

Stonewall Progressives

Non-Partisan Activists of Los Angeles

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June 19, 2018

via email
Los Angeles City Council Members

Re: Council File: 17-0090-S7 and Council File: 17-0090-S4

Dear Councilmembers:

We write you today to draw your attention to homeless LGBTQ youth and some of their unique needs. A report by the Williams Institute at UCLA, *Serving Our Youth* found nearly 40% of homeless youth identified as LGBTQ and family rejection due to sexual orientation and gender identity was “the most cited factor contributing to LGBT homelessness,” also these youth are disproportionately youth of color.

These youth have higher rates of substance abuse, risky sexual behaviors, and self-harm behaviors. They are also at a great risk of exploitation and abuse.

The policy of LAHSA to prioritize family reunification poses a risk to these kids. As they are homeless due to family rejection, returning them to their hostile families poses a risk for greater suicide and other harmful behaviors. Numerous researchers have advocated for policies that address the unique needs of this population. We urge the City Council to develop policies that address these needs.

Much family rejection comes from religious ideas. While we all know not all denominations are hostile to LGBTQ people there are certainly some with a history and continue to actively pursue anti-LGBTQ actions and rhetoric. For homeless LGBTQ youth offering services to any faith-based organization may be too difficult emotionally to access. Having faith-based organizations receiving funding to serve the youth they caused to be homeless is cruel and absurd. We urge City Council to consider a screening process where faith-based organizations with stated LGBTQ affirming policies be considered for funding.

Finally, the City needs to recognize this is not only a Hollywood and West Hollywood problem. Homeless LGBTQ youth are in every council district and services need to reflect this geographic diversity.

Attached are several research reports that focus on homeless LGBTQ youth.

Sincerely,

Craig Scott
Stonewall Progressives

cc: media, LGBTQ groups



National Gay and Lesbian
Task Force



LESBIAN, GAY, BISEXUAL
AND TRANSGENDER YOUTH

An Epidemic of Homelessness

National Gay and Lesbian Task Force Policy Institute
National Coalition for the Homeless



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**LESBIAN, GAY, BISEXUAL
AND TRANSGENDER YOUTH**

An Epidemic of Homelessness

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The National Gay and Lesbian Task Force would like to thank the Johnson Family Foundation for its generous support, which enabled the printing and distribution of this publication, as well as its commitment to ensuring that lesbian, gay, bisexual and transgender homeless youth nationwide have access to the services they need in a safe, secure and nurturing environment.

**National Gay and Lesbian Task Force Policy Institute
National Coalition for the Homeless**



National Gay and Lesbian Task Force



The **National Gay and Lesbian Task Force Policy Institute** is a think tank dedicated to research, policy analysis and strategy development to advance greater understanding and equality for lesbian, gay, bisexual, and transgender people.

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Executive summary

The U.S. Department of Health and Human Services estimates that the number of homeless and runaway youth ranges from 575,000 to 1.6 million per year.¹ Our analysis of the available research suggests that between 20 percent and 40 percent of all homeless youth identify as lesbian, gay, bisexual or transgender (LGBT).²

Given that between 3 percent and 5 percent of the U.S. population identifies as lesbian, gay or bisexual, it is clear that LGBT youth experience homelessness at a disproportionate rate. It is this reality that prompted the National Gay and Lesbian Task Force (the Task Force), in collaboration with the National Coalition for the Homeless (NCH), to produce this publication.

Through a comprehensive review of the available academic research and professional literature, we answer some basic questions, including why so many LGBT youth are becoming and remaining homeless. We report on the harassment and violence that many of these youth experience in the shelter system and we summarize research on critical problems affecting them, including mental health issues, substance abuse and risky sexual behavior. We also analyze the federal government's response to youth homelessness, including the specific impact on LGBT homeless youth of increased federal funding for faith-based service providers.

We also partnered with five social service agencies who have written sections that detail model programs they have developed to improve service delivery to LGBT homeless youth. In order to put a face to all of this research and data, we also include profiles of LGBT homeless youth, many of which were collected through focus groups we conducted at service providers around the country. Finally, in consultation with a number of youth advocacy organizations, we conclude with a series of state-, federal- and practitioner-level policy recommendations that can help to curb this epidemic.

Our analysis of the available research suggests that between 20 percent and 40 percent of all homeless youth identify as lesbian, gay, bisexual or transgender (LGBT).

1 Robertson, M. J. & Toro, P. A. (1998). *Homeless youth: Research, intervention, and policy*. United States Department of Health and Human Services. Retrieved June 3, 2005, from <http://aspe.hhs.gov/progsys/homeless/symposium/3-Youth.htm>

2 See pages 11-14 of the full report and the addendum beginning on p.162 for a more detailed summary of the available research on the proportion of homeless youth who identify as LGBT. Regarding the proportion of the U.S. population that identifies as LGB, the 1992 National Health and Social Life Survey found that 4.9 percent of men and 4.1 percent of women ages 18-44 report ever having a same-sex partner. The 2002 National Survey of Family Growth found that 4.1 percent of 18-44 year-olds identify as LGB. Analysis of 2006 National Exit poll (NEP) data found that 3 percent of voters identify as lesbian or gay (the NEP did not allow respondents to identify as bisexual or transgender). NEP and Voter New Service (VNS) polls since 1996 have found the number of lesbian and gay respondents to range from 3 percent to 5 percent. The available research on the proportion of the U.S. population that identifies as transgender is too limited to permit an accurate estimation..



WHY ARE SO MANY LGBT YOUTH BECOMING HOMELESS?

Family conflict is the primary cause of homelessness for all youth, LGBT or straight. Specifically, familial conflict over a youth's sexual orientation or gender identity is a significant factor that leads to homelessness or the need for out-of-home care.³ According to one study, 50 percent of gay teens experienced a negative reaction from their parents when they came out and 26 percent were kicked out of their homes.⁴ Another study found that more than one-third of youth who are homeless or in the care of social services experienced a violent physical assault when they came out,⁵ which can lead to youth leaving a shelter or foster home because they actually feel safer on the streets.

According to one study, 26 percent of gay teens were kicked out of their homes when they came out to their parents.

WHAT IMPACT DOES HOMELESSNESS HAVE ON LGBT YOUTH SPECIFICALLY?

Whether LGBT youth are homeless on the streets or in temporary shelter, our review of the available research reveals that they face a multitude of ongoing crises that threaten their chances of becoming healthy, independent adults.

MENTAL HEALTH ISSUES

LGBT homeless youth are especially vulnerable to depression, loneliness and psychosomatic illness,⁶ withdrawn behavior, social problems and delinquency.⁷ According to the U.S. Department of Health and Human Services, the fact that LGBT youth live in “a society that discriminates against and stigmatizes homosexuals” makes them more vulnerable to mental health issues than heterosexual youth.⁸ This vulnerability is only magnified for LGBT youth who are homeless.

SUBSTANCE ABUSE

The combination of stressors inherent to the daily life of homeless youth leads them to abuse drugs and alcohol. For example, in Minnesota, five separate statewide studies found that between 10 and 20 percent of homeless youth self-identify as chemically dependent.⁹ These risks are exacerbated for homeless youth identifying as lesbian, gay or bisexual (LGB).¹⁰

3 Clatts, M. J., Davis, W. J., Sothoran, J. L. & Atillasoy, A. (1998). Correlates and distribution of HIV risk behaviors among homeless youth in New York City. *Child Welfare*, 77(2). See also Hyde, J. (2005). From home to street: Understanding young people's transitions into homelessness. *Journal of Adolescence*, 28. p.175.

4 Remafedi, G. (1987). Male homosexuality: The adolescent perspective. *Pediatrics*, (79).

5 Thompson, S. J., Safyer, A. W. & Pollio, D. E. (2001). Differences and predictors of family reunification among subgroups of runaway youths using shelter services. *Social Work Research*, 25(3).

6 McWhirter, B. T. (1990). Loneliness: A review of current literature with implications for counseling and research. *Journal of Counseling and Development*, 68.

7 Cochran, B. N., Stewart, A. J., Ginzler, J. A. & Cauce, A. M. (2002). Challenges faced by homeless sexual minorities: Comparison of gay, lesbian, bisexual, and transgender homeless adolescents with their heterosexual counterparts. *American Journal of Public Health*, 92(5). pp.774-775.

8 Gibson, P. (1989). Gay male and lesbian youth suicide, vol. 3: Preventions and interventions in youth suicide. In *Report of the secretary's task force on youth suicide*. Rockville, MD: U.S. Department of Health and Human Services.

9 Wilder Research. (2005). *Homeless youth in Minnesota: 2003 statewide survey of people without permanent shelter*. Author. Retrieved June 26, 2006, from <http://www.wilder.org/download.0.html?report=410>. p.27.

10 Van Leeuwen, J. M., Boyle, S., Salmons-Sautel, S., Baker, D. N., Garcia, J., Hoffman, A., & Hopfer, C. J. (2006). *Lesbian, gay and bisexual homeless youth: An eight city public health perspective*. Unpublished work.

Personal drug usage, family drug usage, and the likelihood of enrolling in a treatment program are all higher for LGB homeless youth than for their heterosexual peers.¹¹

RISKY SEXUAL BEHAVIOR

All homeless youth are especially vulnerable to engaging in risky sexual behaviors because their basic needs for food and shelter are not being met.¹² Defined as “exchanging sex for anything needed, including money, food, clothes, a place to stay or drugs,”¹³ survival sex is the last resort for many LGBT homeless youth. A study of homeless youth in Canada found that those who identify as LGBT were three times more likely to participate in survival sex than their heterosexual peers,¹⁴ and 50 percent of homeless youth in another study considered it likely or very likely that they will someday test positive for HIV.¹⁵

A study of homeless youth in Canada found that those who identify as LGBT were three times more likely to participate in survival sex than their heterosexual peers.

VICTIMIZATION OF HOMELESS LGBT YOUTH

LGBT youth face the threat of victimization everywhere: at home, at school, at their jobs, and, for those who are out-of-home, at shelters and on the streets. According to the National Runaway Switchboard, LGBT homeless youth are seven times more likely than their heterosexual peers to be victims of a crime.¹⁶ While some public safety agencies try to help this vulnerable population,¹⁷ others adopt a “blame the victim” approach, further decreasing the odds of victimized youth feeling safe reporting their experiences.¹⁸

LGBT HOMELESS YOUTH AND THE JUVENILE AND CRIMINAL JUSTICE SYSTEMS

While there is a paucity of academic research about the experiences of LGBT youth who end up in the juvenile and criminal justice systems, preliminary evidence suggests that they are disproportionately the victims of harassment and violence, including rape. For example, respondents in one small study reported that lesbians and bisexual girls are overrepresented in the juvenile justice system and that they are forced to live among a population of inmates who are violently homophobic.¹⁹ Gay male youth in the system are also emotionally, physically and sexually assaulted by staff and inmates. One respondent in a study of the legal rights of young people in state custody reported that staff members think that “[if] a youth is gay, they want to have sex with all the other boys, so they did not protect me from unwanted sexual advances.”²⁰

11 Ibid., p.18.

12 Rosenthal, D. & Moore, S. (1994). Homeless youths: Sexual and drug-related behavior, sexual beliefs and HIV/AIDS risk. *AIDS Care*, 6(1).

13 Cited in Anderson, J. E., Freese, T. E. & Pennbridge, J. N. (1994). Sexual risk and condom use among street youth in Hollywood. *Family Planning Perspectives*, 26(1), p.23.

14 Gaetz, S. (2004). Safe streets for whom? Homeless youth, social exclusion, and criminal victimization. *Canadian Journal of Criminology and Criminal Justice*, 46(6).

15 Kihara, D. (1999). Giuliani's suppressed report on homeless youth. *The Village Voice*, 44(33).

16 National Runaway Switchboard. (2005). *Being out and safe: Helping GLBTQ youth in crisis*. Author.

17 Dylan, N. (2004). City enters partnership to assist lesbian and gay homeless youth. *Nation's Cities Weekly*, 27(10).

18 Bounds, A. (2002, September 24). Intolerance discussed BHS school offers weeklong focus on tolerance. *Boulder Daily Camera*. p.C3. See also: D'Augelli, A. R. & Hershberger, S. L. (1993). Lesbian, gay, and bisexual youth in community settings: Personal challenges and mental health problems. *American Journal of Community Psychology*, 21(4). See also: Arnott, J. (1994). Gays and lesbians in the criminal justice system. In *Multicultural Perspectives in Criminal Justice and Criminology*. Springfield, OH: C. Thomas Charles.

19 Curtin, M. (2002). Lesbian and bisexual girls in the juvenile justice system. *Child and Adolescent Social Work Journal*, 19(4).

20 Estrada, R. & Marksamer, J. (2006). The legal rights of young people in state custody: What child welfare and juvenile justice professionals need to know when working with LGBT youth. *Child Welfare*, 85(2).



TRANSGENDER HOMELESS YOUTH

Transgender youth are disproportionately represented in the homeless population. More generally, some reports indicate that one in five transgender individuals need or are at risk of needing homeless shelter assistance.²¹ However, most shelters are segregated by birth sex, regardless of the individual's gender identity,²² and homeless transgender youth are even ostracized by some agencies that serve their LGB peers.²³

THE FEDERAL RESPONSE TO YOUTH HOMELESSNESS

Since 1974, when the federal government enacted the original Runaway Youth Act, there have been numerous pieces of legislation addressing youth homelessness. Most recently, the Runaway, Homeless and Missing Children Protection Act (RHMCPA) was signed into law by President George W. Bush in 2003 and is up for reauthorization in 2008.²⁴

Among the most important provisions of this complex piece of legislation are programs that allocate funding for core homeless youth services, including basic drop-in centers, street outreach efforts, transitional living programs (TLPs) and the National Runaway Switchboard. While the law does not allocate funding for LGBT-specific services, some funds have been awarded to agencies who work exclusively with LGBT youth, as well as those who seek to serve LGBT homeless youth as part of a broader mission.

Unfortunately, homeless youth programs have been grossly under funded, contributing to a shortfall of available spaces for youth who need support. In 2004 alone, due to this lack of funding, more than 2,500 youth were denied access to a TLP program for which they were otherwise qualified.²⁵ Additionally, 4,200 youth were turned away from Basic Center Programs, which provide family reunification services and emergency shelter.²⁶

THE POTENTIAL FOR ANTI-LGBT DISCRIMINATION AT FAITH-BASED SERVICE PROVIDERS

Lack of funding is not the only obstacle preventing LGBT homeless youth from receiving the services they need. In 2002, President George W. Bush issued an executive order permitting federal funding for faith-based organizations (FBOs) to provide social services.²⁷ While more and more FBOs are receiving federal funds, overall funding levels for homeless youth services have not increased. Consequently, there is a possibility that the impact of FBOs will not be to increase services to the homeless, but rather only to change *who* provides those services.

A number of faith-based providers oppose legal and social equality for LGBT people, which

21 Cited in Mottet, L. & Ohle, J. M. (2003). *Transitioning our shelters: A guide to making homeless shelters safe for transgender people*. Retrieved June 12, 2006, from <http://www.thetaskforce.org/downloads/TransHomeless.pdf>

22 Ibid.

23 HCH Clinicians' Network (2002, June). Crossing to safety: Transgender health & homelessness. *Healing Hands*, 6, pp. 1-6.

