessness in these environmental conditions; and (3) therefore, vulnerable people will be overrepresented among the homelessness (Pleace 2016). Homelessness, then, is not the inevitable result of a person meeting a checklist of criteria, but instead, one possible experience that may occur if life experiences, social inequity, and formal and informal support combine to create such a pathway (Fitzpatrick 2005).

As such, proponents of the new orthodoxy framework may support an end of quantitative modelling that focuses on individual-level variables. However, such an approach ignores the current reality of providing homelessness services (particularly in commonwealth countries, such as Australia). Alternatively, new orthodoxy scholars have suggested reconceptualising many of the most common factors correlated with homelessness as 'increased risk' (Pleace 2016; Randell and Brown 1999). In this framing, the factors are not explanatory variables for homelessness, in and of itself, but instead illustrate opportunities for 'micro-level' prevention (Fitzpatrick 2005). Such opportunities are especially needed among forms of homelessness that are less well-studied, like couch-surfing, where neither descriptive statistics nor the relationship between risk factors have been modelled. Indeed, in many of existing studies, the ties between the factors have compared all-unstably housed vs all-unhoused individuals, presenting unstably housed young people as a homogenous group that ignores the breadth of experiences within that category (see for example, Santa Maria et al. 2018).

Increased-risk research has traditionally focused on five categories of factors: (1) general demographics; (2) mental and physical health; (3) legal issues; (4) relationship support; and (5) drug use. As the new orthodoxy framework holds, these factors, individually or collectively, are not a proxy for homelessness (many people who are housed experience poor mental and physical health, have limited relationship support, and use illicit substances, for example), but can lead to an increased risk when formal and informal support systems also fail. Additionally, the presence of these risk factors exacerbates the push-and-pull of youth homelessness, often both intersecting and mutually reinforcing, leading to further social isolation and continued homelessness.

In many of these previous studies comparisons have been made between 'unstably housed' and 'unhoused' young people. Young people who are sleeping rough, then, are compared to any young person with a roof, including young people staying with family, living in private rental or community housing, or even in shelter (see for example Hadland et al. 2015; Hwang 2000; Kamieniecki 2001; Santa Maria et al. 2018; Roy et al. 2004; Tyler et al. 2003). This roof-based definition homogenises the experiences of young people who have access to indoor spaces. As a form of 'housed' accommodation, couch-surfers are arguably assumed to be safer in the literature (see Clarke, Parsell & Vorsina for a full discussion). However, is couch-surfing a less negative and damaging experience? Are couch-surfers the same as other homeless or at-risk young people who seek services?

If so, then such roof-based definitions may be appropriate. If not, then, more work should be done to design accommodation-specific risk assessment and programming within homelessness services. The recent AIHW (2018) study raises questions about the potential for mental health concerns and invites further comparison on the basis of other risk factors, including demographics, legal issues, relationship support, and

substance use. To explore these questions, we use client records gathered by youth workers from Brisbane Youth Service to explore four research aims:

- Aim #1: Present descriptive statistics about young people who are couch-surfing, sleeping rough, and engaged in other accommodations.
- Aim #2: Compare the micro-level risk factors of young people who are couch-surfing, as compared to rough-sleepers and all other young people utilising services.
- Aim #3: Also compare the micro-level risk factors of rough-sleepers to all other young people utilising services.
- Aim #4: Model the relationships between micro-level risk factors and housing status at intake.

Following this, we conclude by discussing ways that these findings can inform and lead to the development of services explicitly as couch-surfers.

## Methods

### Setting

Brisbane is the capital city Queensland, Australia with roughly 2 million residents. The ABS (2016) estimates that 1,750 youth are homeless within the city's limits. Homeless youth are served by a variety of services in Brisbane, including Brisbane Youth Service (BYS), a non-governmental organisation. BYS is the largest youth-specific service operating within the city. During a client's first visit to BYS, the young person and case worker complete an intake profile which includes assessment of current housing situation, employment or educational engagement, financial situation, physical health, legal issues, substance use, mental health, experiences of violence, child safety concerns, support networks and any other areas of support need. Based on the information collected, case workers engage the young person in identifying, prioritising, and planning for progressing towards personal goals.

