

An Evaluation and Analysis of Issues Confronting Homeless LGBT Youth from the Perspective of Social Service Agency Providers

Julia Collins
Saint Joseph's University

Literature Review

Homelessness is an acute condition of poverty that has been a continuous concern in the United States. While single adult men account for the majority of the homeless population, the number of children, youths, single mothers, and poor or working poor experiencing homelessness in the United States is steadily increasing, making it an even larger social problem for the future of this country (Hernandez Jozefowicz-Simbeni and Israel 2006, 37). In the midst of the recession following the financial turmoil in 2008, poverty and unemployment increased more tremendously for young adults ages 18 to 24 than for other adult age groups in the United States (Toolis and Hammack 2015, 50). Likewise, unaccompanied youth are a continuously growing portion of the vulnerable homeless population. By definition, unaccompanied homeless youth are younger than the age of 22, live without any variation of parental guidance on a daily basis, and lack a fixed and regular shelter complete with care and supervision (Massachusetts Appleseed Center for Law and Justice 2012, 2). Records from 2008 indicate that over 1.6 million United States youth under the age of 18 experienced some form of homelessness annually, while the number of young people in general experiencing an episode of homelessness in a year is estimated at 750,000 to 2 million (Massachusetts Appleseed Center for Law and Justice 2012, 2; Toolis and Hammack 2015, 50). In addition to this, a study from the National Health Care for the Homeless Council found that young adults also, on average, have less income, fewer benefits, less saved money, less support socially, and little to no knowledge about housing benefits and resources in comparison to older adults (Toolis and Hammock 2015, 50).

Aside from striving to survive daily and a lack of belongings, homeless youth also inherit a number of psychological issues, often to the socially constructed view of homeless individuals in general (Toolis and Hammack 2015, 50). In a psychological study evaluating the neural patterns when viewing images of "extreme out-groups," it was found that homeless individuals were perceived as disgusting. This same reaction of disgust came from an image of an overflowing toilet and vomit, indicating the innate tendency to dehumanize homeless individuals (Harris and Fiske 2006, 848). The negative public perceptions, stigma, and inherent stereotypes about homeless youth are born from a society that culturally believes that poverty is equated to individual failure (Toolis and Hammack 2015, 51). This contributes to the criminalization and ostracizing of impoverished youth, leading to an overall decrease in quality of life and chances of success; often, the criminalization leads to a lack of placement, unwarranted searches, and police brutality (Toolis and Hammack 2015, 51). Thus, "in constructing a coherent narrative identity, these youth likely confront the difficult task of negotiating stigma as well as making meaning of traumatic and disruptive life experiences" (Toolis and Hammack 2015, 51). Stigmatization has the potential to push youth into dangerous spaces where they face the possibility of abuse, injury, and ultimately, death (Toolis and Hammack 2015, 51). Homeless youth are hyperaware of the stigma they face (Kidd 2007, 292).

Thus, psychologically, these experiences of stigmatization result in negative mental health outcomes for homeless youth, including, but not limited to, lowered self-esteem, feelings

of alienation, major depression, posttraumatic stress disorder, victimization, hopelessness, and helplessness (Kidd 2007, 252; Massachusetts Appleseed Center for Law and Justice 2012, 2). Aside from mental health detriments, homeless youth are at a greater risk of contracting sexually transmitted diseases given their vulnerability to sexual exploitation and sexual contact (Toolis and Hammack 2015, 51; Massachusetts Appleseed Center for Law and Justice 2012, 2). In addition to sexual exploitation, homeless youth are “disproportionately affected by abuse, poor health, mental illness... and unplanned pregnancy” (Toolis and Hammack 2015, 51). Poor health is often a result of inadequate sleep and poor dietary patterns (Massachusetts Appleseed Center for Law and Justice 2012, 2). Moreover, homeless youth are also more likely to engage in substance abuse, likely as a means of maintaining an alternate reality (Toolis and Hammack 2015, 51; Shillington, Bousman, and Clapp 2011, 34; Massachusetts Appleseed Center for Law and Justice 2012, 2).