24 Public Law 108-96 for fiscal years 2004 through 2008.

25 Data compiled from the federally administered Runaway and Homeless Youth Management Information System (RHYMIS).

26 Project HOPE: Virginia education for homeless children and youth program. (2006). *Runaway and Homeless Youth Act programs: Strengthening youth and families in every community*. Author. Retrieved September 10, 2006, from <http://www.wm.edu/hope/Seminar/RHYA.pdf>

27 White House Office of Faith-Based and Community Initiatives. (2006). President Bush's faith-based and community initiative. Author. Retrieved August 31, 2006, from <http://www.whitehouse.gov/government/fbci/mission.html>

raises serious questions about whether LGBT homeless youth can access services in a safe and nurturing environment. If an organization's core belief is that homosexuality is wrong, that organization (and its committed leaders and volunteers) may not respect a client's sexual orientation or gender identity and may expose LGBT youth to discriminatory treatment.

For example, an internal Salvation Army document obtained by the *Washington Post* in 2001 confirmed that "...the White House had made a 'firm commitment' to issue a regulation protecting religious charities from state and city efforts to prevent discrimination against gays in hiring and providing benefits."²⁸ Public policy that exempts religious organizations providing social services from non-discrimination laws in hiring sets a dangerous precedent. If an otherwise qualified employee can be fired simply because of their sexual orientation or gender identity/expression, what guarantee is there that clients, including LGBT homeless youth, will be supported and treated fairly? More research is needed on the policies of FBOs that provide services for LGBT homeless youth.

If an organization's core belief is that homosexuality is wrong, that organization (and its leaders and volunteers) may not respect a client's sexual orientation or gender identity and may expose LGBT youth to discriminatory treatment.

THE EXPERIENCES OF LGBT HOMELESS YOUTH IN THE SHELTER SYSTEM

The majority of existing shelters and other care systems are not providing safe and effective services to LGBT homeless youth.²⁹ For example, in New York City, more than 60 percent of beds for homeless youth are provided by Covenant House, a facility where LGBT youth report that they have been threatened, belittled and abused by staff and other youth because of their sexual orientation or gender identity.³⁰

At one residential placement facility in Michigan, LGBT teens, or those suspected of being LGBT, were forced to wear orange jumpsuits to alert staff and other residents. At another transitional housing placement, staff removed the bedroom door of an out gay youth, supposedly to ward off any homosexual behavior. The second bed in the room was left empty and other residents were warned that if they misbehaved they would have to share the room with the "gay kid."³¹

LGBT homeless youth at the Home for Little Wanderers in Massachusetts have reported being kicked out of other agencies when they revealed their sexual orientation or gender identity. Many also said that the risks inherent to living in a space that was not protecting them made them think that they were better off having unsafe sex and contracting HIV because they would then be eligible for specific housing funds reserved for HIV-positive homeless people in need.³²

28 Allen, M. & Milbank, D. (2001, July 12). Rove heard charity plea on gay bias. *Washington Post*. Retrieved September 25, 2006, from <http://www.washingtonpost.com/ac2/wp-dyn/A48279-2001Jul11?language=printer>.

29 Mallon, G. P. (1997). The delivery of child welfare services to gay and lesbian adolescents. In Central Toronto Youth Services, *Pride and Prejudice: Working with lesbian, gay, and bisexual youth*. Toronto: Central Toronto Youth Services.

30 Email communication between the author and the Empire State Coalition of Youth and Family Services. New York, NY. See also: Murphy, J. (2005). *Wounded pride: LGBT kids say city-funded shelter for the homeless breaks its covenant*. Village Voice. Retrieved September 10, 2006, from <http://www.villagevoice.com/news/0517.murphy1.63374.5.html>

31 Both examples were confirmed in personal conversations between the author and social service agency staff who had worked at the offending agencies, or had worked with youth who had resided at those agencies.

32 As confirmed by Colby Berger, LGBT training manager at Waltham House.



MODEL PROGRAMS TO IMPROVE SERVICE DELIVERY TO LGBT HOMELESS YOUTH

Despite the potential for mistreatment of LGBT homeless youth by some agencies, there are others who set an example for their peers. Our five contributing homeless youth service providers represent the diverse range of agencies working with homeless LGBT youth, though they are by no means the only agencies doing great work. We hope that sharing their expertise will in turn help other agencies to improve the service and support they provide to this community.

1. Theresa Nolan of Green Chimneys in New York City discusses the role of transitional living programs in the continuum of care that LGBT youth experiencing homelessness might pass through.
2. Colby Berger of Waltham House in Massachusetts provides a case study of how her agency worked in collaboration with the state department of social services to train thousands of professional staff who work with homeless youth about LGBT issues.
3. Grace McClelland from the Ruth Ellis Center in Detroit, an organization that works primarily with homeless LGBT youth of color, provides a description of the Center's street outreach and drop-in center programming.
4. Mary Jo Callan and Mia White from Ozone House in Ann Arbor, Michigan discuss how their staff created a LGBT-safe space at an agency that works predominantly with heterosexual youth.
5. Susan Boyle of Urban Peak in Denver, Colorado describes policies and procedures that make shelters safe and welcoming for transgender homeless youth.

CONCLUSION AND POLICY RECOMMENDATIONS

This report concludes with a series of policy recommendations that can help to curb the epidemic of LGBT youth homelessness. While our focus in this publication and in these policy recommendations is to address LGBT-specific concerns, we believe that homelessness is not an issue that can be tackled piecemeal. Wholesale improvement is needed, and that is what we propose. Our recommendations are not intended to be an exhaustive list of every policy change that would make the experience of homeless youth better. Rather, we highlight some of the crucial problem areas where policy change is both needed and reasonably possible.

Homelessness is not an issue that can be tackled piecemeal. Wholesale improvement is needed, and that is what we propose.

FEDERAL LEVEL RECOMMENDATIONS

1. Reauthorize and increase appropriations for federal Runaway and Homeless Youth Act (RHYA) programs.
2. Permit youth who are minors, especially unaccompanied minors, to receive primary and specialty health care services without the consent of a parent or guardian.
3. Develop a national estimate of the incidence and prevalence of homelessness among

American youth, gathering data that aids in the provision of appropriate services.

4. Authorize and appropriate federal funds for developmental, preventive and intervention programs targeted to LGBT youth.
5. Raise federal and state minimum wages to an appropriate level.
6. Broaden the U.S. Department of Housing and Urban Development's definition of "homeless individual" to include living arrangements common to homeless youth.

STATE AND LOCAL LEVEL RECOMMENDATIONS

1. Establish funding streams to provide housing options for all homeless youth. Require that recipients of these funds are committed to the safe and appropriate treatment of LGBT homeless youth, with penalties for non-compliance including the loss of government funding. These funds would supplement federal appropriations.
2. Permit dedicated shelter space and housing for LGBT youth.
3. Repeal existing laws and policies that prevent single and partnered LGBT individuals from serving as adoptive and foster parents.
4. Discourage the criminalization of homelessness and the activities inherent to the daily lives of people experiencing homelessness.
5. Expand the availability of comprehensive health insurance and services to all low-income youth through the age of 24 via Medicaid.

PRACTITIONER LEVEL RECOMMENDATIONS

1. Require all agencies that seek government funding and licensure to serve homeless youth to demonstrate awareness and cultural competency of LGBT issues and populations at the institutional level and to adopt nondiscrimination policies for LGBT youth.
2. Mandate individual-level LGBT awareness training and demonstrated cultural competency as a part of the professional licensing process of all health and social service professions.
3. Mandate LGBT awareness training for all state agency staff who work in child welfare or juvenile justice divisions.

CONCLUSION

Once implemented, these policy recommendations will help not only LGBT homeless youth, but all youth abandoned by their family or forced to leave home. In this report, we extensively review the academic and professional literature on the myriad challenges faced by LGBT homeless youth. The research shows that despite these challenges, many of these youth are remarkably resilient and have benefited from support from agencies like those in our model programs chapters who have worked to ensure that youth feel safe, welcome and supported. Regardless of sexual orientation or gender identity, every young person deserves a safe and nurturing environment in which to grow and learn. It is our hope that this report will bring renewed attention to an issue that has been inadequately addressed for far too long.

Introduction

*I believe that one day, the Lord will come back to get me. Halleluiah.
If I live right, halleluiah, I will go on to that righteous place.
I believe that one day, halleluiah, all my trials, all my tribulations, they will all be over.
I won't have to worry about crying and suffering no more.
I won't have to worry about being disappointed, because my God,
halleluiah, is coming back for me.
Whether I'm a man with a dress and a wig, My God will love me for who I am!
I might not walk like I'm supposed to walk.
I might not have sex with who I'm supposed to have sex with.
My God will love me for who I am!
So don't worry about me, worry about yourself.
Because as long as my God believes in me,
I'm not worried about what folks say, halleluiah.*

—Ali Forney

A homeless transgender youth in New York City,
speaking at the Safe Space talent show in 1996

Ali Forney, a homeless African-American transgender youth, recited this poem while enjoying his³³ favorite event of the year: talent night at Safe Space, a program for homeless youth in New York City. It was December 1996, and after years of homelessness, drug abuse and prostitution, Ali was dedicating much of his time to helping other homeless lesbian, gay, bisexual and transgender (LGBT) youth. The poem declared his conviction that he had a right to live a life based on honesty and integrity, despite the hurt he had experienced.

Less than one year after Ali spoke at the talent show, Carl Siciliano, today executive director of the Ali Forney Center for LGBT homeless youth in New York City, spoke the same words in tribute at Ali's funeral after he was murdered by a still-unidentified assailant at 4 a.m. on a cold winter night. We begin by summarizing Ali's story



³³ Carl Siciliano, executive director of the Ali Forney Center, confirms that Ali identified as both gay and transgender, sometime referring to himself as “he” and at other times referring to herself as “she.” Sometimes he went by his given name, and at other times she went by the name “Luscious.” In this profile, we have used male pronouns because that is the form adopted by the various media sources we cited.

because it reflects so many of the issues we cover in this publication.

At the time of his death, Ali was working with staff at Safe Horizon's Streetwork program as an outreach worker, helping other homeless youth.³⁴ He was determined to repay the agency, which had helped him get a Social Security card, medical insurance and his GED, by educating his peers. "I became a peer educator because I see so many HIV-infected people on the stroll. Even now, there are people who don't know how to use condoms."³⁵ Despite his outreach work educating less-informed street workers, Ali continued to trick and it was not his only high-risk behavior. He readily admitted to being a drug addict, commenting that his crack cocaine use became a habit "because it eased the degradation and fear of selling himself."³⁶ Ali's honest assessment of his drug use is reflective of the available academic literature, which attests to the prevalence of drug use among LGBT homeless youth and its impact on other risky behaviors.

As was the case for Ali, so much of what leads to homelessness among LGBT youth can be traced to experiences at home. He grew up with his single mother in a housing project in a violent area of Brooklyn, "a world of poverty-blighted high-rises, beat-up cars, stark store fronts and warehouses."³⁷ It was certainly not an easy place for a transgender youth to live. He spent years getting into trouble at school, involved in petty criminal activity, and he was only 13 when he was sent to live in a group home for troubled youth.

Ali ran away from the group home within months and spent years bouncing around the foster care system, ultimately abandoning foster placements in favor of the streets. He lived in a number of different homes and was institutionalized at one point after he barricaded himself in a room in response to harassment from other teens.³⁸ This "blame the victim" attitude is one that a number of service providers said is all too common among agencies working with LGBT homeless youth.

Factors just like those in Ali's life have an influence on intrafamily conflict, which is a primary reason why LGBT youth disproportionately become homeless. When Ali was 13, he began working as a prostitute, making \$40 or \$60 from each client. He said it made him feel wealthy "like Donald Trump," though in reality he was barely surviving. His experience reflects that of many homeless LGBT youth who engage in survival sex to secure shelter or a meal.

WHAT IS THE DEFINITION OF "HOMELESS YOUTH?"

The definition of homeless youth includes youth who are living on the streets or in shelters, runaways who have voluntarily left a dangerous or otherwise undesirable home environment, "throwaways" whose parents or guardians have kicked them out and adolescents who have aged out of foster care or state custody and have nowhere to go.

A number of different definitions of "youth" and "homeless" are used by government agencies and, as we discuss in this publication, this type of inconsistency makes it difficult to optimize service delivery or determine the level of funds really needed to serve the population.

Many studies of homeless youth do not include a detailed breakdown of those surveyed, disregarding whether they are on the streets or temporarily housed. We provide this explanation to ensure the reader is aware of the inconsistencies in the system and the attendant literature. Our policy recommendations address some of the problems that emerge from these inconsistencies.

34 For more information, see www.safehorizon.org.

35 Foley, D. (1996, February). AIDS education for teen prostitutes - New York Peer AIDS Education Coalition. *The Progressive*. p.19.

36 Carter, C. (1999, August 28). *A life and death on NYC streets*. Retrieved September 27, 2006, from <http://www.aliforneycenter.org/ap-article.html>

37 Ibid.

38 Ibid.



This dizzying spiral of lost opportunities is not an easy one to escape. Ali tried. After living at Streetwork for a year, he, like many other displaced youth, tried to reunite with his family. Research suggests that family involvement in the lives of homeless youth can have a positive impact, but all too often is impossible or simply absent. Ali's effort lasted no more than a few days and he landed back at the agency. The fact that he identified as transgender and gay was just one of the issues that made reunification harder. Ali's life and death is a tragic example of what can happen when LGBT youth are forced onto the streets as their only escape from a bad home or shelter environment.

This report comprehensively addresses some basic questions. How many LGBT homeless youth are there? And, what are the specific experiences of LGBT youth in the existing shelter and homeless services system? We summarize the history of the federal response to youth homelessness, highlighting the federal programs and funding streams available to homeless youth services providers as well as the impact on LGBT homeless youth of recent efforts to fund faith-based services.

We provide a comprehensive literature review of the academic research on critical issues affecting this population, including mental health issues, substance abuse and risky sexual behavior. In order to put a face to all of the research and data we summarize, we also include profiles of and quotes from LGBT homeless youth. Many were collected through focus groups we conducted at homeless LGBT youth services providers around the country. We also partnered with five services providers, who have written sections of this report that detail model service delivery programs they have developed for providing a wide variety of services to LGBT homeless youth. Finally, in consultation with a number of youth advocacy organizations, we conclude with a series of policy recommendations that can help to curb this epidemic of LGBT youth homelessness.

This publication is a reference document for the causes and consequences of LGBT youth homelessness, and provides a series of policy recommendations that can help to curb this epidemic.

How many LGBT homeless youth are there and why do they become homeless?

Providing an accurate answer to the question of how many lesbian, gay, bisexual, transgender (LGBT) homeless youth there are is no easy task. Given the multiple definitions of homelessness and the variety of subpopulations that might or might not be included in any count, it is not possible to provide the specific number of homeless LGBT youth in the United States at any given point in time. Should such a count include only LGBT youth on the streets who literally lack a roof over their heads each night? Should it also include any youth who is in an out-of-home care situation, such as an emergency shelter or transitional living program? What about LGBT youth who are “couch surfing,” moving from one friend’s home to another to avoid staying on the streets?³⁹

One of the constant concerns surrounding the kind of survey research that is used throughout this study to learn about homeless youth is that respondents are self-reporting in response to posed questions. They might lie, exaggerate, or exclude important information out of fear. Whitbeck and Hoyt conducted a study of homeless youth and their families to address this concern.⁴⁰ They interviewed a sample of parents or caregivers in addition to homeless youth themselves about the reasons for family breakdown. They found that these second interviews generally back up youth claims that they are escaping abusive, low-supervision spaces where parental warmth is lacking. It is surprising that a parent or caregiver would confirm the reality as presented by their child rather than seeking to deny problems or to transfer responsibility to the child.