### The sample

The authors extracted data from all profiles of young people who visited BYS between July 1, 2016 and June 30, 2017. The data extraction and analysis was approved by the Griffith University Human Research Ethics Committee. Records were de-identified, but included a unique identifier to differentiate individuals within the dataset. 1,242 records were downloaded. Nearly 400 of these records were duplicates and were removed relying upon this identifier. Duplicated records were exclusively comprised of young people who had completed intake and had subsequently accessed another BYS program (such as supportive housing) which generated a second record. Fifty-six records were eliminated because they did not indicate their housing status at intake. One additional record was eliminated because it was linked to a person over age-25. A total sample of 808 records remained. Missing data was minimal with between 1 and 13% of young people not responding to certain questions. Consistent record-keeping is operationally challenging with this client population given the chaotic and crisis-driven nature of help-seeking. As such, the current sample is considered highly complete within the context.

## Measures

Brisbane Youth Service's uses a simplified version of the Quality of Life for Homeless and Hard to House Individuals inventory of self-report measures (Hubley et al. 2009; Palepu et al. 2012). The tool is validated and measures from the tool, such as the questions on health and support networks, have been used in peer-reviewed research with vulnerable populations previously (e.g. Hail-Jares et al. 2015; Kushel et al. 2005). Logistic regression models were used to examine the relationship between theoretical risk factors for homelessness, including (1) general demographics; (2) mental and physical health; (3) legal issues; (4) support networks; and (5) alcohol and other drug use and the main outcome of interest—housing at intake.

*Housing at intake.* Young people were asked to describe their housing at intake and presented with 11 different options including: couch-surfing, sleeping rough, staying with family, community housing, student housing, shelter or crisis accommodation, public housing, private rental, child safety placement, institution (e.g. community-based criminal justice programme or mental health care facility), and other. The main variable of interest—housing status at intake—was construed three different ways: (1) couch-surfing vs. all others; (2) rough sleeping vs. all others; and (3) couch-surfing vs. rough-sleeping.

*General demographics* including young people's gender identity, sexual orientation, age, Indigenous status (Aboriginal and/or Torres Strait Islander), CALD status, parental status, and history of disability and mental health diagnosis. CALD status includes young people who are immigrants themselves as well as first-generation immigrants whose families speak a language other than English at home.

*Mental and physical health* were self-assessed by the young person on a five-point scale ranging from very poor (1) to very good (5). Mental health was also addressed by lifetime history of self-harm and suicidal ideation. Young people were asked if they had any current or outstanding *legal issues*. When examining *support networks*, young people were asked to consider how much support they received from (1) their family, (2) their friends; (3) their partners (if applicable); (4) other community based organisations or social services, and (5) other sources of support, such as churches or clubs, and to rank that support on a five-point scale, ranging from very poor (1) to very supportive (5). Young people were also asked about past and current experience with family violence, and intimate partner violence. Finally, participants were asked about their *recent and lifetime drug use*, including whether in the past 3 months they had used (1) alcohol; (2) tobacco; or (3) illicit drugs; whether they had ever injected drugs; and whether they self-identified as having a past or current substance abuse problem.

## Statistical analysis

With the exception of the scales for health and support, all variables were dichotomised. Chi-square tests were used to examine the associations between dichotomised variables and housing status. Scales were treated as continuous data and analysed with one-way ANOVAs (Allen and Seaman 2007). Variables that were identified as statistically significant in bivariate analysis were included in the multivariate analysis. All analysis was carried out in Stata 13.1 (Cary, NC).