These challenges faced by homeless youth daily can likely be accredited with the dramatic barriers placed on necessary services, such as education, housing, food, clothing, shelter, and healthcare. As a result, in order to secure these basic necessities, homeless youth are often forced to barter sex acts, which is considered criminal behavior (Massachusetts Appleseed Center for Law and Justice 2012, 2). Oftentimes, this is driven by a lack of strong adult support both emotionally and financially and the few opportunities to receive a legal income (Massachusetts Appleseed Center for Law and Justice 2012, 2). In addition, they have a much higher chance of encountering arrest, violence, and HIV (Massachusetts Appleseed Center for Law and Justice 2012, 2; Shillington, Bousman, and Clapp 2011, 29).

At particular risk for homelessness is the lesbian, gay, bisexual, and transgendered (LGBT) youth. Research shows that LGBT youth face far greater adversity and victimization on the street in comparison to heterosexual homeless youth (Kidd 2007, 292). Although the LGBT population only constitutes for 3 to 5 percent of the general population, about 35 percent of all homeless youth are found to be LGBT (Yu 2010, 341). Likewise, 26.9 percent of all street youth identify as “nonstraight,” while 2.7 percent identify as transgendered (Gattis 2013, 38). LGBT youth comprise approximately 30 to 45 percent of clients served by homeless youth agencies, drop-in centers, outreach, and housing programs (Keuroghlian, Shtasel, and Bassuk 2014, 66). While literature on LGBT homeless youth varies in relativity to age parameters, some studies indicate that youth on the streets are as young as 10 years old (Keuroghlian, Shtasel, and Bassuk 2014, 67). At Green Chimneys, a shelter in New York City, an overwhelming 11 percent of residents identified as transgendered (Yu 2010, 341). The most common reason indicated by LGBT homeless youth for leaving the home is fleeing uncomfortable or violent living situations with families who reject their sexual orientation or gender identity. Moreover, the second most common reason cited is being forced out of the family upon disclosure of their sexual orientation or gender identity. The third most common reason cited by LGBT youth on the streets is escaping the foster care system, where harassment and violence against LGBT youth is a frequent occurrence (Keuroghlian, Shtasel, and Bassuk 2014, 67).

The average age of becoming homeless for the first time is 14 years and many of these youth do not choose to disclose their sexual identity until they are already on the streets (Keuroghlian, Shtasel, and Bassuk 2014, 67). This data suggests that “running away from home may be a coping strategy complicated by the stressful process of lesbian, gay, and bisexual identity development in early adolescence” and these youth are being evicted by guardians for non-conformity to gender norms even prior to disclosing their sexual identity (Keuroghlian, Shtasel, and Bassuk 2014, 67).

LGBT homeless youth, in comparison to their heterosexual peers, have higher rates of mental health problems, including psychiatric disorders, anxiety, depressive symptoms (41.3% vs. 28.5%), posttraumatic stress disorder (47.6% vs. 33.4%), suicide ideology (74% vs. 53.2%), and at least one suicide attempt (57.1% vs. 33.7%) (Keuroghlian, Shtasel, and Bassuk 2014, 67; Gattis 2013, 39; Yu 2010, 342; Rosario, Schrimshaw, and Hunter 2011, 55). This may be a result of the disproportionately higher rate of victimization (i.e. physical, mental, and sexual) and discrimination faced by LGBT homeless youth (Keuroghlian, Shtasel, and Bassuk 2014, 68; Gattis 2013, 39). LGBT youth that are homeless are also at a higher risk to experience premature death and infectious diseases, especially HIV, while living on the streets (Yu 2010, 342; Gattis 2013, 43; Keuroghlian, Shtasel, and Bassuk 2014, 66). Premature death and infectious diseases are oftentimes a result of sexual risk behavior, which LGBT homeless youth are more prone to engage in (Keuroghlian, Shtasel, and Bassuk 2014, 66; Gattis 2013, 38; Kenney et al. 2012, 212). This survival sex has the potential of being with a prostitute, IV drug user, or an HIV positive individual (Gattis 2013, 43). Premature death and infectious diseases also come as a result of substance abuse, which LGBT homeless youth have higher rates of in comparison to their heterosexual homeless counterparts (Rosario, Schrimshaw, and Hunter 2011, 545; Gattis 2013, 39; Keuroghlian, Shtasel, and Bassuk 2014, 68). According to research, sexual minority youths use more types of drugs than heterosexual youth (Cochran, Stewart, Ginzler, and Cauce 2002, 774). LGBT homeless youth aged 13 to 21 years old are more likely than straight homeless youth to use cocaine, crack, or methamphetamines (Keuroghlian, Shtasel, and Bassuk 2014, 68).