Ideally, in order to provide appropriate services, we need to know the total homeless count: young and old; LGBT and straight; urban, suburban and rural. We can then assess how many youth on any given night are experiencing temporary or long-term homelessness, defined as absence from what might be labeled their permanent home. As we will discuss shortly, conducting such a count is a process laden with all sorts of methodological and political obstacles. However, around the country local organizations

A note on acronyms

The reader should also bear in mind that as time has passed, the acronyms used to describe this community have expanded. As elsewhere in this report, we use LGBT to describe the community we are interested in when we are talking broadly or citing literature that also uses this broad definition. However, much of the literature makes no reference to bisexual or transgender youth, and where that is the case we reference only the specific community that an author identifies.

39 Glassman, A. (2006, January 20). Center will reach out to homeless youth this summer. *Gay People's Chronicle*. p.3.

40 Whitbeck, L. B. & Hoyt, D.R. (1999). *Nowhere to grow: Homeless and runaway adolescents and their families*. Hawthorne, NY: Aldine de Gruyter.



have conducted counts that enable us to provide at least some idea of how many LGBT youth are experiencing homelessness in the United States.

Regardless of the specific numbers, there is a growing awareness that the number of LGBT youth experiencing homelessness is on the rise from already high figures.⁴¹ This could be due in part to the fact that youth are now coming out in their early teens,⁴² with one recent report citing an average of 13 years old.⁴³ Another contributing factor is the scarcity of care options once a child has left home. When LGBT youth leave home, voluntarily or otherwise, they are more likely than their heterosexual peers to end up living on the streets rather than in a state care facility.⁴⁴ With foster care the preferred destination, social workers try to find a temporary home for each youth, but

...there is typically a dearth of available foster families to begin with, and few are willing to work with young people who have emotional or behavioral problems. Fewer still are interested in fostering LGBT youths, many of whom arrive with emotional and behavioral issues as a result of the homophobia they've endured.⁴⁵

For those who cannot be placed in foster homes, group homes may be the next best choice, though anti-LGBT attitudes are common there as well.⁴⁶ Often, they are sufficiently hostile that youth would rather live on the streets.

To determine an estimate of the LGBT homeless youth population, we first need estimates of the number of homeless or runaway youth overall. Thompson et al., in their study analyzing Runaway and Homeless Youth Management Information System (RHYMIS) data, cite estimates of 575,000 to 1,000,000 youth who run away or are forced to leave their parental home in any given year.⁴⁷ One estimate set the number nationwide at 1.3 million,⁴⁸ while a 1998 U.S. Department of Housing and Urban Development report suggested that 1.6 million youth are homeless or run away each year.⁴⁹ By surveying respondents to the National Health Interview Study, Ringwalt et al. estimate that 5 percent of youth, or approximately one million, experience homelessness in any given year.⁵⁰ Whitbeck and Simons estimate that one child in eight will run away at some point before they turn 18, and fully 40 percent of these do not return to the place from which they ran away.⁵¹

Few cities have conducted a large scale count. As of the late 1990s, advocates estimated

Ideally, in order to provide appropriate services, we need to know the total homeless count: young and old; LGBT and straight; urban, suburban and rural.

41 Thompson, S. J. et. al. (2001).

42 Kim, E. K. (2006, July 3). Many gay teens are coming out at earlier ages. *St. Louis Post-Dispatch*. Retrieved September 1, 2006, from <http://www.fortwayne.com/mld/newssentinel/living/14957350.htm>

43 PlanetOut gay & lesbian news. (2006, October 11). *Average coming-out age now 13, survey finds*. Author. Retrieved October 12, 2006, from <http://www.planetout.com/news/article.html?2006/10/11/4>

44 Berger, C. (2005). What becomes of at-risk gay youths? *The Gay & Lesbian Review Worldwide*.

45 Berger, C. (2005). p.24. See also Sullivan, R. T. (1994). Obstacles to effective child welfare service with gay and lesbian youths. *Child Welfare*, 73(4).

46 Berger, C. (2005). p.24.

47 Thompson, S. J. et. al. (2001).

48 Sanchez, R. (2004, December 20). Facing up to homeless youths. *Denver Post*. p.A1.

49 Robertson, M. J. & Toro, P. A. (1998).

50 Ringwalt, C. L., Greene, J. M., Robertson, M. & McPheeters, M. (1998). The prevalence of homelessness among adolescents in the United States. *American Journal of Public Health*, 88(9). p.1327.

51 Whitbeck, L. B. & Simons, R. L. (1990). Life on the streets: The victimization of runaway and homeless adolescents. *Youth and Society*, 22(1).

that upwards of 20,000 homeless youth were living on the streets of New York,⁵² while a 2002 report suggested the number stood somewhere between 15,000 and 20,000.⁵³ In 2004, the U.S. Conference of Mayors suggested that unaccompanied youth make up 5 percent of the total urban homeless population, up from 3 percent in 1998.⁵⁴

Ringwalt et al.'s study also addresses race and ethnicity, citing one national study that found no demographic differences between homeless people and the general population.⁵⁵ However, other studies have suggested that racial and ethnic minorities may actually be overrepresented in the homeless youth population.⁵⁶ When it comes to counting or estimating the number of LGBT youth experiencing homelessness, the existing literature provides a wide range of figures. Despite this variance, there is a consensus that LGBT youth represent a significant proportion of the homeless youth population.

In 1985, the National Network of Runaway and Youth Services (now the National Network for Youth) estimated that only 6 percent of homeless adolescents identified as gay or lesbian.⁵⁷ They have subsequently revised this estimate upwards to a range of 20 percent to 40 percent.⁵⁸ Other studies from the early to mid-1990s reported that 3 percent to 10 percent of homeless youth were gay or lesbian. However, more recent studies and ample anecdotal evidence from social service professionals suggest that the proportion of LGBT youth in the overall homeless youth population is significantly higher than their proportion in the U.S. population as a whole.⁵⁹

Clatts et al. estimate that among combined homeless and street-involved populations,⁶⁰ 35 percent are LGBT, while among street youth only, the figure might climb as high as 50 percent.⁶¹ A study of unaccompanied homeless youth in Illinois reported a statewide figure of 14.8 percent who identified as LGB, "questioning" or "something else." According to a report published in 2005, in the city of Chicago and immediately surrounding Cook County, the rate for these groups was 23.1 percent and 22.4 percent respectively.⁶²

In Decatur, Illinois, a youth group surveyed homeless youth and found that 42 percent

52 Holloway, L. (1998, July 18). Young, restless and homeless on the piers; Greenwich Village reaches out to youths with plan for shelter and services. *New York Times*. Retrieved September 20, 2005, from <http://query.nytimes.com/gst/health/article-printpage.html?res=9C05E5DE1330F93BA257>

53 Nolan, T. (2004). Couch-surfers: Invisible homeless youth. *In the Family*, p.21-22.

54 U.S. Conference on Mayors (2004). *A status report on hunger and homelessness in American's cities: 2004*. U.S. Conference of Mayors. Retrieved September 22, 2006, from www.sodexhousa.com/HungerAndHomelessnessReport2004.pdf

55 Ringwalt, C. L. et. al. (1998).

56 McCaskill, P. A., Toro, P. A. & Wolfe, S. M. (1998). Homeless and matched housed adolescents: A comparative study of psychopathology. *Journal of Clinical Child Psychology*, 27(3). Cited in Robertson, M. J. & Toro, P. A. (1998).

57 National Network of Runaway and Youth Services [now the National Network for Youth]. *To whom do they belong? A profile of America's runaway and homeless youth and the programs that help them*. Washington, DC: Author.

58 Cited in Dylan Nicole, d. K. (2004). City enters partnership to assist lesbian and gay homeless youth. *Nation's Cities Weekly*, 27(10).

59 Task Force Policy Institute analysis of the available representative data suggests that 3 to 5 percent of the U.S. population identifies as lesbian or gay. The 1992 National Health and Social Life Survey found that 4.9 percent of men and 4.1 percent of women ages 18-44 report ever having a same-sex partner. The 2002 National Survey of Family Growth found that 4.1 percent of 18-44 year-olds identify as LGB. Analysis of 2006 National Exit poll (NEP) data found that 3 percent of voters identify as lesbian or gay (the NEP did not allow respondents to identify as bisexual or transgender). NEP and Voter New Service (VNS) polls since 1996 have found the number of lesbian and gay respondents to range from 3 percent to 5 percent. The available research on the proportion of the U.S. population that identifies as transgender is too limited to permit an accurate estimation.

60 Street-involved youth are those who have a home to which they can and often do return at night. However, for a multitude of reasons they choose to involve themselves with youth living on the streets, often becoming accepted members of the community of youth. In New York City, for example, there are youth who skip school and/or stay out late at night to hang out with homeless youth on the Hudson River piers.

61 Clatts, M. J. et. al. (1998). Cited in Dame, L. (2004).

62 Johnson, T. P. & Graf, I. (2005, December). *Unaccompanied homeless youth in Illinois: 2005*. Chicago, IL: Survey Research Laboratory - University of Illinois Chicago. p.46.



identified as LGB, while service providers in Los Angeles estimated that between 25 and 35 percent of homeless youth there are lesbian or gay.⁶³ In Portland, Oregon, one homeless youth service provider estimated that their LGB clientele climbed from 20 percent⁶⁴ to approximately 30 percent of youth between 1993 and 1994.⁶⁵ This same proportion was noted by Rob McDonald, a project coordinator with a welfare agency in Ottawa, Canada.⁶⁶

The city of Seattle's Commission on Children and Youth found that approximately 40 percent of homeless youth identified as lesbian, gay or bisexual.⁶⁷ Unfortunately, because of the fear many young people have about acknowledging to themselves or others during a survey that they are lesbian, gay, bisexual and/or transgender, these figures are likely an *undercount* of the true proportion of LGBT homeless youth. What is absolutely clear is that regardless of the actual number of LGBT people in the overall population, a disproportionate share of the nation's homeless youth identify as LGBT.

While the estimates we cite are biased toward large cities, youth homelessness, LGBT or otherwise, is not just an urban problem. Ringwalt et al. confirm that this is a problem in rural and suburban America too. Among street youth, however, there is a clear bias towards major West and East Coast cities.⁶⁸ While some may run away to certain places for cultural reasons, there is no literature addressing this specifically.

However, most youth who run away do not run far. Van Houten and Golembiewski found that 72 percent of their survey respondents at 17 runaway and homeless youth programs nationwide were from the immediate geographic area.⁶⁹

In the case of LGBT street youth in particular, conversations with service providers suggest that there is a somewhat romanticized notion of leaving the homophobic hometown behind to find acceptance in New York City, Los Angeles or San Francisco.⁷⁰

The proportion of LGBT youth in the overall homeless youth population is significantly higher than their proportion in the U.S. population as a whole.

BARRIERS TO A MORE ACCURATE COUNT

There is a long history in the United States of counting people in order to make a variety of policy determinations. After all, if government is to appropriately allocate resources and services, then it needs some idea of who people are and where they live. The U.S. Constitution mandates that the federal government conduct a Census every decade. The results of that decennial Census have a profound impact on every part of the public policy process, from how many dollars a particular state receives of a block grant to address drug treatment, to how many Congressional House districts each state is allocated.

In the United States, Census forms are mailed to every household in the nation and

63 Cited in Truong, J. (2004). *Homeless LGBT youth and LGBT youth in foster care: Overview*. The Safe Schools Coalition. Retrieved June 3, 2005, from <http://www.safeschoolscoalition.org/RG-homeless.html>

64 Ibid.

65 Krisberg, K. (2002). Oregon clinic increases health care access for homeless youth. *Nation's Health*, 32(7).

66 Truong, J. (2004).

67 Dylan Nicole, d. K. (2004).

68 Cited in Robertson, M. J. & Toro, P. A. (1998). p.4.

69 Ibid. p.28.

70 Conversations between the author and a number of service providers around the United States.

Census Bureau enumerators follow up with households for which no form has been returned. No Census methodology is perfect, and for many reasons it is impossible to count everyone. While the process is time-consuming and there are naturally exceptions to the rule, it is relatively easy on any given day to count the number of people who live in a given apartment. Extrapolate that reality across the country, and the government is able to obtain a reasonably accurate nationwide count of the most stable sectors of society.

However, there are many people who are not as easily reached, particularly people experiencing homelessness.⁷¹ Finding an appropriate time of year to do a count means factoring in weather and a number of regional variables that might impact the success of a count in a particular location on any given day. Additionally, many homeless youth will consciously avoid anyone who looks like an authority figure. Many people experiencing homelessness, including youth, tend to be constantly mobile or congregate in areas where access is not always easy, such as abandoned buildings.^{72,73} There are other obstacles: the number of people needed to conduct such a count is large, and the training required to ensure consistency across all areas would be complex. But the consequences of not finding a solution to this lack of critical data are far worse than those of overcoming logistical difficulties.

An accurate count of people experiencing homelessness is crucially important because many services for this population are provided using federal funds. The allocation of federal funds is often based on population counts conducted during the Census. Without an accurate count of how many people are experiencing homelessness or living on the streets in any city, it is difficult to confirm crucial characteristics of the population experiencing homelessness or to secure necessary increases in funding. This gap in data inevitably impairs service delivery.⁷⁴

Politics may also play into these kinds of decisions. Some believe that the lack of an accurate count of the nation's homeless population provides an excuse for politicians and public policy administrators to avoid dealing with the issue comprehensively. Advocates for homeless people and politicians have often clashed over how many people experience homelessness and the funds needed to serve them appropriately. Some claim that an accurate count is not possible, which if true means that there is at best only a rough relationship between need and resources. In the words of one homeless advocate, "They don't want to find them because then they would have to provide services for them."⁷⁵

A national and representative count of people experiencing homelessness, including those who are LGBT youth, would enable unprecedented targeting of services and funds. The benefits of having such a count, along with the resulting data, would move us beyond a situation often faced today when advocates promote particular populations' needs and service providers seek funding for those populations but lack the data to justify it. For example, because our information about homeless LGBT youth is so uncertain, it is often difficult to persuade policy-makers to allocate scarce resources to serve this population.

71 Ringwalt, C. L., Greene, J. M., Robertson, M. & McPheeters, M. (1998). The prevalence of homelessness among adolescents in the United States. *American Journal of Public Health*, 88(9).

72 Ibid.

73 For further discussion of problematic aspects of conducting a count of people experiencing homelessness, see Seper, C. (2006, January 17). Counting gay youths who are homeless. *Cleveland.com*. Retrieved January 17, 2006, from www.cleveland.com

74 Ringwalt, C. L. et. al. (1998). p.1325.

75 Kihara, D. (1999, August 24). Giuliani's suppressed report on homeless youth. *The Village Voice*. 44(33). Retrieved October 2, 2006, from <http://www.villagevoice.com/news/9933,kihara,7688,5.html>



When funds are requested for providing services to LGBT homeless youth, politicians and policymakers ask for data to help justify the request. Obtaining an accurate nationwide count that includes information about sexual orientation and gender identity would finally provide irrefutable evidence of the significant scale of homelessness and, more specifically, the fact that LGBT homeless youth are disproportionately represented among the overall homeless youth population. A proper count could help advocates around the country persuade federal, local and state agencies to increase funding to provide safe space⁷⁶ and adequate support services for these youth. It would also enable advocacy organizations to point to specific data demonstrating their own communities' needs.