## Results

### Demographics

At intake, nearly twenty-eight percent of all youth—the largest single proportion—indicated that they were couch-surfing while thirteen percent indicated they were sleeping rough. Couch-surfers were statistically more likely to identify as female than other homeless youth (63.7% v. 55.1%;  $p = 0.008$ ; Table 1) or rough sleepers (39.1%;  $p = 0.000$ ). Couch-surfers were also more likely to identify as LGBTQI+ and have a diagnosed mental health concern than other homeless youth. Comparatively, rough sleepers were much less likely to be a custodial parent (19.1% v. 25.3%;  $p = 0.024$ ) than all other homeless youth. Compared to couch-surfers, rough-sleepers were marginally less likely to identify as LGBTQI+ (26.2% v. 17.4%;  $p = 0.088$ ) and more likely to have a diagnosed disability (17.9% v. 27.5%;  $p = 0.063$ ).

### System involvement and drug use

Couch-surfers did not differ statistically from all other homeless youth when examining criminal justice involvement and drug use (Table 2). Rough sleepers, on the other hand, were more likely to have a current or ongoing legal issue (41.0%) than all other youth (28.2%;  $p = 0.002$ ; Table 2) or couch-surfers (30.4%;  $p = 0.061$ ). Rough-sleepers also indicated that compared to all other young people, they had higher frequencies of recent tobacco use (80.8% v. 64.4%;  $p = 0.000$ ), recent illicit drug use (55.1% v. 42.0%;  $p = 0.003$ ), and lifetime injection drug use (45.1% v. 32.2%;  $p = 0.009$ ). Compared to only couch-surfers, though, only the differences in recent tobacco use remained statistically significant (80.8% v. 63.9%;  $p = 0.003$ ). Rough sleepers were no more likely than either group to indicate a past substance abuse problem, but were more likely to identify their current use as abuse (28.9%) than either all other young people (19.1%;  $p = 0.020$ ) or couch-surfers (18.3%;  $p = 0.048$ ).

**Table 1.** General demographics of youth.

General Demographics	All Youth % (N) (n = 808)	Compared to All Others (n = 808)				Couch Surfing vs. Rough Sleeping (n = 331)
		Couch-surfing Youth (n = 226)	Statistical Significance	Rough Sleeping Youth (n = 105)	Statistical Significance	Statistical Significance
Gender (%Female)	55.1 (422)	63.7 (144)	0.008	39.1 (41)	0.000	0.000
Age, years (min-max)	20.5 (12–27)	20.2 (15–27)	NS	20.3 (12–27)	NS	NS
Identifies as LGBT (%Yes)	23.7 (175)	26.2 (54)	NS	17.4 (17)	NS	0.088
Identifies as a parent (%Yes)	28.3 (224)	25.3 (56)	NS	19.1 (20)	0.024	NS
Indigenous Status (%Yes)	26.3 (210)	25.6 (57)	NS	27.9 (29)	NS	NS
Culturally and Linguistically Diverse (%Yes)	12.8 (97)	15.7 (33)	NS	10.1 (10)	NS	NS
Diagnosed mental health concern (%Yes)	46.9 (343)	48.6 (101)	NS	43.6 (41)	NS	NS
Diagnosed with a disability (%Yes)	21.3 (153)	17.9 (36)	NS	27.5 (25)	NS	0.063

**Table 2.** System involvement, drug use, and health of young people attending Brisbane Youth Service.

	Compared to All Others (n = 808)				Couch Surfing vs. Rough Sleeping (n = 331)	
	All Youth (n = 808)	Couch-surfing Youth (n = 226)	Statistical Significance	Rough Sleeping Youth (n = 105)	Statistical Significance	Statistical Significance
Has financial debts (%Yes)	40.8 (328)	36.3 (77)	NS	44.7 (46)	NS	NS
Has current unsettled legal issues (%Yes)	28.2 (230)	30.4 (66)	NS	41.0 (43)	0.002	0.061
In the last three months, have you ever ... (%Yes)						
Used alcohol	60.3 (456)	64.5 (131)	NS	60.4 (58)	NS	NS
Used tobacco	64.4 (491)	63.9 (131)	NS	80.8 (80)	0.000	0.003
Used drugs	42.0 (316)	45.1 (91)	NS	55.1 (54)	0.003	NS
Any history of injection drug use (%Yes)	32.2 (93)	35.0 (28)	NS	45.1 (23)	0.009	NS
Past experience with substance abuse (%Yes)	44.9 (313)	47.5 (86)	NS	50.0 (46)	NS	NS
Current experience with substance abuse (%Yes)	19.1 (133)	18.3 (33)	NS	28.9 (26)	0.020	0.048

### Social support and mental health

Reports of family violence were highest among couch-surfers (Past: 70.8%, Current: 24.3%; Table 3), but these frequencies did not statistically differ from all other youth or rough sleepers. In contrast, both couch-surfers and rough sleepers were less likely to report current or past experiences with intimate partner violence.