Among all homeless youth, the transgender youth populations face the most precarious situation. The unmatched struggles faced by homeless female-to-male and male-to-female transgender youth often go completely unaddressed (Keuroghlian, Shtasel, and Bassuk 2014, 68). Transgender youth often will identify as gay before deciding to identify as transgender, which becomes a much more complex developmental process. These youth will face much higher rates of victimization in school than non-transgender gay and lesbian youth (Keuroghlian, Shtasel, and Bassuk 2014, 68). Even within homeless shelters, transgender youth will face much more complex issues, including the “humiliation and physical or sexual victimization that occur at shelters,” where transgender clients are forced to use communal bathrooms, showers, or bedrooms based on their birth sex, rather than the sex they identify with (Keuroghlian, Shtasel, and Bassuk 2014, 68). It is also likely that transgender youth are not even welcomed into a shelter. In addition to this, homeless transgender youth transitioning into the gender desired do not get adequate medical attention, including unmonitored hormone and silicone injections obtained from street dealers (Keuroghlian, Shtasel, and Bassuk 2014, 68).

Despite the disproportionate number of LGBT homeless youth, this population is typically excluded in policy making (Rosario, Schrimshaw, and Hunter 2011, 546). Gay homeless youth are at a significant risk of many negative outcomes while living on the streets and therefore are in great need of services that adequately accommodate their needs. Ideal and effective services must somehow guarantee safety, security, and liaisons to a network of other support (Kenney et al. 2012, 213). Oftentimes, LGBT homeless youth face a great deal of discrimination within shelters and foster homes, breaking down the home as a system of support. Likewise, faith-based organizations can staff individuals who are intolerant of the lifestyles of gay homeless youth (Yu 2010, 342). Therefore, help programs are typically required to include mental health and trauma treatment, substance abuse treatment, medical services focusing on drug use and risky sexual activity, and educational and career-placement programs (Yu 2010, 343).

However, these help programs do not fully address the needs of this marginalized population. Some studies indicate that the center of gay homeless youth's internal and external issues is lack of family communication and therefore, family therapy seems to be an appropriate point of intervention (Gattis 2013, 47). Seventy-seven percent of clients at the Ali Forney Center, a housing initiative for youth in New York City, reported experiencing familial abuse. Likewise, foster parents are more likely to request that LGBT youth be removed from their home and placed elsewhere; staff is also less likely to intervene (Kenney et al. 2012, 209-210). The Family Acceptance Project is a community research, intervention, education, and policy initiative working to decrease risks related to the LGBT youth (The Family Acceptance Project). This initiative focuses on rebuilding family ties in order to increase support and decrease negative outcomes for LGBT youth by promoting overall wellbeing (Gattis 2013, 47). Essentially, it has been found that interventions that promote family acceptance often reduce risky behavior and increase positive health states (Kenney et al. 2012, 209).

Methodology

To conduct research on how LGBT homeless youth cope within the framework of the various agencies implemented to meet their needs, the qualitative method of conducting interviews was employed. Interviews were conducted over a four-month span and each lasted 35 minutes on average. Eight of the nine interviews took place over the telephone; the ninth was done in person at an agency.

The target population for interviewees was staff and adults employed at agencies that work to promote assistance to either gay youth, homeless youth, or gay homeless youth. Therefore, from relationships formed through contacts at Saint Joseph's University, the interviewees were two mentors at an LGBT youth center, a staff member at a youth housing agency, a director at an LGBT youth center, a staff member at a healthcare provider for LGBT, a staff member at a youth organization, a director at a volunteer organization, a legal advocate for LGBT youth in the foster system, and a program coordinator at a homeless shelter.