WHY DO YOUTH BECOME HOMELESS?

The reasons for deciding to leave home or for being thrown out are almost as varied as the number of young people who find themselves homeless in any given year. Still, simply put, conflict at home is the primary cause of a youth becoming homeless. Precipitating issues might involve educational problems, drug or alcohol abuse, communication breakdown, religious conflict or a desire for independence. Conflict over a youth's sexual orientation or gender identity can all too often be the deciding factor in landing a young person on the streets or in out-of-home care.⁷⁷ Regardless of the ultimate reason, youth face short and long term consequences. Critical developmental processes are usually affected, as Rosenheck et al. make clear:

Consolidation of one's identity, separation from one's parents and preparation for independence are key developmental tasks of adolescence and critical for becoming a well-functioning adult in our society. Most adolescents prepare for this transition to adulthood in their homes and school... these [homeless] adolescents are generally ill-equipped for independent living and many become easy prey for predators on the streets.⁷⁸

SEXUAL ORIENTATION AND GENDER IDENTITY ISSUES

According to one study, 50 percent of gay males experienced a negative parental reaction when they came out and 26 percent of those disclosures were met with a demand that the youth leave home.⁷⁹ In the case of Kurt Dyer, this meant packing his entire life into six trash bags at the age of 16 and moving in with a friend's family. Kurt was lucky; as he puts it, the biggest choice he had to make after leaving was the question his friend's parents posed: "What color do you want to paint your new room?"⁸⁰ Obviously Kurt's experience

Twenty-six percent of all LGBT disclosures were met with a demand that the youth leave home. In the case of Kurt Dyer, this meant packing his entire life into six trash bags and moving in with a friend's family.

76 When we say safe space, we mean a space where homeless youth can go and safely receive services and support without fear of discrimination on any basis and without the fear that sometimes accompanies youth experiences at adult shelters.

77 Clatts, M. J. et. al. (1998).

78 Rosenheck, R., Bassuk, E., & Salomon, A. (2006). *Special populations of homeless Americans*. United States Department of Health and Human Services. Retrieved June 3, 2005, from <http://aspe.hhs.gov/progsys/homeless/symposium/2-splpop.htm>

79 See Gibson, P. (1989b). Gay male and lesbian youth suicide. In *Report of the Secretary's Task Force on Youth Suicide*. Washington, D.C.: U.S. Department of Health and Human Services.; Remafedi, G. (1987). Cited in Sullivan, C., Sommer, S. & Moff, J. (2001). *Youth in the Margins: A Report on the Unmet Needs of Lesbian, Gay, Bisexual, and Transgender Adolescents in Foster Care*. Lambda Legal Defense & Education Fund.

80 Dyer, K. (2006, January 31). Kicked out? Drop in. *The Advocate*. p.20.

is not typical, but his determination to succeed in the long term is common. We discuss the resiliency of homeless LGBT youth later in this report. Kurt's resilience in the face of familial rejection is amply demonstrated by his rise to serve as Director of Youth Services at the Milwaukee LGBT Community Center.

Another youth named James, who ended up at the Home for Little Wanderers' Waltham House program for LGBT youth, described an all-too familiar scenario. A snooping parent sees or reads something alluding to their child's sexual orientation or gender identity and panics. In James' case, he came home and was met by his mother demanding, "You're going to be straight or you're not going to live here anymore."⁸¹

When sexual orientation or gender identity is at the heart of the problem, the social service system is not set up to facilitate a positive outcome. If action could be taken prior to a youth's running away or being thrown out, then there might be the potential to avoid this undesirable outcome. However, this rarely happens. And when the juvenile court or child welfare systems seek to find a route to family reunification, it rarely involves engaging caregivers in a conversation about accepting the sexual orientation or gender identity of their child, even if it is clearly the primary cause of familial conflict. More often than not,

...parents are not helped to move past the problems that disrupted the continuity of their relationships with their children, and sexual minority children may be deprived of any opportunity to resolve the conflicts associated with those relationships.⁸²

The potential for sexual orientation or gender identity issues to cause conflict that in turn may lead to an episode of homelessness can be mitigated depending on the nature of the relationship between parents and their children. A number of variables contribute to the functionality of family relationships, which one researcher has split into four categories:⁸³

1. In functional relationships, the child is "out" about his or her sexual orientation and the family accepting. The child may or may not live at home, but that situation is not related to any family/parental issues with their sexual orientation.
2. In the case of strained relationships, the child is out but his/her sexual orientation is problematic. The child is discriminated against, perhaps physically or sexually abused in the home, and more likely to be driven to run away.
3. In the case of separated relations, the child has left and may be either homeless or staying with friends, but the parent-child relationship has broken down, perhaps irretrievably.
4. With a deceptive relationship, things are potentially more precarious, though in the short term safer. The child wants to tell his/her parents the truth but fears the consequences of doing so and lies about what activities he or she is involved in and with whom they are involved. Youth confirmed that short of a guarantee of parental

"I spoke to my momma's boyfriend's uncle, and he was like, 'What? You talking to me? I don't speak to faggies. I shoot faggies.' It's messed up."
—An 18-year-old homeless African-American gay male from Detroit, Michigan.

81 Wen, P. (2002, October 22). For gay teens, a place to call home - state facility third in nation to address their specific needs gay, bisexual teens have a new place they can call home. *Boston Globe*. p.B1.

82 Sullivan, R. T. (1994).

83 Maitra, R. (2002). The homeless community of the piers. *The Gay & Lesbian Review Worldwide*, 9(2).



acceptance and ongoing financial and spiritual support if they come out, this secrecy seemed like the best option in order to remain at home. One homeless youth, in rhetorically addressing housed youngsters contemplating telling their parents that they are lesbian, gay, bisexual, transgender and/or queer, explained why deception was the way to go: "I'm living proof. There is nothing here for you. Stay at home and wait till you can live on your own. Then tell them."⁸⁴

PHYSICAL OR SEXUAL ASSAULT

Physical abuse in the home is a consistent factor leading to homelessness, with 40 percent to 60 percent of all homeless youth saying it contributed to their no longer living at home.⁸⁵ In Minnesota, one study of homeless youth and those in the care of the child welfare system found that 35 percent of runaway youth, 36 percent of throwaway youth and 56 percent of youth in the state child welfare system experienced physical assault when they came out.⁸⁶ Gaetz cites additional research that suggests street youth are five times as likely as domiciled youth (youth living in stable homes) to report instances of sexual abuse as a child.⁸⁷ Homeless youth, regardless of sexual orientation or gender identity, experienced more maltreatment and lived in more conflict-ridden situations than did their still-housed contemporaries.⁸⁸

Unfortunately, parents' reactions to the discovery that a son or daughter is LGBT can lead to physical or sexual assault, and this assault can become the immediate reason for a youth becoming homeless.⁸⁹ More research is needed because fully one-third of all LGBT youth are assaulted by a parent or other family member as a result of disclosing their sexual orientation.⁹⁰ Coming out can be a healthy step, but not when there is a real risk of physical and/or emotional harm.

LGBT youth become an easy target for adult caretakers. According to one study, more than 30 percent of lesbian and gay people have suffered physical violence at the hands of a family member.⁹¹ As one New York City gay youth put it in describing his alcoholic mother's propensity for physical violence, "If she couldn't find the television remote

"I haven't come out to my daddy yet, and I don't think I want to do that, because I love my life and I want to live it. That would put me six feet under."
—18-year-old African-American homeless gay male from Detroit, Michigan.

84 Ibid. p.11.

85 Robertson, M. J. & Toro, P. A. (1998).

86 Wilder Research. (2005).

87 Gaetz, S. (2004). p.426.

88 Ibid.

89 Thompson, S. J. et. al. (2001).

90 Ricks, S. (2003, December 1). Hard-won R-E-S-P-E-C-T: Portland high school's gay-straight alliance can point to real, if painstaking, progress in its campaign for tolerance and acceptance. *Portland Press Herald*. p.8B.

91 See Gibson, P. (1989).

92 Jacobs, A. (2004, June 27). For young gays on the streets, survival comes before pride, few beds for a growing class of homeless. *The New York Times*. Retrieved June 27, 2006, from <http://query.nytimes.com/gst/fullpage.html?sec=health&res=9D02EFDB1738F934A15755C0A9629C8B63>

because it was under a pile of clothing, she'd beat me."⁹² This came *after* he had already endured repeated sexual assaults at the hands of his aunt.

ADDITIONAL FACTORS THAT LEAD TO HOMELESSNESS

In a study of homeless youth conducted in Calgary, Alberta and Lethbridge, Alberta, respondents mentioned several contributing factors that led to their no longer living at home:^{93,94}

- Parental marriage breaking down or conflict in melded stepfamilies
- Perception of a lack of nurturing from parents
- Physical violence in the home, even if it was not directed at the youth
- Drug and alcohol abuse by parents
- Parental involvement with the criminal justice system

As one young person from the study described,

My Mom and Dad... things just started getting out of hand... My Dad, well, he's in jail for, I don't know what he did but, he broke her tibia and my Mom, she's getting heavily into drinking like, and I guess she got put in jail and we got sent to social services.⁹⁵

Instability at home naturally causes tension that can impact youth regardless of their sexual orientation or gender identity. When that instability leads to a separation of the parents, the odds of a child running away and ending up on the street immediately increase. Hagan and McCarthy confirm that youth from intact families are less than one-fifth as likely to be on the streets and homeless.⁹⁶ In a study of 50 homeless youth aged 18 to 23, 75 percent came from single parent households.⁹⁷ Similarly, the kind of treatment meted out to children by their parents can have a direct impact on their odds of ending up on the streets. Hagan and McCarthy created a measure of "coercive parental control" (i.e., physical abuse) and found that a one-point increase on this scale correlated with doubled odds of a young person ending up homeless on the street.⁹⁸ It is important to bear in mind that none of these studies found causal relationships; rather, they discuss correlations between homelessness and a variety of potentially contributing variables.

This kind of instability and lack of permanence in a young person's life can go back many years.⁹⁹ In and out of different care settings for all manner of reasons, including violence,

"Basically, I live my life as a lie. Or I try to,"
—Homeless 19-year-old lesbian from Ann Arbor, Michigan, as she thinks about how uncomfortable her mother is with her sexuality.

93 Miller, P., Donahue, P., Este, D. & Hofer, M. (2004). Experiences of being homeless or at risk of being homeless among Canadian youths. *Adolescence*, 39(156).

94 For a parallel discussion of many of these issues, see also Rew, L., Taylor-Seehafer, M., Thomas, N. Y. & Yockey, R. D. (2001). Correlates of resilience in homeless adolescents. *Journal of Nursing Scholarship*, 33(1).

95 Miller, P. et. al. (2004). p.740.

96 Hagan, J. & McCarthy, B. (1992). Streetlife and delinquency. *The British Journal of Sociology*, 43(4). p.547.

97 Hyde, J. (2005). p.175.

98 Hagan, J. & McCarthy, B. (1992). p.547.

99 Kipke, M. D., Palmer, R. F., LaFrance, S. & O'Connor, S. (1997). Homeless youths' descriptions of their parents' child-rearing practices. *Youth and Society*, 28(4).

100 Miller, P. et. al. (2004). p.741.

101 Wilder Research. (2005).

102 Ibid.



criminality and drug or alcohol abuse in the home, many homeless youth do not feel a sense of belonging to the place arbitrarily labeled “home.”^{100,101} This instability can be caused not only by behavioral problems but also because of economic hardship caused by parental unemployment.¹⁰²

Often a variety of issues, including sexual orientation or gender identity, can motivate a breakdown in communication that ultimately leads a young person to leave home. This does not mean the youth is *always* chased out by family members. Some youth fear that because their sexual orientation or gender identity will disappoint their parents, they need to find an alternative space where they can be respected and optimize their chances of succeeding in life.¹⁰³

Parental or sibling drug use at home sets a dangerous precedent and creates a dangerous environment for young people. However, escaping that behavior necessarily leads to new forms of instability.^{104,105} In a study of homeless youth in Minnesota, 24 percent cited substance abuse at home as a reason for not being at home,¹⁰⁶ as did 30 percent in a study of homeless youth in Los Angeles.¹⁰⁷

Performing below their own or their parents’ expectations academically may be one factor that leads to homelessness. For example, 12 percent of homeless youth in Los Angeles stated that educational performance was a factor,¹⁰⁸ while other studies have found that up to 35 percent of homeless youth report that they were held back a year in school.¹⁰⁹

Educational failure can lead to either being kicked out for not having done well enough, or walking out for fear of being seen as a failure. Well-meaning parents know the value of education. Undue pressure on any child, regardless of the best intentions underlying that pressure, can lead to conflict.¹¹⁰ A young person with educational goals is also less likely to run away and wind up on the streets. Any youth experiencing conflict at school, as do at least 80 percent of LGBT youth, has increased odds of homelessness.¹¹¹

Independence can be something young people seek or something that is thrust upon them, but in either case the result can be homelessness. In Miller et al.’s study, many youth identified this as a critical factor that led to their homelessness: “[B]ecause of conflict at home, they had become very independent – out of necessity rather than desire.”¹¹² Whitbeck and Hoyt’s analysis confirms this fact, noting “precocious independence and early dependence on themselves rather than caretaker adults often occurred prior to youth running away.”¹¹³ For reasons that down the road may seem less credible,

“My mom (is) a coke addict. Addictive personality, you know. All my cousins, alcoholics, crack heads, and I just know I have to stay away from it, because I have an addictive personality.”
— Spoken by a homeless 19-year-old lesbian from Ann Arbor, Michigan.

103 Rojas, M. (2005, December 11). Green Chimneys in NYC helping lesbian, gay, bisexual, and transgender youths. *The Journal News*.

104 Sanchez, R. (2004, December 20).

105 Thompson, S. J. et. al. (2001).

106 Wilder Research. (2005). p.7.

107 Hyde, J. (2005). p.175.

108 Ibid. p.175.

109 Cited in Robertson, M. J. & Toro, P. A. (1998).

110 Miller, P. et. al. (2004). p.740.

111 Hagan, J. & McCarthy, B. (1992).

112 Miller, P. et. al. (2004). p.741.

113 Whitbeck, L. B. & Hoyt, D. R. (1999). p.86.

114 Cited in Hyde, J. (2005). p.175.

many saw a romantic side to the idea of running away. Twenty two percent of Hyde's respondents cited a desire to travel and experience new opportunities as a reason for leaving.¹¹⁴

Once away from the strictures and stresses of home life, the young and newly homeless gravitate to areas where they can socialize with similarly affected youth. In these spaces, their freedom and individuality are reinforced, but so are the negatives in their lives: "[P]sychologically harmed children run away from home and the process of running away further harms them... Negative developmental trajectories gain momentum across time."¹¹⁵ Robert et al. note in their study of youth at risk of homelessness that youth who end up on the street have often been rejected twice.

Initially, their family kicks them out or lets them leave. Subsequently, an institutional care system sees behavioral problems that arose at home as in need of reform and discipline rather than treatment.¹¹⁶ When this happens, the option of remaining on the streets may become more appealing, or at least not as immediately frightening.