Regardless of these experiences with victimisation, couch-surfers and rough-sleepers did differ from other homeless youth and each other in the amount of perceived support they received. Couch-surfers ranked their family support as poorer than other homeless youth (2.16 v. 2.46;  $F = 21.35$ ;  $F > \text{prob } 0.0000$ ; Table 3), a finding shared with rough sleepers (2.05 v. 2.46;  $F = 14.72$ ;  $F > \text{prob } 0.0001$ ). Couch surfers also reported poorer perceived support from community-based organisations than all other homeless youth (2.51 v. 2.79;  $F = 11.87$ ;  $F > \text{prob } 0.0006$ ), though their perception did not statistically differ from rough sleepers. While couch-surfers reported the poorest perceptions of support from community-based organisations, rough-sleepers reported the poorest perceived support for friends compared both to all others youth (2.3 v. 2.80;  $F = 22.56$ ;  $F > \text{prob } 0.0000$ ) and couch-surfers (2.3 v. 2.88;  $F = 17.14$ ;  $F > \text{prob } 0.0000$ ).

### Multivariate models

Bivariate analysis identified five factors to include in the multivariate logistic model: gender, outstanding legal issues, support, self-assessed mental health, recent drug use, and severity of self-harm. The support index combined young people's perceptions of the support they received from family, friends, and community-based organisations, and then dichotomised into below and above the mean. Similarly, for self-assessed

**Table 3.** Social and family support of young people attending Brisbane Youth Services.

	Compared to All Others (n = 808)					Couch Surfing vs. Rough Sleeping (n = 331)
	All Youth (n = 808)	Couch-surfing Youth (n = 226)	Statistical Significance	Rough Sleeping Youth (n = 105)	Statistical Significance	Statistical Significance
Past experience with family violence (%Yes)	67.5 (525)	70.8 (148)	NS	67.4 (64)	NS	NS
Currently experiencing family violence (%Yes)	21.0 (160)	24.3 (50)	NS	20.7 (19)	NS	NS
Past experience with intimate partner violence (%Yes)	42.2 (324)	38.4 (79)	NS	38.4 (38)	NS	NS
Currently experiencing intimate partner violence (%Yes)	14.0 (107)	10.8 (22)	NS	12.2 (12)	NS	NS
Self-assessment of support, as received from ... (Mean, SD)						
Family	2.46 (1.18)	2.16 (1.06)	0.0000 (F = 21.35)	2.05 (1.17)	0.0001 (F = 14.72)	NS
Friends	2.80 (1.19)	2.88 (1.18)	NS	2.3 (1.11)	0.0000 (F = 22.56)	0.0000 (F = 17.14)
Partner (if applicable)	3.59 (1.30)	3.57 (1.39)	NS	3.3 (1.45)	NS	NS
Community-based organisations	2.79 (1.26)	2.51 (1.28)	0.0006 (F = 11.87)	2.59 (1.22)	NS	NS
Self-assessment of mental health at intake, mean (SD)	2.9 (0.96)	2.6 (0.88)	0.0001 (F = 14.73)	3.1 (0.99)	0.0292 (F = 4.77)	0.0003 (F = 13.35)
Self-assessment of physical health at intake, mean (SD)	3.4 (0.92)	3.4 (0.93)	NS	3.6 (1.0)	NS	NS
History of self-harm (%Yes)	22.1 (162)	27.9 (56)	0.020	15.3 (15)	0.083	0.017
History of suicide attempts or ideation (%Yes)	31.5 (231)	39.1 (79)	0.006	27.6 (27)	NS	0.050

mental health, the variable was divided into good or very good mental health compared to all other assessments (Kushel et al. 2005). Finally, a scale was created to measure the severity of self-harm: (a) None—no history of self-harm; (b) Moderate—self-harm only; and (c) Major—history of self-harm and suicidal ideation. The model also controlled for age and Indigenous status.