Staff members at these agencies were able to give their perspective on the social issue as a whole, either through their firsthand experience or from experience assisting youth battling homelessness and sexual minority status. All individuals interviewed were adults, although some staff members interviewed identified that they had previous personal experience with the social issue. Minors were not interviewed in order to protect their identity and well-being, while also being conscious of their status of vulnerability. The agencies interviewed were from two major cities on the East Coast and one in the Southwest of the United States. I had no previous developed relationships with any of the agencies interviewed. Interview questions (**Appendix A**) centered upon the services each agency provides, the presence of foster care within the gay homeless population, familial abuse (emotional, physical, and sexual), prevalence of mental illness and suicide ideation, the level of promoted acceptance among agencies, discrimination, family engagement after leaving the home, and the prevalence of substance abuse. Each of these subtopics were found to be integral in analyzing gay homeless youth and how the level of assistance offered plays a role in their societal survival. Within these questions, an in-depth analysis of the effectiveness of interventional programs for the gay homeless youth population can be provided, therefore evaluating how LGBT homeless youth are able to function within the framework presented by agencies and programs.

Results

Prevalence of Foster Care Youth in the LGBT Homeless Population

One of the most common reasons LGBT find themselves on the streets is due to a desire to escape the foster care system, as a great deal of youth experience harassment and violence in their foster homes (Keuroghlian, Shtasel, and Bassuk 2014, 67). Likewise, through the nine interviews, a consistent trend found was the amount of foster children within the LGBTQ homeless youth population. According to a staff member at Agency 3, about 36 percent of the homeless youth seeking services at different agencies were or are part of the foster care system; of this 36 percent, 53 percent of these individuals aged out of the foster care system and ended up homeless. Due to the overrepresentation of LGBTQ youth in the homeless youth population, this trend continues in the foster care system. As a staff member at Agency 1 stated,

A lot of our LGBTQ kids have been in the [foster care] system. Sometimes they are in the system at a later age because of how they identify and families cannot handle that situation. Other times, kids have just grown up in the system... Some kids have reported having very bad situations, whether it's with foster families who are not LGBTQ-friendly or with group home staff that are not LGBTQ-friendly. I will say there is some institutionalized trauma with those experiences around LGBTQ issues and a lot of trauma from their own families around the issue.

Within these foster homes, it was found that some families do not react well to the child's sexual identity and as a result, he or she may have faced antagonism from his/her foster family. Likewise, a member of the staff at Agency 2 expressed the abrupt ending of foster care benefits: "Kids that have been in the care of the Department of Human Services are at a disproportionately higher risk of becoming homeless when they graduate out." Thus, youth were found to either leave the foster care system as a result of facing this antagonism or they turned eighteen and lost the benefits. In addition to this, a staff member at Agency 9 stated that oftentimes the live-in staff at foster and group homes can be the issue. She states, "They tend to turn a blind eye to uncomfortable environments. It's almost like a 'don't ask, don't tell' mentality among the staff." Foster parents are more likely to request an LGBT youth be removed from their home (Kenney et al. 2012, 209-210).

Abuse

Another prominent issue that LGBT often experience in their families and foster care settings is abuse. Homeless youth are disproportionately affected by abuse, oftentimes due to the stigma associated with being both gay and homeless (Toolis and Hammack 2015, 51). Thus, of the nine interviews, each interviewee noted that the LGBTQ youth served at his or her organization had experiences of abuse. In many cases, trauma is an aftereffect of the abuse an LGBTQ youth endures as a result of his or her sexual orientation. As staff member at Agency 5 states, "The vast majority of our clients have experienced some kind of trauma." Likewise, a staff member at Agency 6 echoed this sentiment:

I would say there is an overwhelming number of young people who experience trauma from physical, sexual, and verbal abuse. For the LGBTQ youth I work with, an overwhelming amount of the abuse situations are due to somebody's either perceived or actual sexual orientation.

Many young people have undergone a great deal of trauma and families are unable to respond in a way that is conducive to the progression of the child; one support area lacking in this area is minimal training by the Department of Human Services. However, it can be difficult to obtain information regarding abuse because an LGBTQ youth may or may not disclose whether or not he/she has endured abuse due to fears of where he/she may end up in the foster care system. A staff member at Agency 1 stated that he has encountered many gay youths who have been sexually abused. He states:

I think the trend is that these kids may look like they are different or there is something different about them, making them a target. There is a connection that needs to be made rather than the connection that they are only gay because of the abuse. Trauma does not create homosexuality.

This perpetual abuse further illustrates the need for counseling pieces geared specifically towards addressing trauma among LGBTQ youth.