Particularly for LGBT youth, religious beliefs at home can be a motivator for leaving if parents or other family members are unable or unwilling to accept their child's sexual orientation or gender identity because of their faith. In the case of Triniti, a 21-year-old bisexual, "Religion got in the way. My Mother grew up in a church. She didn't understand what 'gay' meant."¹¹⁷ And in Hyde's study of 50 homeless youth in Los Angeles, 8 percent of youth cited religious beliefs as influential in their ending up homeless.¹¹⁸

Much of the conversation about determinants of homelessness revolves around young people as victims, as recipients of unfair treatment and/or neglect as children. Justeen Hyde, however, argues that it is important to consider the possibility that young people are actually expressing personal agency when they leave home. Linked to the notion of LGBT youth's resiliency, which we address later in this report, Hyde argues that some youth are taking control of a bad situation when they leave and that this is a good thing. For example, Twig, a 21-year-old who had been on and off the streets for six years, noted of his mother's husband, "[H]e gave my mom an ultimatum—either he leaves or I leave. I couldn't deal with it anymore, and I didn't want my mom to have to decide. I just packed my shit up and left."¹¹⁹ Twig felt he had more chance of surviving on his own than did his mother.

"[P]sychologically harmed children run away from home and the process of running away further harms them... Negative developmental trajectories gain momentum across time."

"My auntie caught me and my ex-girlfriend... we were just in bed together, and she told the whole church. She told the whole church!"
— Homeless 19-year-old lesbian from Ann Arbor, Michigan

115 Whitbeck, L. B. & Hoyt, D. R. (1999). p.150.

116 Robert, M., Pauze, R. & Fournier, L. (2005). Factors associated with homelessness of adolescents under supervision of the youth protection system. *Journal of Adolescence*, 28(2), p.228.

117 Rojas, M. (2005, December 11).

118 Hyde, J. (2005). p.175.

119 Ibid. (2005). p.177.



WHY DO YOUTH REMAIN HOMELESS?

There are a number of critical reasons why youth remain homeless, sometimes long after they leave or are kicked out of their homes. Many are unrelated to sexual orientation or gender identity but instead reflect economic and social realities facing the indigent today. Milburn et al. studied newly homeless youth in Melbourne, Australia and Los Angeles over a 12-month period. Because existing research demonstrates that “the context in which a leaving home episode occurs is a significant determinant of its outcome,”¹²⁰ they sought to test what might predict stronger family bonds 12 months after becoming homeless. While they expected that geographic context and socio-demographic characteristics might be significant, they found that family bonds “are associated with factors related to social and behavioral problems.”¹²¹

Specifically, problem behaviors such as alcohol or drug use, risky sexual behavior or involvement with the criminal justice system were the most frequent predictive factors. The greater the level of such behavior at the point of homelessness and the greater the increase in such behavior over the course of the following 12 months, the less likely strong familial bonds that might draw a young person home would endure. Social welfare professionals might usefully develop “family-focused interventions that assist parents and siblings to provide supportive family interactions as an important early intervention strategy for newly homeless young people.”¹²²

In a San Francisco study of homeless and severely poor LGBT youth, four reasons were cited for their predicament:

1. Affordable housing is scarce if not completely impossible to obtain, and in many urban areas where gentrification is ongoing and rental costs are rising, this is a situation unlikely to change anytime soon.
2. An incomplete education makes it difficult for youth to secure work that pays a livable wage.
3. Jobs that are accessible despite youths’ lack of complete education are few and far between.
4. Drug abuse was cited as a key reason for remaining severely poor or homeless.¹²³

These four issues are inextricably linked, a point clarified by the San Francisco Lesbian Gay Bisexual Transgender Community Center’s director of community programs:

What we’re seeing is that many LGBT youth, who generally come here from across the country because they’re fleeing discrimination in their schools and communities, are finding that once they get here the housing is too expensive, so they fall into poverty and homelessness.... And without safe, supportive and affordable housing, the youth aren’t able to access jobs, continue their education, deal with mental health issues. They are stuck.¹²⁴

120 Milburn, N. G., Rotheram-Borus, M. J., Batterman, P., Brumback, B., Rosenthal, D. & Mallet, S. (2005). Predictors of close family relationships over one year among homeless young people. *Journal of Adolescence*, 28. p.275.

121 Ibid. p.272.

122 Ibid. p.273.

123 Fagan, K. (2006, January 9). Survey: Housing, education, jobs, drugs challenge poor gay youths. *San Francisco Chronicle*. p.B3.

124 Ibid.

125 Miller, P. et. al. (2004). p.741.

Youth explain that independence is hard to give up, even if the idea of a stable and safe home life is appealing: “I’ve been out of my parents’ house since I was 14... just problems at home... I held a place for three years paying rent... I don’t like to use a lot of support. I like to do it myself.”¹²⁵ This young person’s opinion is widely shared. In a study of homeless children and youth in Minnesota, 51 percent cited their newfound freedom as one of the reasons for remaining away from home.¹²⁶ When youth finally achieve a sense of belonging and community, regardless of the specific risks of the situation, it is not surprising that they are averse to going back to a space they recall largely, if not entirely, negatively.¹²⁷ Distrust of authority, not believing that success is possible in a system that they see as broken, and a sense of adventure were also cited as important considerations for staying on the streets. “The street was fun and adventurous, especially in the summer... it was a party, running around selling weed so you can get money.”¹²⁸

Independence can be hard to give up: “I’ve been out of my parents’ house since I was 14... just problems at home... I held a place for three years paying rent... I don’t like to use a lot of support. I like to do it myself.”

The same study confirmed a number of other reasons that mirror those already identified as contributors to youth becoming homeless in the first place:

- Conflict at home (63 percent)
- A family that will not tolerate their presence in the home for a variety of reasons (39 percent)
- Parental substance abuse (24 percent)
- Criminal activity (19 percent)
- The risk of emotional abuse (22 percent)
- The fact that their sexual orientation specifically is unacceptable to their parent or guardian (7 percent)¹²⁹

There are of course differences that might help to explain why some youth decide to return home while others do not. Thompson et al.’s analysis of almost 18,000 Runaway and Homeless Youth Management Information Systems (RHYMIS) case files shows that child welfare professionals should ensure that intervention efforts aimed at reunifying youth with their families are “based on adequate assessments so that they can be tailored to the specific needs of these groups of youth.”¹³⁰ Runaway youth are more likely to go home if they know doing so will not lead to physical or sexual assault and if they can be steered clear of criminal behavior as much as possible. Hyde’s study of youth in Los Angeles confirms this. Her respondents “with histories of severe physical abuse that occurred across different stages of childhood were least likely to express a desire for transitioning off the streets.”¹³¹

In the case of throwaway youth, where relations with family are usually in a worse state, work needs to be done not just with the youth but also with the family. Throwaway youth have a

greater propensity than runaway youth to have been involved in criminal behavior and drug use. Unlike the families of runaway youth, the families of throwaway youth need assistance with learning how to cope with a returned child, including appropriate parenting skills.¹³²

126 Wilder Research (2005).

127 Raleigh, J. (2005). In *Work Journal*, 41(6), p.569.

128 Ibid. p.570.

129 Wilder Research. (2005).

130 Thompson, S. J. et. al. (2001). p.170.

131 Hyde, J. (2005). p.180.

132 Thompson, S. J. et. al. (2001). p.170.



The federal response to youth homelessness

In this section of our report, we discuss the process behind policy developments in the United States that have acknowledged and attempted to deal with the problem of homelessness. In order to provide context, this discussion will not focus exclusively on LGBT youth. Early policy discussions underlying the development of homelessness programs rarely even contemplated LGBT people. Where relevant, however, we discuss the impact of policy changes on LGBT youth specifically.

The notion of homelessness as a public problem deserving of targeted federal policy initiatives does not have a long history. Before the New Deal era, aid such as there was for the poor and those without shelter and/or income often came from faith-based groups.¹³³ During the 1930s and the Great Depression, while there was some discussion about the systemic causes of emerging homelessness, it did not lead to any organized response or solution at the governmental level. The country was in dire economic straits and policy-makers were unable or unwilling to dedicate time or resources to this newly recognized problem. The focus was on “families with children standing in the soup line and newly caught in the web of abject poverty.”¹³⁴ Much progress was made helping such families, as well as widows and children, but homelessness was not a targeted priority.

By the 1960s and 1970s, the War on Poverty and Lyndon Johnson’s other Great Society initiatives facilitated a national awareness of homelessness in political and public policy arenas, though there was inadequate attention to a growing crisis in low income housing.¹³⁵ In the late 1970s, citing economic justifications, mental hospitals began discharging large numbers of patients via “deinstitutionalizations.”¹³⁶ Additionally, there is evidence that during the Reagan administration more stringent welfare eligibility requirements increased the population of homeless youth.¹³⁷ According to the *Urban League Review*, some blamed this increase on “closed mental hospitals, alcoholism, drug

It was little more than a quarter century ago that the problem of homelessness in America, and specifically youth homelessness, was considered no more than a criminal matter.

133 Boddie, S. C. (2003). *Faith-based organizations and the distribution of social responsibility: A look at black congregations*. Retrieved September 12, 2006, from http://www.religionandsocialpolicy.org/docs/events/2003_spring_research_conference/boddie.pdf

134 NASW Delegate Assembly (1996). *Homelessness*. Washington, DC: National Association of Social Workers. p.184.

135 NASW Delegate Assembly (1996). p.185.

136 Jencks, C. (1994). *The homeless*. Cambridge, MA: Harvard University Press.

137 Crowley, J. E. (2003). The gentrification of child support enforcement services, 1950-1984. *The Social Science Review*, 77(4).

addiction and laziness” as well as the Reagan administration’s “scathing attacks on social welfare programs.”¹³⁸ Research supports a link between lack of access to institutional mental healthcare and youth homelessness. For example, when in the 1990s Laura Embry et al. followed 83 youth after their discharges from institutions, one-third of the adolescents “experienced at least one homeless episode after discharge.”¹³⁹

It was little more than a quarter century ago that the problem of homelessness in America, especially youth homelessness, was considered no more than a criminal matter. After all, the argument went, if young people were irresponsible and disrespectful enough to run away, then that was surely a sign of a troublemaker who was likely to only cause more trouble down the road.

THE RUNAWAY AND HOMELESS YOUTH ACT

A BRIEF LEGISLATIVE HISTORY

National attention was not drawn to the increasing problem of runaway and homeless youth until the 1970s, and by 1976 an estimated two million young Americans had run away, double the number reported five years earlier.¹⁴⁰ Additionally, people began to realize that in many instances the youth running away in the 1970s were very different from their contemporaries who fled home in the 1960s—at least, they were different from the images portrayed by the media during that socially and politically volatile decade. The entire nation saw a president assassinated and a faraway war run out of control, while hundreds of thousands protested that war and the dire social conditions at home. “The ‘flower children’ of the mid-1960s... often deserted their homes for a subculture ‘Utopia’ in a spirit of rebellion” was how one media outlet described the 1960s runaways.¹⁴¹

In contrast, among the youth who ran away from home during the 1970s, an estimated 40 to 60 percent were reported to have left home because of some form of abuse, “to escape a growing epidemic of once unspeakable crimes—incest and child abuse.”¹⁴² In all likelihood, of course, many of the 1960s runaways were also escaping physical, emotional or sexual abuse or trying to find an environment they felt was safer in some other way than their home.

The countercultural attitudes of that decade perhaps encouraged them to search for a better place to live. However, the media’s capacity to shape perceptions of a policy issue is made starkly clear by the presumption of youthful rebellion motivating earlier waves of homelessness. The far less idealistic picture acknowledged in the 1970s made it significantly harder for policy-makers to continue to ignore a very real and growing problem.

To address this growing concern, the United States Senate Committee on the Judiciary’s Subcommittee to Investigate Juvenile Delinquency held two days of hearings in the spring of 1972.¹⁴³ The name of the committee hardly suggested that there was a sympathetic body

138 Davey, J. (1993). Homelessness in the United States: The Reagan legacy. *Urban League Review*, 16(1).

139 Embry, L. V. S. A. et. al. (2002). Risk factors for homelessness in adolescents released from psychiatric residential treatment. *Journal of the American Association of Child and Adolescent Psychiatry*, 39(10).

140 U.S. News & World Report. (1977, January 17). Why children are running away in record numbers. p.62.

141 Ibid.

142 Ibid.

143 Subcommittee to Investigate Juvenile Delinquency. (1972, January 13). *Runaway youth*. Committee on the Judiciary. Legislative Hearings on S.2829. Washington, DC: Government Printing Office.



of legislators waiting to address the crisis facing some of the country's neediest young people. However, respected Senator and subcommittee Chairman Birch Bayh (D-IN) noted, in addressing the changing nature of youth who ran away:

[T]oday... running away is less likely to be a healthy striving for adulthood than an anguished cry for help from a child who has nowhere to turn... [who is] escaping from the reality of serious problems at home, at school, or within themselves.¹⁴⁴

Senator Bayh went on to say that not only had the number of runaway youth dramatically increased, but there had been "an alarming increase in the number of very young runaways."¹⁴⁵ In New York City, for example, 43 percent of the runaways in 1972 were between the ages of 11 and 14.¹⁴⁶

Prior to 1974, youth who ran away from home were considered criminals. If found by police they were forcibly returned to their homes without any attempt to deal with the problem that caused them to run away. The problem was viewed only as "a form of delinquency characterized by disobedience and 'acting out.'"¹⁴⁷ Today this indifference to home, school or risk of abuse strikes us as shocking, but young people were then far less likely to be seen as having individual rights and far more likely to simply be considered troublemakers ignoring their parents. Many youth, with no option but to live on the streets, were forced to resort to a life of crime. It was not until they were arrested and sent to either juvenile detention centers or institutions for the mentally ill and insane that many youth were offered any form of counseling to address underlying problems. In other words, committing some sort of criminal activity that would justify detention in one kind of facility or another might be the only way for runaway youth to put a potentially safe roof over their head and access any kind of professional support.

Committing a criminal act that would justify detention might be the only way for runaway youth to put a potentially safe roof over their head and access any kinds of professional support.

The standard of counseling that *was* provided was less than ideal. In 1972, the committee called as its first witness a senior employee for a District of Columbia nonprofit that worked with youth in the city. William Treanor, Director of Special Approaches in Juvenile Assistance, Inc., noted that

...the critical problem for young people is that if they want to find a living situation that will help them meet their needs, there is nothing for them, and what the Government provides for them is incarceration and institutionalization.¹⁴⁸

So support was lacking for all kinds of reasons, and in the meantime the youth might be housed in a less than healthy environment with the potential to encourage further anti-social behavior.

There were very few private agencies that provided support for runaways at the time. Of those that did, many often lacked the necessary funds to do a comprehensive job, and according to one agency representative, they had to "overcome community and police suspicion and hostility."¹⁴⁹ In order for shelters to house runaway youth, they had to

144 Ibid. p.5.

145 Ibid. p.6.

146 Ibid. p.6.

147 Hyde, J. (2005). p.172.

148 Subcommittee to Investigate Juvenile Delinquency. (1972, January 13). p.15.

149 Ibid. p.5.

obtain parental permission, which often caused conflicts. With a child viewed as unable to articulate his or her own needs or concerns about the living environment from which they were escaping, this was an easy time for predators, sexual and otherwise, to retain control of their victims.