Three models were then run. Model #1 examined how the seven factors were associated with couch-surfing. Model #2 examined how the factors were associated with sleeping rough. The final model, Model #3 compared the impact of the factors on couch-surfing versus sleeping rough only. All coefficients were converted to odds ratios for interpretation.

*Model #1: Couch-surfing.* Five variables remained statistically significant in the model examining couch-surfing: gender, age, support, mental health, and severity of self-harm. Demographically, the odds of couch-surfing increased by 1.57 times if the young person identified as female (CI: 1.04–2.37;  $p = 0.032$ ; Table 4). Individuals with above average levels of support from their friends, families, and community-based organisations

**Table 4.** Multivariate logistic model of factors impacting housing at intake.

Factor	Couch-surfing vs. All Others ( <i>n</i> = 586)		Sleeping Rough vs. All Others ( <i>n</i> = 586)		Couch-surfing vs Sleeping Rough ( <i>n</i> = 230)	
	AOR (CI)	<i>p</i> -value	AOR (CI)	<i>p</i> -value	AOR (CI)	<i>p</i> -value
Gender <sup>a</sup>	1.57 (1.04–2.37)	0.032	0.551 (0.322–0.943)	0.030	0.438 (0.236–0.811)	0.009
Age	0.586 (0.396–0.867)	0.007	0.835 (0.500–1.39)	NS	1.20 (0.656–2.21)	NS
Indigenous Status	0.999 (0.637–1.57)	NS	1.10 (0.613–1.96)	NS	1.22 (0.611–2.44)	NS
Outstanding legal issues	1.14 (0.731–1.78)	NS	1.88 (1.10–3.21)	0.021	1.52 (0.813–2.85)	NS
Above average support from family, friends, and CBOs	0.403 (0.267–0.606)	0.000	0.345 (0.195–0.610)	0.000	0.733 (0.369–1.46)	NS
Self-assessed good mental health	0.591 (0.345–1.00)	0.050	1.51 (0.828–2.76)	NS	2.07 (0.997–4.32)	0.051
Drug use in the past 3 months	1.11 (0.72–1.69)	NS	1.78 (1.03–3.08)	0.038	1.43 (0.749–2.726)	NS
Severity of self-harm						
No history of self-harm	REF	REF	REF	REF	REF	REF
Moderate	1.61 (0.986–2.62)	0.057	0.633 (3.13–1.28)	NS	0.522 (0.240–1.14)	NS
Major	1.73 (1.03–2.90)	0.040	0.786 (0.366–1.69)	NS	0.571 (0.252–1.13)	NS

<sup>a</sup>Reference categories are as follows: Gender (male), Indigenous Status (none), Age (younger than the mean) and Severity of self-harm (no history).

were 2.48 times less likely to be couch-surfing (aOR 0.403; CI: 0.267–0.606; *p* = 0.000). Similarly, good mental health was also associated with a decreased likelihood in couch-surfing (aOR: 0.591; CI: 0.345–1.00; *p* = 0.050). Finally, as severity of self-harm increased, so too did the likelihood that a young person would be couch-surfing (Table 4).

**Model #2: Sleeping rough.** Young men were nearly twice as likely to be sleeping rough as young women (aOR 0.551; CI: 0.322–0.943; *p* = 0.030; Table 4). Outstanding legal issues also increased the odds that a young person was sleeping rough (aOR 1.88, CI 1.10–3.21; *p* = 0.021) as did recent illicit drug use (aOR 1.78, CI 1.03–3.08; *p* = 0.038). As with couch-surfers, rough sleepers had indicated low levels of support overall; having above average support from family, friends, and service organisations nearly tripled the odds that a young person would not be sleeping rough (aOR 0.345; CI 0.195–0.615; *p* = 0.000).