Acceptance

Gay homeless youth, especially in comparison to their heterosexual homeless counterparts, face much higher rates of discrimination on a daily basis (Keuroghlian, Shtasel, and Bassuk 2014, 67; Gattis 2013, 38). In the nine interviews, there were no consistent findings about experiences with discrimination. Because it is apparent that discrimination exists within and against this population, it is noteworthy that no consistent findings were found. This could be accredited to the fact that actual homosexual youth were not interviewed, but rather those who interact closely with the youth. In the terms of discrimination, there were no consistent responses regarding both verbal (slurs and abusive words) and inadvertent (aggressive looks and ignorant questions about gender). Less consistent were the responses regarding physical discrimination because most accounts go unreported, which warrants a limited amount of data about this field.

Because LGBT youth face a great deal of abuse, acceptance at agencies becomes an integral piece of LGBT youth's development. LGBT youth are hypersensitive of the stigma they face (Toolis and Hammack 2015, 51), the promotion of acceptance in the agencies interviewed emerged as an extremely important tenet. Of the nine interviews, all agencies represented expressed that they promote acceptance of each LGBTQ youth both internally and externally. To promote this acceptance, diversity of age, gender, race, ethnicity, and sexual orientation is often found among staff to make the cultural climate more conducive to a struggling LGBTQ youth.

A staff member at Agency 2 discussed the common themes of internal and external acceptance among the LGBTQ community. Internal acceptance essentially is projected to gay youths through the encouragement of self-expression and full self-exploration. On the other hand, acceptance is promoted at most agencies externally by engaging outside communities in positive and proactive conversations about homosexuality. In this sense, acceptance is fostered externally through the normalization of these conversations about sexual orientation and gender

identity, rather than hearing conversations about this in response to a negative or violent event. The staff member explained, “Internally, one needs to promote acceptance of self by allowing LGBTQ youth to explore all those different dynamic parts of themselves, rather than existing solely on stereotypes... we see a lot of youth with internalized homophobia and their gay identities have been shaped by this.” It is essential for gay youth to construct their narrative identity separate from the stigma and negative life experiences (Toolis and Hammack 2015, 51). The idea is to encourage other agencies to incorporate such positive conversations into their own programming in order to begin changing the climate of the LGBTQ community.

The negative public perception and the inherent stereotypes that exist among the gay homeless population makes it increasingly important that staff is explicit in their expression of support for the youth (Toolis and Hammack 2015, 51). A staff member at Agency 7 stated that a place where “youth can feel comfortable expressing themselves” is key to success. Youth are less apprehensive about opening up about their experiences if it is to an elder who may be able to relate; staff members who identify as LGBTQ have shown to be more approachable and accessible. This encouraged communication allows a youth to find acceptance through normalized conversation and positive interactions. In addition, it can be noted that the cultural climate is more comfortable and accepting in agencies that have LGBTQ individuals on staff. A staff member at Agency 6 expressed this, “We have many staff members who identify as gay and that has helped our staff members who have not been previously exposed to the gay community become more comfortable with something that might have been unknown at the time.”

In relation to the transgender population, acceptance often comes in the form of appropriately recognizing a youth’s desired gender. In this sense, agencies indicated that they have staff meetings discussing possible changes in clients’ appropriate gender pronouns or if they are in the process of transitioning, addressing his or her new name. In addition, a new policy being adopted by various agencies is placing transitioning youth on the floor that houses their desired gender, regardless of their birth gender. This makes it easier for staff to use correct gender pronouns and decreases unintentional insensitivity towards transitioning youth.

Family Engagement

In the nine interviews, all agencies represented confirmed that there was no set protocol on family engagement. Most agencies do not require family reunion or engagement in any form; this may include encouraging a youth to return to his or her family’s home, contacting his or her family, or attempting to bridge any gaps with his or her family. Oftentimes, youth have never experienced any type of strong support from their parents or legal guardians (Massachusetts Appleseed Center for Law and Justice 2012, 2). Running away from an unsupportive home environment is a common coping strategy for homeless youth (Keuroghlian, Shtasel, and Bassuk 2014, 67). Therefore, agencies noted that family dynamics are different across socioeconomic statuses, family structures, religions, and other characteristics that make a family unique. A staff member at Agency 2 expresses this: “The existing LGBTQ youth family support network is not unlike the rest of the LGBTQ movement that seems to be geared towards white middleclass framework... it is not of much service to families of color.” This illustrates a need for a shift in language and approach to more adequately accommodate the lives of families from all backgrounds.