During the Senate hearings, the reality of such a conflict of interest was amply illustrated. One witness was asked what would happen to a child found living on the streets who had run away because she was tired of being sexually molested by her stepfather. According to the witness, in the eyes of California law,

...the child is a runaway and beyond parental control. She is subject to arrest and is ineligible for any services other than after the arrest and detention in Juvenile hall. Time of detention for kids like that is frequently six months.¹⁵⁰

Under the leadership of Sen. Bayh, the subcommittee held its hearings as a way to begin addressing the root of the problem rather than merely the consequences:

We are concerned with juvenile crime, and juvenile drug abuse, and we have developed rehabilitation programs to help juveniles after they are in trouble. But what we have too often failed to realize is the need for prevention. We have developed very few programs to help our young people before they become serious lawbreakers. The runaway is a strong potential candidate for juvenile delinquency and a life of adult crime. If we can help the runaway deal with the problems that caused him to run, we can prevent many runaways from becoming truly delinquent.¹⁵¹

Clearly a key motivating factor for action was a reduction in juvenile delinquency.

Senator Bayh's acknowledgement of the root causes of the epidemic of youth homelessness enabled others to join him in proposing systemic changes that might have a real impact on the long term problem. While the notion of any federal response was novel, critics remind us that real understanding of the issue was still some way off. The policy solutions considered by Congress rested on four assumptions:

- Runaway children would end up on the streets and without resources.
- Removal from the streets would save them.
- Temporary shelter was all that was required to "tide them over."
- Law enforcement and juvenile justice should not be involved in the processes developed.¹⁵²

In short, "the interpretation of runaway behavior... was based primarily on a single linear episode in which the youth voluntarily leaves home, finds resources while in need, and is directed back home."¹⁵³ If only the problem had been or would remain that simple.

CONGRESS ACTS

As a result of the 1972 hearings, Congress passed and President Gerald Ford signed into law the Runaway Youth Act (RYA) as part of the 1974 Juvenile Justice and Delinquency

150 Ibid. p.35.

151 Ibid. p.6.

152 Staller, K. M. (2004). Runaway youth system dynamics: A theoretical framework for analyzing runaway and homeless youth policy. *Families in Society*, 85(3). p.381.

153 Ibid.



Prevention Act. This new legislation decriminalized runaways by requiring states to separate services to runaway youth from the law enforcement, mental health, child welfare and juvenile justice systems.¹⁵⁴ Second, it required that states that received federal funding provide runaway youth with shelter, food, counseling and other necessities. With these mandates for improved services came new federal dollars, initially provided under the Basic Center Program. Federal funding increased drastically after passage of this landmark legislation, from \$2.3 million in 1973 to \$7 million in 1976.¹⁵⁵

In 1977, the Runaway Youth Act was expanded and renamed the Runaway and Homeless Youth Act (RHYA). Subsequent revisions of the law led to the expansion of services and the creation of two critical new programs, the Transitional Living Program in 1988 for older homeless youth and the Street Outreach Program in 1994 to help and protect homeless youth on the streets. These three programs remain the central components of legislation addressing youth homelessness in America today.

In 2003, Congress passed the Runaway, Homeless and Missing Children Protection Act (RHMCPA), which reauthorized and amended RHYA and the Missing Children's Assistance Act through the fiscal year 2008. This latest reauthorization combines the funds for the Basic Center Program and the Transitional Living Program. We turn now to a brief consideration of what exactly these key programs are intended to achieve, and how.

FEDERAL PROGRAMS FOR HOMELESS YOUTH

BASIC CENTER PROGRAM

The Basic Center Program funds are provided “to establish or strengthen community-based programs that address the immediate needs of runaway and homeless youth and their families.”¹⁵⁶ Funds are administered through the U.S. Department of Health and Human Services’ Family and Youth Services Bureau (FYSB). Drop-in centers that provide some immediate aid as well as referrals to other community resources are critical because many homeless youth are difficult to reach on the street, and if they are going to voluntarily seek help it needs to be in a comfortable space designed specifically to address their concerns and needs. The Ruth Ellis Center in Detroit, Mich., is one such program, and later in this report the organization’s executive director profiles efforts to serve LGBT youth of color. All basic centers are required to offer the following types of assistance:

- Emergency shelter, either directly or by arrangement with another service provider
- Food, clothing, medical care, or other services that youth need
- Individual, group and family counseling
- Recreation programs
- Outreach targeting both youth who may need assistance and other public or private agencies that work with youth and families

154 U.S. Department of Health and Human Services: Family and Youth Services Bureau. (2006). Fact sheet: Basic center program. Author. Retrieved September 10, 2006, from <http://www.acf.hhs.gov/programs/fysb/content/youthdivision/programs/bpcfactsheet.htm>

155 U.S. News & World Report. (1977, January 17). p.62.

156 U.S. Department of Health and Human Services: Family and Youth Services Bureau. (2006).

- Aftercare services for youth after they leave the shelter

While some youth might find their own way to a drop-in center designed to help them get off the streets, not all will do so. As a result, professionals seeking to help homeless youth need to get out on the streets and find their future clients. This is the task of street outreach staff.

STREET OUTREACH PROGRAM

The Street Outreach Program (SOP) was created to prevent the sexual abuse or exploitation of young people who are living on the streets. It was first created through the Violence against Women Act of the Violent Crime Control and Law Enforcement Act of 1994 and has been reauthorized under the Runaway, Homeless, and Missing Children Protection Act of 2003.

Under the SOP, the Family and Youth Services Bureau awards grants to private nonprofit agencies to conduct outreach designed to build relationships between grantee staff and street youth with a goal of helping these kids leave the streets.¹⁵⁷ Services that are often offered include:

- Street-based education and outreach
- Access to emergency shelter
- Survival aid
- Individual assessments
- Treatment and counseling
- Prevention and education activities
- Information and referrals
- Crisis intervention
- Follow-up support

Much of this assistance is provided on the streets by trained staff, but youth are also encouraged to visit a drop-in center in the hopes of beginning the transition from street permanence to shelter. In New York City, the Ali Forney Center (AFC) operates a drop-in center and SOP specifically targeting the LGBT homeless youth population. Their intent is multifold. Initially, the aim is to have youth meet an outreach worker, visit the drop-in center and meet with a social worker. Perhaps the youth will then take a space in a short-term emergency shelter operated by the agency and later, if ready and able, move into a transitional living program still run by AFC. The benefits of working with youth in this continuous way are obvious: stability, predictability and consistency of policies, people and priorities.

Of course, not all youth can or want to benefit from this continuum of care, but a great deal of help can be administered right where young homeless people are hanging out on the streets. Mobile health screening and treatment vans, on-the-go dentists and basic mental health consultation services can all be brought to youth in need.

The U.S. Department of Health and Human Services encourages all RHYA funding

¹⁵⁷ Ibid.



applicants to develop their project descriptions and curricula utilizing the Positive Youth Development (PYD) framework.^{158,159} Faith-based and community organizations are also encouraged to apply for all types of RHYA funding.¹⁶⁰ Despite the enormous need for this type of work, the Street Outreach Program provides a total of only \$15 million per year in funding, with the maximum amount for each grant set at \$200,000.¹⁶¹

TRANSITIONAL LIVING PROGRAM

When youth are found on the street, the ideal situation might well be to see them at a drop-in center, perhaps provide short term emergency shelter, then see them return home. Whether this home is with natural, adoptive or foster parents or another relative or adult with whom the youth has a healthy and safe established relationship, reunification is the optimal outcome. Unfortunately, in too many instances, such an environment does not exist. Many runaway or homeless youth cannot return to their families, oftentimes due to abusive situations, abandonment or severe family conflict. To address this reality, Congress sought to offer the kind of longer-term supportive assistance that emergency shelter programs were not designed to provide.

The Transitional Living Program for Older Homeless Youth (TLP) was created in a 1988 amendment to the Runaway and Homeless Youth Act. The program provides longer term residential services to homeless youth ages 16-21 for up to 18 months and services to provide youth with the skills necessary to live independently.¹⁶² Living accommodations may be with host families, in group homes, maternity group homes, or supervised apartments. Transitional Living Program grantees must provide the following services directly or by referral:

- Safe, stable living conditions
- Basic life-skill building
- Interpersonal skill building
- Educational opportunities
- Assistance in job preparation and attainment
- Substance abuse education, information and counseling
- Mental health care
- Physical health care

Transitional Living Program grants are available to public and private nonprofit agencies, Indian tribes and faith-based organizations, and each organization is able to apply for a maximum grant of \$200,000.¹⁶³

158 U.S. Department of Health & Human Services, Administration for Children and Families. (2006). Street Outreach Program. Author. Retrieved July 5, 2006, from <http://www.acf.hhs.gov/grants/open/HHS-2006-ACF-ACYF-YO-0105.html>. p.2.

159 More information about Positive Youth Development models follows later in this publication, including in contributions from our partnering agencies.

160 U.S. Department of Health & Human Services, Administration for Children and Families. (2006). p.7.

161 Ibid. p.6.

162 Cooper, E. F. (2006). *The runaway and homeless youth program: Administration, funding, and legislative actions*. CRS Report for Congress. Retrieved July 5, 2006, from http://opencrs.cdt.org/rpts/RL31933_20060323.pdf. p.5.

163 Cooper, E. F. (2006). p.6.

The Green Chimneys program in New York City operates a scattered-site apartment-based TLP known as the Triangle Tribe Apartments exclusively for youth who identify as LGBT. Theresa Nolan, their Division Director of New York City programs, has contributed a section to this report regarding the practicalities of operating such a program.

NATIONAL RUNAWAY SWITCHBOARD

A critical addition to these federally funded programs, created to provide advice and support to all people impacted by youth homelessness, is the National Runaway Switchboard (NRS).¹⁶⁴ NRS is a free hotline (1-800-RUNAWAY, open 24 hours a day and seven days a week) for homeless and runaway youth and their families, enabling them to seek assistance from trained volunteers and staff.¹⁶⁵

The NRS has also produced a pamphlet for public distribution that specifically addresses LGBT youth in crisis.¹⁶⁶ NRS offers:

- Crisis intervention
- Information referrals, for both parents and runaway young people, to appropriate resources in their locale
- Message relay service so youth can contact their parents.
- Three-way calling so youth can speak to parents while NRS counselors remain on the line
- Free tickets home courtesy of a collaboration with Greyhound Bus Lines¹⁶⁷

Despite their disproportionate numbers, the NRS Web site makes no reference whatsoever to LGBT youth. The only link related to sexuality takes the viewer to a non-governmental site.

FEDERAL FUNDING UNDER THE RUNAWAY AND HOMELESS YOUTH ACT

In 2004 alone, due to a lack of funding, more than 2,500 youth were denied access to a TLP program for which they were otherwise qualified.¹⁶⁸ In addition, 4,200 youth were turned away from Basic Center Programs, which provide family reunification services and emergency shelter. The most basic needs of vulnerable youth are not being met because of a lack of funding. Given the relative political impotence of people experiencing homelessness, they must hope that advocacy groups fighting on their behalf will be able to push for changes in funding priorities.

In real, inflation-adjusted dollars, there have been cuts in money available to provide the most basic services to society's most vulnerable young people.

Table 1 demonstrates how despite a dramatic increase in demand for services, RHYA funding has remained relatively constant over the past few years. In real, inflation-adjusted dollars, this means that there have been cuts in money available to provide the most basic services to society's most vulnerable young people.¹⁶⁹

164 For more information, see <http://www.nrs Crisisline.org/>

165 Cooper, E. F. (2006). p.8.

166 National Runaway Switchboard. (2005).

167 For more information, see www.greyhound.com

168 Data compiled from the federally administered Runaway and Homeless Youth Management Information System (RHYMIS).

169 Project HOPE: Virginia education for homeless children and youth program. (2006).



Program	FY01	FY02	FY03	FY04	FY05	FY06
Basic Centers	\$48.4	\$48.3	\$49.5	\$49.2	\$48.8	\$48.8
Transitional Living	\$20.7	\$39.7	\$40.5	\$40.3	\$39.9	\$39.9
Street Outreach	\$15.0	\$15.0	\$15.4	\$15.3	\$15.2	\$15.2
Total	\$84.1	\$103.0	\$105.4	\$104.8	\$103.9	\$103.9

Thousands of youth are already being turned away from these essential programs. The U.S. Department of Health and Human Services reported in 2003 that nearly 40 percent of the youth who went to Transitional Living Programs for help were turned away due to lack of resources.¹⁷⁰

MCKINNEY-VENTO HOMELESS ASSISTANCE ACT

Prior to the early 1980s, most homelessness assistance for adults and families was conducted at the local level. After initial efforts to help youth specifically, one of the first notable federal interventions came in 1983. A federal task force was created to provide local governments with information on how to obtain surplus federal property that could be used as homeless shelters. In 1987, the Stewart B. McKinney Homeless Assistance Act was signed into law, renamed in 2000 as the McKinney-Vento Homeless Assistance Act. The act included a provision to establish the Interagency Council on the Homeless¹⁷¹ to coordinate efforts by various agencies addressing the issue of homelessness. While runaway and throwaway youth are provided for specifically in the Runaway and Homeless Youth Act, the McKinney-Vento Homeless Assistance Act also benefits runaway youth and the shelters that provide for them. Among the programs that help this population are the following:

In 2003, nearly 40 percent of the youth who went to Transitional Living Programs for help were turned away due to lack of resources. In addition, 4,200 youth were turned away from Basic Center Programs.

Homeless Assistance Grants, U.S. Department of Housing and Urban Development (HUD)

The U.S. Department of Housing and Urban Development's (HUD) mission is to "...increase homeownership, support community development and increase access to affordable housing free from discrimination."¹⁷² Specifically, when it comes to people experiencing homelessness, they have a range of programs that "are managed by local organizations that provide a range of services, including shelter, food, counseling, and jobs skills programs."¹⁷³ There are a number of ways in which youth-serving agencies can access HUD funds. The following brief summary provides an idea of the scale of these programs and the definite recent shift towards encouraging faith-based agencies to apply. We consider the impact of this trend later in this publication.