**Model #3: Comparing couch-surfing and sleeping rough.** In the final model, we considered how whether these factors may increase the odds that a young person would find themselves sleeping rough or couch-surfing. Once again, gender played a significant role; young women were 2.28 times more likely to be couch-surfing than sleeping rough at intake (aOR 0.438; CI 0.236–0.811; *p* = 0.009; Table 4). Mental health also was associated with housing at intake; young people who said they had good or very good mental health were twice as likely to be sleeping rough at intake (aOR 2.07; CI: 0.997–4.32 *p* = 0.051).

## Discussion

Couch-surfing and rough sleeping young people both face extreme challenges to their health and wellbeing. Couch-surfers were more likely to report that they had limited community support, more likely to rate their mental health as poor, and more likely to report a

severe history of self-harm or suicide. Young people who reported they had good or very good mental health were twice as likely to be sleeping rough than couch-surfing. These results align with emerging analysis of national-level Australian data on homeless people; AIHW (2018) found higher rates of mental health concerns and diagnoses across all ages of couch-surfers than among homeless people living in other housing situations. While many of the findings are worthy of further exploration and inquiry, we focus on three discussion points further: gender disparity, self-assessed mental health, and perceived community support.

Though young women make up just over half (53%) of all of the Brisbane Youth Service clients, they were overrepresented among couch-surfers and underrepresented among rough sleepers; indeed just 41 young women indicated they were rough sleeping at intake. In their metaanalysis of 128 studies on young people engaged in sexual exchange, Showden and Majc (2018) found that homelessness was the primary instigating factor. Showden and Majc's review strongly implies that couch-surfing and sexual exchange among young people may be globally intertwined. This hypothesis has received further support from a recent Melbourne-based study; Moore (2017) found that 'sex surfing' was common among young women and that issues of consent and coercion became murky within this context. Young women acknowledged they made a decision to stay with a couch provider rather than face other forms of homelessness. The young women who were interviewed indicated they were aware that sexual exchange was implicit when they agreed to stay. Yet they expressed limited ability to rebuff such sexual advances, given that their housing was tied to maintaining the illusion of enthusiastic consent (Moore 2017).

The relationship between gender and survival sex, then, may provide at least a partial explanation for the relationship between poor mental health and couch-surfing. Moore, for example, noted that young women couch-surfers expressed anxiety about the risk of pregnancy or sexually transmitted infections, the decision to report or not report an assault to the police, loss of agency, and abuse within previously supportive but platonic friendships (Moore 2017). In sum, while young women who are rough sleeping may experience a risk of victimisation, young women who are couch-surfing may face a more direct pervasive psychological distress stemming from the host's expectation for sex. Such findings are consistent with patterns of self-blame, shame, and anticipatory stigma experienced by victims of sexual assault (Kennedy and Prock 2016). More qualitative research that explicitly addresses the relationship between couch-surfing, mental health, and sexual exchange is needed.

We also must consider that couch-surfers' poor mental health is the possible impetus for seeking social support services. As other qualitative studies have indicated, couch-surfers rarely view themselves as homeless and rarely seek out organisational support (McLoughlin 2013). While both rough sleepers and couch-surfers were found, in this study, to rate themselves as having lower levels of support than other young people accessing BYS, their support deficiencies were different. Among rough sleepers, the low self-assessments were driven by poor support from family and friends; rough sleepers indicated the least support coming from peer networks of any homeless youth group (and another likely indicator of why these individuals were not presently couch-surfing). Conversely, couch-surfers identified that they had low levels of support from family and community-based organisations such as youth support services.

This last finding is in line with previous research, where couch-surfers may not see themselves as included in the mission of organisations that serve homeless youth, either because they do not self-identify as homeless or do not feel that such organisations have services that meet their needs. This belief may be reinforced if couch-surfers experience being treated as a lower priority for support by such organisation, since their situation is perceived as less critical than sleeping rough by service providers. Perceptions of poor levels professional support could further intersect with a sense of invisibility and isolation that accompanies couch-surfing. Those who are sleeping in public spaces may experience a stronger sense of connection and access to homelessness outreach services who are actively working to engage rough sleeping populations. Couch-surfers on the other hand are often alone in their accommodation setting, vulnerable and dependent on the goodwill of their hosts, and disengaged from available support networks since their bed are hidden from public view in suburban spare rooms, garages and lounge rooms. Service prioritisation of 'rooflessness', then, not only creates barriers to young couch-surfers accessing the support they need, but also misses the opportunity for earlier intervention.