However, if an LGBTQ youth expresses that he or she would like to reunite with the family, staff will readily support and counsel that youth through this attempt. Counseling to the

youth is often offered before and after an attempted family reunion. Staff members indicated that they recognize that the youth themselves know their familial situations better than anyone at the agency. Therefore, family engagement is rarely forced or overly encouraged.

Mental Illness

Mental illness is a direct result of the disproportionate amount of discrimination that gay youth face (Keuroghlian, Shtasel, and Bassuk 2014, 67; Gattis 2013, 38). In comparison to their heterosexual peers, they have higher rates of mental health problems, specifically depressive symptoms, PTSD, and suicide ideology (Keuroghlian, Shtasel, and Bassuk 2014, 67; Gattis 2013, 39; Yu 2010, 342; Rosario, Schrimshaw, and Hunter 2011, 55). In the nine interviews, all interviewees corroborated on the evidence that mental illness is prevalent in the majority of gay homeless youth. Depression, anxiety, bipolar disorder, adjustment disorder, and post-traumatic stress disorder are the most frequently noted mental illnesses; however, there were no consistent findings regarding suicide or suicide ideology among the nine interviews. The mental illnesses among this population were found to be mostly crisis-oriented and situational, but some are long-term; long-term mental illnesses may include those that were diagnosed prior to homelessness. A staff member at Agency 4 echoes this by indicating that “a lot of the mental illness we see can be crisis-oriented, but the majority are identity development-related.” Foster families, biological families, and other caregivers often do not know how to recognize mental illness in a youth and therefore, do not seek access to professional treatment, which often precipitates homelessness of an LGBTQ individual. Once homeless, the street environment exacerbates the mental illness symptoms. Overall, as a staff member at Agency 5 states, “The rate of mental illness is going to be more than you would find in the general population and even more that you’re going to find in the general homeless population if you pull out the LGBT kids.” Therefore, most agencies perform psychological evaluations at intake, which then places a youth into needed counseling and therapy. If the agency does not offer in-place therapy, staff at these agencies will refer a youth to another agency that has stable and consistent counseling.

Substance Abuse

Another issue faced by homeless youth is substance abuse. Data suggests that LGBT homeless youth have higher rates of substance abuse in comparison to heterosexual homeless youth (Rosario, Schrimshaw, and Hunter 2011, 545; Gattis 2013, 39; Keuroghlian, Shtasel, and Bassuk 2014, 68); gay homeless youth are more likely to engage in hard drugs (Keuroghlian, Shtasel, and Bassuk 2014, 67). However, of the nine interviews, it was indicated by all interviewees that substance abuse among the LGBTQ homeless youth was prevalent. Oftentimes, substance abuse is a reaction to stress, as it provides an alternate reality and a source of community for those struggling with both their sexual identity and homelessness. The most common types of substance abuse found were alcohol, marijuana, and smoking cigarettes in a social capacity.

Oftentimes, however, youth who are just discovering their identity as a gay male or female turn towards the party scene to acclimate themselves. A staff member at Agency 4 states, “The only visible support scene is the network of bars. When you think about the ‘gayborhood,’ you think mainly about bars. When you see gay pride, you see a party. So that becomes the first stop for a young person first entering the LGBTQ community.” Therefore, the use of mainly

alcohol and softer drugs acts as a pathway for young people first being introduced to the gay community.

In addition to this, a staff member at Agency 5 indicated that some gay homeless youth use drugs as a means of remaining alert and safe from attack. She states, “If you’ve been assaulted on the train because you fell asleep, then who is to say that doing speed isn’t the safer thing to do to keep yourself awake all night until you get somewhere safe?” Thus, multiple agencies indicated that they do not require their gay homeless youth to be entirely clean if that is not what they interpret as being best for their life situation at that time. Instead, agencies use a “harm-reduction method,” which essentially encourages moderation and safe use if at all.

However, overall, it was found that there is no correlation between sexual orientation and substance abuse. Most agencies indicated that homosexual homeless youth do not use any more than heterosexual homeless youth.