170 Project HOPE: Virginia education for homeless children and youth program. (2006).

171 For more information, see www.ich.gov

172 U.S. Department of Housing and Urban Development. (2003, October 3). HUD's mission. Author. Retrieved October 31, 2006, from <http://www.hud.gov/library/bookshelf12/hudmission.cfm>

173 U.S. Department of Housing and Urban Development. (2006, October 13). Homeless. Author. Retrieved October 31, 2006, from <http://www.hud.gov/homeless/index.cfm>

Continuum of Care grants provide permanent and transitional housing to homeless persons. In addition, these grants fund services such as job training, health care, mental health counseling, substance abuse treatment and child care. Youth shelters are eligible. In 2003, Continuum of Care grants totaled \$1.1 billion.¹⁷⁴

Emergency Shelter Grants convert buildings into homeless shelters, assist in the operation of local shelters, and fund related social service and homeless prevention programs. Youth shelters are eligible. In 2003, Emergency Shelter Grants totaled \$159 million.¹⁷⁵

The federal budget for fiscal 2007 proposes a \$184 million increase for HUD's Homeless Assistance Grants to a total of \$1.5 billion.¹⁷⁶

From 2002 to 2004, HUD increased the number of grants to faith-based organizations from 650 to 835, a 28 percent increase.¹⁷⁷ A 2003 press release highlighted HUD's awards of \$168 million to faith-based organizations.¹⁷⁸

Emergency Food and Shelter (EFS) Program, U.S. Department of Homeland Security

The EFS Program is administered by the Federal Emergency Management Agency (FEMA). In fiscal years 2005 through 2007, FEMA allocated \$153 million each year for the EFS Program, which supports social service agencies in 2,500 jurisdictions in the U.S. "The EFS funds are used to supplement food, shelter, rent, mortgage, and utility assistance programs for people with non-disaster-related emergencies."¹⁷⁹ Individual grants range from \$2,000 to \$5,864,000.¹⁸⁰ The national board of the EFS program includes the American Red Cross,¹⁸¹ Catholic Charities USA,¹⁸² United Jewish Communities,¹⁸³ the National Council of the Churches of Christ in the USA,¹⁸⁴ the Salvation Army¹⁸⁵ and United Way of America.^{186,187}

Health Care for the Homeless (HCH) Program, U.S. Department of Health and Human Services

HCH programs provide for primary health care and substance abuse services at locations accessible to people who are homeless, emergency care with referrals to hospitals for in-patient care services and/or other needed services, and outreach to difficult-to-reach homeless persons in accessing care and establishing

In 2004 15 percent of HCH-funded clients were children and youth up to age 19.

174 U.S. Department of Housing and Urban Development. (2003, December 19). CPD: 2003 Competitive and FY 2004 formula grant awards. Author. Retrieved July 5, 2006, from <http://www.hud.gov/offices/cpd/homeless/budget/2003/index.cfm>

175 U.S. Department of Housing and Urban Development. (2003, December 19).

176 United States Office of Management and Budget. (2006). Budget of the United States Government, FY 2007, Department of Housing and Urban Development. Author. Retrieved July 7, 2006, from <http://www.whitehouse.gov/omb/budget/fy2007/hud.html>, p.12.

177 United States Office of Management and Budget. (2006). p.11.

178 Sullivan, B. (2003, December 19). Bush administration announces record \$1.27 billion to help hundreds of thousands of homeless individuals and families: HUD grants part of strategy to end chronic homelessness. U.S. Department of Housing and Urban Development. Retrieved July 7, 2006, from <http://www.hud.gov/news/release.cfm?content=pr03-143.cfm>

179 Federal Emergency Management Agency (FEMA). (2004, December 20). FEMA announces \$153 million in homeless aid awards for 2005. Author. Retrieved July 7, 2006, from <http://www.fema.gov/news/newsrelease.fema?id=15785>. p.1.

180 The Catalog of Federal Domestic Assistance. (2006). Emergency food and shelter national board program. Author. Retrieved July 7, 2006, from http://12.46.245.173/pls/portal30/CATALOG.PROGRAM_TEXT_RPT.SHOW?p_arg_names=prog_nbr&p_arg_values=97.024. p.4.

181 For more information, see www.redcross.org

182 For more information, see www.catholiccharitiesusa.org

183 For more information, see www.ujc.org

184 For more information, see www.nccusa.org

185 For more information, see www.salvationarmyusa.org

186 For more information, see www.unitedway.org

187 Federal Emergency Management Agency (FEMA). (2004, December 20). p.1.



eligibility for entitlement programs and housing.¹⁸⁸

Federal assistance for HCH programs has steadily increased from \$35.7 million in 1990 to \$155 million in 2006.¹⁸⁹ In 2004, 15 percent of HCH-funded clients were children and youth up to age 19.¹⁹⁰ The funds allocated enable 182 projects in all 50 states, the District of Columbia and Puerto Rico to help approximately 600,000 people. This is still far short of the number of people, including many youth, who are in need of the services.

The Education for Homeless Children and Youth program, U.S. Department of Education

The McKinney-Vento Homeless Education Act provides federally guaranteed education to runaway and homeless youth.¹⁹¹ The Act “removes barriers to school enrollment for unaccompanied youth [by] waiving documentation requirements (i.e. proof of immunization) or adopting more lenient attendance policies” and “requires that states address enrollment delays for youth without guardians and take steps to enroll such youth in school immediately.”¹⁹²

This legislation intends that every homeless youth receive an education and be immediately accommodated by the school system in every state. Homeless youth have a federally guaranteed protection within the education system of the United States.

Under this program, state educational agencies (SEAs) must ensure that each homeless child and youth has equal access to the same free, appropriate public education, including a public preschool education, as other children and youth. In addition, homeless students may not be separated from the mainstream school environment.¹⁹³

Districts must be proactive in enforcing these requirements, though avoidance is possible. The system depends on state and city agencies promptly appointing qualified individuals to serve as case managers and advocates for homeless youth and holds school administrators accountable for ensuring the safety and public education of qualifying youth. A liaison must be identified who will proactively identify homeless children and youth. As with so many other well-intentioned programs, however, in the most recent year for which data are available (FY 2000), states could help only 11 percent of school districts nationwide. This meant that only 28 percent of identified qualifying children and youth received services. And funding remains flat; \$63 million in 2005 and 2006, and the Bush administration requested the same amount in its 2007 budget.^{194,195}

In the most recent year for which data are available (FY 2000)... only 28 percent of identified qualifying children and youth received services.

189 U.S. Department of Health and Human Services. (2006). Health care for the homeless, About HCH. Author. Retrieved July 7, 2006, from <http://bphc.hrsa.gov/hchirc/about/default.htm>

190 Ibid.

191 U.S. Department of Health and Human Services, Administration for Children and Families, Family and Youth Services Bureau. (2006, January 9). Family and Youth Services Bureau information memorandum. Author. Retrieved July 6, 2006, from http://www.acf.hhs.gov/programs/fysb/content/aboutfysb/McKinney-Vento_IM.pdf

192 Ibid. p.1.

193 United States Department of Education. (2004, July). Education for Homeless Children and Youth Program. Author. Retrieved July 7, 2006, from <http://www.ed.gov/programs/homeless/guidance.pdf>. p.2.

194 United States Department of Education. (2004, July).

195 Lawsuits are an unfortunate but sometimes necessary step in ensuring full compliance with these rules. One such example is the federal class-action suit filed against several Suffolk County, MA school districts charging failure to comply with the McKinney-Vento Act in providing education to homeless youth. See: Cummings, J. (2004). *Three local school districts named in class action homeless student lawsuit*. The Beacon. Retrieved July 5, 2006, from http://www.babylonbeacon.com/news/2004/0319/Front_page/003.html. The lawsuit claims the state, the social services department and the districts have systematically failed “to accept and educate homeless children ‘simply because they are homeless.’”

THE IMPACT OF FEDERAL IMMIGRATION POLICY ON LGBT HOMELESS YOUTH

Immigration policy in the United States is based on the notion of family reunification. Because of this, it discriminates against all LGBT people whose relationships the federal government does not recognize. Runaway or throwaway LGBT youth who are non-citizen or alien residents may face problems qualifying to stay in the United States after many years if a family member who is qualified to sponsor them refuses to do so due to objections to their declared sexual orientation or gender identity. Many may face dangerous or even lethal consequences if they are forced to return to a nation that might no more than nominally be considered home.

Many non-citizen youth run away from home outside the United States and manage to find their way here, gravitating in many cases to cities where they feel they might fit in better than in their country of origin. Once on the street, these youth may lack proper proof of identity or immigrant status, which can cause problems gaining access to services, education and shelters. Many more may not even realize that they are here illegally until they are asked to provide documentation of some sort for a job, student loan or other services.

Identifying a qualified local attorney or immigrant support organization sympathetic to the cause of these youth is the first step for any young person or agency facing such a dilemma. The New York City-based Urban League's Peter Cicchino Youth Project deals with "a handful" of these cases every year.¹⁹⁶ Such organizations are likely to best understand the three ways in which non-citizen homeless youth might qualify to remain in the United States in a self-petitioned visa category.¹⁹⁷

1. The Violence against Women Act allows LGBT young people who meet the definition of "battered children" to self-petition for permanent residency. Evidence of emotional, physical or sexual abuse, or the legitimate threat thereof, prior to leaving the home is critical to this particular classification.
2. Special Immigrant Juvenile Status (SIJS) is available to abused or neglected or abandoned youth subsequently found eligible for foster care by a juvenile court. This route includes youth placed in care by child protective services and also those staying with friends or an alternative family member. If the temporary caregiver is willing to petition for guardianship, juvenile court becomes involved, making the individual eligible "through the back door."
3. The third option is to seek asylum based on sexual orientation or gender identity. This is not as easy to secure because there are strict timelines on filing and youth often lack the evidence or experience of assault in their home country to justify their argument that they personally face serious risks if forced to leave the United States.¹⁹⁸

¹⁹⁶ Personal telephone communication with the author. August 29, 2006.

¹⁹⁷ Hazeldean, S. & Singla, P. (2004). *Out in the cold: The challenges of representing immigrant lesbian, gay, bisexual, and transgender youth*. An Urban Justice Center Report. Retrieved August 31, 2006, from <http://www.urbanjustice.org/pdf/publications/lesbianandgay/OutintheCold.pdf>

¹⁹⁸ For more information on providing services to non-citizen youth, contact Immigration Equality at www.immigrationequality.org.



ORGANIZATIONAL ADVOCACY FOR PEOPLE EXPERIENCING HOMELESSNESS

There are a number of secular national organizations that do not provide direct services to the homeless but do advocate on their behalf and/or bring together agencies and other organizations that do provide direct services.

- The National Coalition for the Homeless (NCH), which includes members who have experienced homelessness, “engages in public education, policy advocacy, and grassroots organizing,” focusing its work around “housing justice, economic justice, health care justice, and civil rights.”¹⁹⁹
- The National Alliance to End Homelessness (NAEH) is a nonprofit organization “whose mission is to mobilize the nonprofit, public, and private sectors of society in an alliance to end homelessness.”²⁰⁰ NAEH targets federal legislators, assists primary service providers and local public officials, and advocates for effective strategies to end homelessness.
- The National Low Income Housing Coalition “is dedicated solely to ending America’s affordable housing crisis.” While working to help all Americans who lack adequate housing, they focus their advocacy “on those with the most serious housing problems, the lowest income households.”²⁰¹
- The National Housing Conference (NHC) “raises awareness of housing affordability issues” and “fights to maintain federal support for affordable housing and community development programs.”²⁰²
- United Way of America enables local service providers by partnering with both public and private agencies and offering funding.²⁰³

Other groups focus their efforts on particular sub-populations or on single topics that impact the entire homeless population. These include:

- National Network for Youth²⁰⁴
- National Youth Advocacy Coalition²⁰⁵
- National Association for the Education of Homeless Children and Youth²⁰⁶
- National Health Care for the Homeless Council²⁰⁷
- National Law Center on Homelessness and Poverty²⁰⁸
- National Policy and Advocacy Council on Homelessness²⁰⁹

199 National Coalition for the Homeless. (2006, June 26). *About NCH: Who we are*. Author. Retrieved July 7, 2006, from <http://www.nationalhomeless.org/>

200 National Alliance to End Homelessness. (2006). *About the alliance*. Author. Retrieved July 7, 2006, from <http://naeh.org/about/index.htm>

201 National Low Income Housing Coalition. (2005). *About NLIHC*. Author. Retrieved October 18, 2006, from <http://www.nlihc.org/about/index.htm>

202 National Housing Conference (NHC). (2006). *Annual report: National Housing Conference report of activities, 2005*. Author. Retrieved July 7, 2006, from <http://www.nhc.org/housing/about-annual-report>

203 United Way of America. (2006). *Our work*. Author. Retrieved September 10, 2006, from <http://national.unitedway.org/ourwork/index.cfm>

204 For more information, see www.nn4youth.org

205 For more information, see www.nyacyouth.org

206 For more information, see www.naehcy.org

207 For more information, see www.nhchc.org/council.html

208 For more information, see www.nlchp.org

209 For more information, see www.npach.org

- National Student Campaign against Hunger and Homelessness²¹⁰
- Corporation for Supportive Housing²¹¹

National organizations, both secular and faith-based, often provide guidance and financial support for local primary service providers to help people experiencing homelessness, including LGBT homeless youth. When federal funds get disbursed to the state governments, they are then allocated to local public service departments and private nonprofit organizations that each provide shelter, food, and assistance to homeless youth. For example, the New York City Administration for Children's Services (ACS) places homeless youth in foster homes and funds licensed shelters to house youth. They provide intervention and counseling as necessary to work towards the safety and security of homeless youth in NYC.²¹² ACS's partnership with New Yorkers for Children exposes children in foster care to youth development support in an effort to maintain youth in the care of foster homes and off the streets.²¹³

Local nonprofit organizations such as Covenant House New York and The Ali Forney Center work with New York City to provide emergency shelter services for homeless youth.^{214,215} While faith-based Covenant House has the financial backing of a major national organization, the secular Ali Forney Center unfortunately has much more restrictive funding sources. It can stay open only through the grants it wins from government departments and the donations of individuals committed to the well-being of the LGBT homeless youth it serves.

While programs like the Ali Forney Center, or Sylvia's Place or Green Chimneys in NYC work exclusively with LGBT youth, there are shelters in the city and around the country who are not receptive to LGBT homeless youth. While it is not always the case that they are faith-based programs, the growth of faith-based social service provision and its potential impact on homeless LGBT youth warrants specific attention.

FAITH-BASED SERVICE PROVIDERS

"I recognize that government has no business endorsing religious creed, or directly funding religious worship or religious teaching. That is not the business of the government. Yet government can and should support social services provided by religious people, as long as those services go to anyone in need, regardless of their faith. And when government gives that support, charities and faith-based programs should not be forced to change their character or compromise their mission."

-President George W. Bush²¹⁶

²¹⁰ For more information, see www.nscanh.org

²¹¹ For more information, see www.csh.org

²¹² The City of New York. (2006). Child welfare links, NYC Administration for Children's Services. Author. Retrieved July 12, 2006, from http://www.nyc.gov/html/acs/html/statistics/child_welfare_links.shtml

²¹³ New Yorkers for Children. (2006). Programs supported by NYFC. Author. Retrieved July 12, 2006, from <http://www.newyorkersforchildren.org/programs2.html>

²¹⁴ Covenant House New York. (2006). About us: Facts and stats. Author. Retrieved August 31, 2006, from http://www.covenanthouseny.org/about_us_facts_stats.asp

²¹⁵ The Ali Forney Center. (2004). Housing for homeless LGBT youth. Author. Retrieved July 12, 2006, from <http://www.aliforneycenter.org/services.html>

²¹⁶ White House Office of Faith-Based and Community Initiatives. (2005). Protecting the civil rights and religious liberty of faith-based organizations: Why religious hiring rights must be preserved. Author. Retrieved July 11, 2006, from <http://www.whitehouse.gov/government/fbci/religious-hiring-booklet-2005.pdf>. p.ii.