In translating these findings into policies, we recommend that homelessness services revisit organisational assumptions that link personal safety to being 'roofed'. Challenging such assumptions is likely to ensure that youth homelessness service providers are aware of the potential risks associated with couch-surfing and encourage the development of need-based service delivery that prioritises distribution of resources based on holistic measures of mental and physical wellbeing, not housing status. Previous research recommendations have included to the need for couch-surfers to be connected to tenancy legal advice services, as well as financial and psychological support options (Moore 2017). On a broader scale there appears to be a need to undertake proactive community-based early intervention and education to reduce invisibility and disconnection from support for young couch-surfers.

## Limitations

Relatively few quantitative studies have compared the personal histories of couch-surfers and rough sleepers. This study contributes valuable insights in the context of these noted limitations. First, the data used here are cross-sectional. Secondly, there remains a possibility of omitted variable bias, notably the exclusion of engagement in education and/or employment, and duration of current living situation. Brisbane Youth Service intake data does not include how long a young person has been living in their current type of accommodation. As such, these findings could be masking an omitted variable such as the duration a young person was couch-surfing or the yo-yoing experienced by many young people as they move in and out of different accommodation styles. Future research on couch-surfing should use a life-calendar approach to housing that allows a respondent to indicate how many days during the data collection period they have been couch-surfing compared to sleeping rough or staying in some other type of accommodation. Thirdly, our data comes from a clinical sample – young people who accessed homelessness services—and therefore, it may not be representative of all homeless young people. Our findings may not be generalisable to all couch-surfers, but our intent is that they are generalisable to couch-surfers who seek services

(and therefore, our findings can be used to inform service screening and delivery). To that end, we believe our study has a high degree of external validity, given its sample size and statistical power. Finally, we wish to acknowledge the concern that there may be multicollinearity between gender and mental health. We employed multiple strategies for examining the model for problematic multicollinearity, including exploring the correlation between the variables, calculating the variance inflation factor and condition number, removing each variable, and perturbing the data. All of these detection methods suggested that multicollinearity was unlikely to result in a type 1 error within this model (Kalnins 2018).

## Conclusion

Historically, rough sleepers have been a highly visible and critical priority for homelessness interventions. As couch-surfing becomes an increasing concern, youth homelessness services need to be prepared to recognise and respond to the potential mental health and safety concerns accompanying this experience. We found that young people who are couch-surfing are more likely to suffer from poor mental health; more likely to lack adequate professional and community support networks; and more likely to report more serious forms of self-harm than their rough sleeping peers. There is an implied need, therefore, for youth homelessness services to expand their focus, identifying and systematically responding to these potential harms. While the conversations may be challenging, harm-reduction approaches to homelessness intervention must necessarily include conversations about transactional and survival sex and other relational and environmental stressors associated with unstable and highly dependent housing situations. In many situations and scenarios, vulnerable and homeless young people may not, in fact, be safer inside.

## Notes

1. While the majority of young couch surfers who responded to the 2017 *Youth Survey* reported that their first experience of couch surfing occurred when they were aged between 12 and 16 (74.4%), it is important to note that almost one in five of those who had couch surfed (19.5%) reported that they had first done so when they were less than 12 years old (Fildes, Perrens, and Plummer 2018).
2. In contrast, a survey conducted in the UK found that males were more likely than females to have sofa surfed, along with non-British citizens, disabled people and those who had been in care or had a social worker as a child, and that these groups were also more likely to report having done so for longer lengths of time (Clarke 2016)
3. Conversely, rough sleepers are more likely to be older males (over aged 35), and more likely to report having an issue with drugs or substance abuse (AIHW 2018).

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