Limitations

There were multiple limitations to this study. One limitation for this study is the sample size. If more than nine agencies were interviewed, it may be more representative of the entire population. In addition, these agencies were self-selected and based on which responded in a timely manner. Moreover, all of the agencies were different and sometimes yielded inconclusive results. In addition, the majority of the staff members interviewed were not necessarily firsthand sources because they do not have any experience in being part of the gay homeless population directly. Finally, geographic area is not necessarily representative of all of the United States.

Discussion

It was found that the reported abuse often occurred within foster homes; therefore, it is necessary to point out that potential foster families are not heavily screened or trained before intake of a child. Thus, it can be inferred that if families have preexisting stigmas or discrimination towards the homosexual population, they may consequently lack the necessary training skills to cope with a homosexual foster child. This abuse and the inadequate responses to an LGBTQ child in the home further necessitate a screening and training piece. In addition to this, statutes in 18 states and Puerto Rico require any person who suspects child abuse or neglect to report it to authorities (Child Welfare Information Gateway 2013, 3). In the event that this abuse is high risk, the child is removed from the home and placed into foster care where he or she is supposed to receive all of the services required for his/her success. However, if abuse is occurring in the biological home because of the disclosure of sexual identity, it cannot be guaranteed that the foster home will be any more or less abusive or discriminatory. Therefore, prevalence of abuse among LGBTQ homeless youth underscores the need for a counseling piece that each of the interviewed agencies provided in some sense. However, to avoid abuse altogether, counseling should be offered to both biological and foster families who have an LGBTQ individual in the home. A staff member at Agency 2 states:

Foster care families do not receive any training. There’s no prior training about LGBTQ youth and no screening about whether a family is able to take an LGBTQ youth in. And currently, the Department of Human Services (DHS) does not, as

part of their regular intake form, screen for whether or not a youth is LGBTQ. So, it's all sort of a gamble, unless the youth decides to disclose.

Counseling for both biological and foster families should take place in a safe space and should address 1) identity development, 2) acceptance, 3) discipline, 4) identification of post-traumatic stress disorder, anxiety, depression, or any other mental health issues, 5) reacting to discrimination, and 6) self-awareness of both parents and gay youth. This counseling should provide the tools needed for creating a safe space where a gay youth can flourish. Ideally, it should also address treatment for trauma. A staff member at Agency 2 also states, "We find that foster families are not 1: screened super heavily and 2: are not heavily engaged in the dynamics of the young people that have undergone trauma and therefore are not trained in responding appropriately to trauma." Implementing this counseling piece and making it publicly available for all families struggling with an LGBTQ child has the potential to eliminate all possibilities of abuse and therefore, can keep gay youth from becoming homeless.

Furthermore, another issue is the criminalization of homeless youth in the United States, which places a major barrier on services for this population. When a homeless youth further identifies as also being gay, the already minimal services are even more so minimized. There is a widely spread stereotype that all homeless youth are deviant and non-law-abiding citizens, which is why they have become homeless. In addition to this, according to the Massachusetts Appleseed Center for Law and Justice, eleven states legally criminalize running away from home and teens can therefore be taken into police custody if caught (2012, 7). It goes relatively unnoticed that many youth are fleeing an unsafe and uncomfortable environment. Decriminalization of homeless youth, both legally and socially, can be done through widespread education among schools, law enforcement, government leaders, and the general public. It should be indicated that many homeless youth are on the streets due to circumstances out of their control and therefore, should not be considered deviant members of society. Thus, the language centered upon homeless and unaccompanied youth needs to be changed and conveyed to policymakers.

Therefore, often due to repeated discrimination and forms of victimization, mental illness was found to be an incredibly prevalent aspect of the LGBTQ homeless population. Thus, there is an increasingly stronger need for the counseling aspect that the majority of agencies interviewed provide. This service provided to the youth is pivotal in their success within the community, as it can be the leading force behind overcoming both long-term and situation mental illnesses. In addition, the readiness for many agencies to perform psychological evaluations either upon intake or when found to be necessary can prevent a youth's inclination to experience suicide ideation. However, if an agency cannot provide the long-term mental health assistance that a youth may need, it should refer the youth to an agency that can. This should be done for all services, whether it is health insurance and medical coverage, shelter, meals, education, or any other necessity. Services tend to be skewed and not inclusive because the definition of a homeless youth varies from state to state, an issue that must be addressed.

However, interestingly, the lack of consistency in response to youth suicide ideation necessitates the need to normalize the conversation around this issue. Interviews were strictly conducted with the staff at agencies; therefore, staff, if they are not directly involved in the psychological betterment of youth, cannot necessarily be considered a firsthand source, which may be a limitation to this study. However, there was a high correlation found between suicide

ideation and untreated depression among LGBT homeless youth. This again necessitates the need for agencies to refer youth out to other agencies that can fully assist them.

Discrimination comes in many forms within the homeless LGBTQ population due to the double marginalization. However, it was either underreported or inconsistently cited in the nine interviews. This may have been due to the fact that the staff at these agencies is not the one technically experiencing the discrimination. Youth may underreport faced discrimination, which gives a skewed perspective on the subtopic as a whole. However, among agencies, there should be a training piece for all staff members that make them competent in assisting LGBTQ youth after experiences of discrimination, victimization, or abuse. Many LGBTQ youth are hesitant to access services due to previous negative experiences. Therefore, agencies should be overly accommodating towards LGBTQ youth seeking services in order to boost confidence and morale, which has been found to be extremely important in reintegrating. While all agencies interviewed did convey a sense of acceptance, an additional training in which agency members are informed of the LGBTQ culture and common misconceptions would make for an extremely effective and positive experience between youth and service providers. This acceptance aspect that was conveyed is readily promoted in each agency interviewed and it was reported that agencies are working towards integrating this piece into the community to decrease outward discrimination and victimization. Agencies are also working towards integrating acceptance pieces into the community; if all agencies worked to do this, the communities in which gay homeless youth live would be healthier and more positive environments.

However, within the transgender population, it was reported that a better relationship is developed and fostered through renewed policies that also promote a sense of acceptance. The policy that has specifically bettered an agency's relationships with the transgender population is one that states that youth transitioning can live on the floor with their desired gender. A staff member at Agency 1 states: "Once we made the housing policy change, staff using the appropriate pronouns became much easier... it's just an easier mindset shift." Therefore, this is a policy that all agencies should consider adopting in order to create a more comfortable environment for transgender youth.

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Appendix A

Interview Guide

1. What services do you feel your organization offers the gay homeless population?
2. Do you offer counseling services to these individuals?
3. Do you find that foster children often come in seeking the services at your organization?
4. If yes, do these gay homeless youth find that their foster home was an uncomfortable environment?
5. Did he or she experience any type of emotional abuse?
6. Did he or she experience any type of physical abuse?
7. Did staff in these foster homes attempt to protect the well being of him or her?
8. Did their foster parents ever request that he or she be placed in another home after disclosing his or her sexual orientation?
9. How did his or her foster siblings react to the disclosure of his or her sexual orientation?
10. Do you often hear of familial abuse?
11. What are the main tenets of your organization?
12. Does your organization promote acceptance?
13. How does your organization promote acceptance?
14. In relation to the family, does your organization encourage reunion with the family?
15. Do you often see any type of discrimination within the dwellings of your organization?
16. Who does this discrimination often come from?
17. If your organization does not deal exclusively with gay homeless youth, do heterosexual homeless youth show any type of defiance towards those who identify as gay?
18. Have any gay homeless youth seeking services at your organization mentioned any thoughts of suicide?
19. Have any gay homeless youth seeking services at your organization mentioned any attempts of suicide?
20. Have you interacted with any gay homeless youth who sought services at your organization commit suicide?
21. Did these gay homeless individuals have any type of counseling?
22. Do you often find that the gay homeless youth seeking your organization's services abuse any substance?
23. Do you find that the gay homeless youth seeking your services at your organization suffer from depression or any type of mental health issue?
24. Does your organization make an effort to reach out to parents for individuals under 18 years old?
25. Do you run background checks?
26. Does your organization allow individuals who are currently addicted to a substance continue using a substance or is there an intervention process?
27. Do these individuals ever keep in contact with family members, in particular, siblings?
28. Do these individuals form relationships within your organization?
29. How many times a day would an individual seeking your organization's services hear some type of derogatory slur in relation to their sexual orientation?
30. What do you feel their reaction is most of the time?

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