On December 12, 2002, President George W. Bush issued an executive order permitting federal financial assistance for faith-based social service organizations, simultaneously granting them permission to retain their religiously-based missions. According to the executive order, federal funds are not to be used to support any inherently religious activities, such as worship, religious instruction, or proselytizing. An organization may, however, retain religious terms in its name, select board members on a religious basis, and include religious references in its mission statement and other chartering or governing documents.²¹⁷

Federal programs such as the Compassion Capital Fund are designed to help faith-based and community groups.²¹⁸ The White House Office of Faith-Based and Community Initiatives denies that federal monies are set aside for faith-based organizations in an effort to maintain the administration's commitment to the separation of church and state. However, in the same breath, the administration notes that:

...each year hundreds of millions of dollars go to religious charities and grassroots groups to provide vital Federal services for the poor. The government does not ask, "Does your organization believe in God?" It asks, "Does your program work? Does it meet the specific requirements of the grant? Is it turning peoples' lives around? Is it accountable for the money it receives?"²¹⁹

According to statistics from the White House, \$2.15 billion dollars in Fiscal Year 2005 competitive non-formula programs went to faith-based organizations (FBOs). Those funds included 881 Health and Human Services grants to faith-based organizations totaling \$780 million, an 82 percent increase from 2002 in the number of grants, and a 58 percent (or \$288 million) increase in dollar terms.²²⁰ In 2003, at least 30 such grants were for basic center programs, 18 for street outreach work and 25 for transitional living programs.²²¹

Can a faith-based service provider for people experiencing homelessness, whose code of ethics is largely based on an interpretation of scripture and religious ideology, be assumed to treat all those in need equally, including openly LGBT people? While a definitive answer to this question is not possible, we can certainly expect national faith-based organizations to partner with sympathetic local faith-based service providers. This means that when a national or large group allocates funds to localities, they will likely only enable those local programs that have a similar religious foundation and outlook to provide services in their name.

Funding for FBOs from executive departments has also grown significantly.²²²

- The U.S. Department of Housing and Urban Development (HUD) awarded 765 grants to FBOs in fiscal year (FY) 2003, an 11 percent increase over 2002 worth \$53 million. Also, more than half of allocated funds for Section 202 Elderly Housing,

217 White House Office of Faith-Based and Community Initiatives. (2006).

218 White House Office of Faith-Based and Community Initiatives. (2006). Helping those in need: An overview of the federal grants process. Author. Retrieved July 5, 2006, from <http://www.whitehouse.gov/government/fbci/guidance/helping.htm>. p.2.

219 Ibid. p.2.

220 For 2002 data, see White House office of faith-based and community initiatives. (2004, March 2). *Select grants to faith-based organizations at five agencies*. Author. Retrieved August 31, 2006, from http://www.whitehouse.gov/government/fbci/3-2_final_pres.pdf. For 2005 data, see White House office of faith-based and community initiatives. (2006, March 9). *Grants to faith-based organizations: Fiscal year 2005*. Author. Retrieved November 7, 2006, from http://www.whitehouse.gov/government/fbci/final_report_2005.pdf.

221 Thememoryhole.org is a web site run by a freelance writer and editor. The web site's slogan states that they are "Rescuing knowledge, freeing information." The writer pursues freedom of information cases to open up the work of the federal government and others to scrutiny. In this case, the data cited here can be located at The Memory Hole. (2005, January 6). *Faith-based funding recipients, 2003*. Author. Retrieved August 31, 2006, from http://www.thememoryhole.org/pol/faith_based_2003.htm

222 White House office of faith-based and community initiatives. (2004, March 2).

totaling \$316 million, went to FBOs.²²³

- The U.S. Department of Education raised the percentage of the FBO Supplemental Services providers (organizations that provide tutoring under the “No Child Left Behind” initiative) from 2 percent to 9 percent over the course of FY 2003.²²⁴
- Overall, \$1.17 billion, or 8.1 percent of Federal competitive programs went to FBOs.²²⁵

While more and more FBOs are receiving federal funds, social service funding levels have not increased overall. Consequently, the impact of FBOs has not been to increase services to people experiencing homelessness, but rather only to change *who* provides those services.

This means potentially more services being provided by anti-LGBT organizations and staff. Given that many adults might feel uncomfortable or even intimidated in an explicitly religious service provider’s facility, imagine how a newly-out LGBT youth is likely to feel.

If an organization’s core belief is that homosexuality is wrong, that organization (and its committed leaders and volunteers) may not respect clients’ sexual orientation or gender identity and may expose LGBT individuals to discriminatory treatment. Such treatment might include “conversion therapies” designed to change a client’s sexual orientation or other religiously-grounded counseling, a topic to which we will return shortly.²²⁶ We readily acknowledge that many FBOs do remarkable work, providing critical services to the neediest of people, without discriminating against anyone. However, situations can arise that cause grave concern to homeless LGBT youth advocates.

According to statistics from the White House, \$1.17 billion dollars in Fiscal Year 2003 competitive non-formula programs went to faith-based organizations (FBOs).

THE POTENTIAL FOR ANTI-LGBT DISCRIMINATION AT FAITH-BASED SERVICE PROVIDERS

While it might not seem objectionable for a particular church to provide meals to the hungry, what happens when the church’s beliefs conflict dramatically with those that they serve? What happens when the service a church is providing is not a meal, but education on HIV prevention that only mentions abstinence? Or when “counseling” to openly LGBT youth is aimed at making them feel guilty or ashamed? There are faith-based organizations who, with the backing of our courts, conduct employment discrimination based on sexual orientation. How do these same organizations deal with other issues that conflict with their religious beliefs?

It is not always easy to identify the organization whose work is grounded on religious underpinnings. Ebaugh et al. conducted a study of social service providers and found that self-identified faith-based organizations are far less identifiable by name alone; only half of these organizations mention their religious character explicitly

Volunteers who believe in an organization’s religious mission and are not trained social work professionals may feel less inclined to adhere to professional standards of practice and ethics.

223 Ibid. p.5.

224 Ibid.

225 Ibid.

226 For more information on “conversion therapy” or ex-gay programs targeted at youth, see Cianciotto, J. & Cahill, S. (2006). *Youth in the crosshairs: The third wave of ex-gay activism*. National Gay & Lesbian Task Force. Retrieved March 30, 2006, from <http://www.thetaskforce.org/downloads/crosshairs.pdf>

227 Ebaugh, H. R., Pipes, P. F., Chafetz, J. S. & Daniels, M. (2003). Where’s the religion? Distinguishing faith-based from secular social service agencies. *Journal for the Scientific Study of Religion*, 42(3). p.415.



in their names.²²⁷ Some people are concerned that the lack of explicit religiosity in the titles of many faith-based organizations may be a covert method of attracting clients searching for services in order to expose them to religious proselytizing.

Ebaugh et al. also indicated that the ratio of volunteers to paid staff in secular organizations is 3:1, while the same ratio in faith based organizations is as high as 15:1.²²⁸ Such a dramatic difference is not particularly surprising given that religiously affiliated programs might well be attached to a congregation full of potential unpaid volunteers. However, this professional versus volunteer discrepancy may create a lack of accountability within faith-based organizations that provide services to homeless populations. Volunteers who believe in an organization's religious mission and are not trained social work professionals may feel less inclined to adhere to professional standards of practice and ethics. Instead, they may be tempted to forcibly expose clients to religious ideology because they have no fear of losing their job even if they overstep agency-established boundaries.

In the next section of our report we turn to some of the critical challenges homeless youth face, and discuss evidence that shows LGBT youth are not just over-represented, but also often experience more trauma, greater risk and less support than other youth. Specifically, we consider a number of issues of importance to LGBT youth in out-of-homecare or on the streets, all of which ought to be familiar to any practitioner seeking to work with this community. Among those we address are substance abuse, mental health crises, risky behavior, criminal victimization and involvement with the criminal justice system. We also discuss some of the specific challenges facing homeless youth who identify as transgender.

If an organization's core belief is that homosexuality is wrong, that organization (and its committed leaders and volunteers) may not respect clients' sexual orientation or gender identity and may expose LGBT individuals to discriminatory treatment.

²²⁸ Ebaugh, H. R. et. al. (2003). p.418.

Critical issues affecting LGBT homeless youth

The challenges of dealing with homelessness and integrating an LGBT identity into daily life put tremendous stresses and strains on youth. We begin this section with a discussion of the mental health issues facing this population. We then turn to the related problem of substance abuse. Whether taken legally or otherwise to ease depression, make life seem more bearable, or time pass more quickly, LGBT homeless youth are disproportionately prone to substance abuse problems.

Mental health crises and substance abuse impact the decisions homeless youth make about their behaviors on the streets, particularly when it comes to sexual activity. In light of this, we include discussion of risky behaviors in which research suggests LGBT youth are more likely to participate. We also include a section on the particular needs and issues faced by transgender homeless youth. The range of potential crises faced by homeless youth each day includes lack of shelter, food, income and a safe space to “hang out.” These factors combine to drive some in the direction of survival-focused criminal activity. In turn, they become involved with the juvenile justice and prison systems. Therefore, we discuss the role of LGBT youth as victims and victimizers, as well as the consequences of their interactions with the criminal justice system.

The practicalities of dealing with homelessness and integrating an LGBT identity into daily life put tremendous stresses and strains on youth.

MENTAL HEALTH ISSUES

While all homeless youth are disproportionately prone to psychological issues compared with the general population, new research suggests that LGBT homeless youth may be especially vulnerable.²²⁹ Confronted with the social stigma attached to being a sexual minority, in addition to the many stresses that come with being homeless, the LGBT homeless population may be more likely to develop psychological problems.

²²⁹ In the course of this chapter, literature refers to LGBT youth, LGB youth and gay and/or lesbian youth. We remain consistent in our use of LGBT where appropriate, but when analyzing another author’s work, we refer only to the specific population they studied.



HOW ARE HOMELESS YOUTH AFFECTED?

Before focusing specifically on research in mental health issues faced by LGBT homeless youth, we first review the available research on the prevalence of mental health issues among homeless youth in general. Martha Burt's analysis of the National Survey of Homeless Assistance Providers and Clients (NSHAPC) found that 46 percent of clients under 24 years of age suffered from mental health problems within the last year. Those percentages climbed to 50 for those under 20 years of age and 56 percent for those aged 20 to 24 years old when clients were asked about mental health problems over the course of their lifetime. Forty five percent of clients over the age of 25 reported mental health problems over the last year and 57 percent over the course of their lifetime.²³⁰ Despite the age difference within the population, this report indicated that homeless youth are just as badly affected by mental health problems as their older counterparts.

In a separate study of 432 homeless youth in Hollywood, CA, Unger and colleagues reported that the prevalence of mental health problems and substance-related disorders far exceeded the rates of these disorders in community and school samples of adolescents, with 82 percent of the homeless youth surveyed reporting at least one mental health problem.²³¹

A lack of effective social support contributes to mental health problems, particularly depression, in homeless youth. Homelessness may interact with other factors, such as a history of childhood sexual abuse, causing youth to rely on their peers for social support. Understandably, these peers are also likely to suffer from inadequate support networks and are also likely to be suffering from mental health problems. One study found that while peer social support might be expected to reduce depression, social support from peers on the street may actually lead to pressure towards delinquency and may contribute to depression.²³² Even for youth who have positive support networks, including supportive contact with family members and the presence of supportive friendships, depression continued for those who were abused by family members or caretakers.²³³ Homeless youth who experience abuse at the hands of their caregivers before running away are at greater risk for mental illness than those who were not abused in the home. Unfortunately, friendships with other street youth may exacerbate this problem.

While homeless youth may congregate in specific areas and appear to be part of a relatively cohesive, if displaced, community, loneliness is a significant problem and has been linked to a number of mental health problems, including depression and psychosomatic illness.²³⁴ Work by Ami Rokach of the Institute for the Study of Psychosocial Stress sheds light on how the causes of loneliness differ between homeless youth and the population at large.²³⁵ Rokach surveyed 324 adolescents in Toronto, Canada, including 113 homeless youth and 211 domiciled youth about their experiences with five different causes of loneliness: personal inadequacies, developmental deficits, unfulfilling intimate relationships, relocation/significant separation and social marginality.

Youth who feel extremely negative about their lives are prone to becoming desperate enough to risk their lives.

230 Burt, M., Aron, L.A., Lee, E., & Valente, J. (2001). *Helping America's homeless*. Washington, DC: The Urban Institute Press. p.157.

231 Unger, J. B., Kipke, M. D., Simon, T. R., Montgomery, S. B. & Johnson, C. J. (1997). Homeless youths and young adults in Los Angeles: Prevalence of mental health problems and the relationship between mental health and substance use disorders. *American Journal of Community Psychology*, 25(3).

232 Bao, W.-N., Whitbeck, L. B. & Hoyt, D. R. (2000). Abuse, support, and depression among homeless and runaway adolescents. *Journal of Health and Social Behavior*, 41.

233 Ibid.

On every scale except personal inadequacies, homeless youth consistently scored higher. According to Rokach, “it is almost an inevitable conclusion that being homeless includes being lonely, desolate, and isolated.”²³⁶ The relationships between loneliness, hopelessness, and life-threatening behaviors indicate that youth who feel extremely negative about their lives are prone to becoming desperate enough to risk their lives.²³⁷ Some homeless youth report that loneliness and depression are mediated by a personal sense of resilience. This protective capacity to cope with adversity may be a factor behind the better than average personal inadequacies score of Rokach’s respondents. Additionally, their resilience mechanism seems to be strengthened by the maintenance of connections between homeless youth and their family, peers, and other adults.²³⁸

For homeless youth who lack strong support networks, loneliness and desolation may be internalized much of the time. The literature on suicidal behavior in homeless youth reveals some of the sad consequences of this isolation. Family problems, mental illness, and physical and sexual abuse have all been associated with suicidal behavior and homeless youth at risk for these factors are particularly vulnerable.²³⁹ Previous research found that more than half of homeless youth reported suicidal thoughts and over one quarter attempted suicide in the preceding 12 months.²⁴⁰ While the factors that predict suicidal behavior in homeless youth are similar to those in the general population, the much greater incidence of those factors contributes to the need for special awareness of suicide risk in the homeless youth population.²⁴¹

Research found that more than half of homeless youth reported suicidal thoughts and over one quarter attempted suicide in the preceding 12 months.

MENTAL HEALTH CRISES FACING LGBT YOUTH

Research has documented high rates of depression and substance abuse among sexual minorities, as well as alarmingly high rates of suicide and suicidal thoughts.²⁴² One study in 2004 found that significantly more LGB youth had thoughts of suicide than did their heterosexual peers (73 percent compared to 53 percent), and one-half of LGB youth had attempted suicide at least once, compared to one-third of heterosexual youth.²⁴³

The results of other studies are equally disturbing. In a study of youth in Massachusetts, half of the LGB-identifying youth had contemplated suicide.²⁴⁴ In 2005, the National Runaway Switchboard estimated that a lesbian, gay, bisexual, transgender and/or questioning youth commits suicide every five hours and 48 minutes and that 30 percent of gay and bisexual males attempt suicide at least once.²⁴⁵ As far back as the late 1980s, when the federal govern-

234 McWhirter, B. T. (1990).

235 Rokach, A. (2005). The causes of loneliness in homeless youth. *The Journal of Psychology*, 139(5).

236 Rokach, A. (2005). p.477.

237 Rew, L. et. al. (2001).

238 Ibid.

239 Yoder, K. A., Hoyt, D. R. & Whitbeck, L. B. (1998). Suicidal behavior among homeless and runaway adolescents. *Journal of Youth and Adolescence*, 27(6).

240 Ibid. p.757.

241 Leslie, M. B., Stein, J. A. & Rotheram-Borus, M. J. (2002). Sex-specific predictors of suicidality among runaway youth. *Journal of Clinical Child and Adolescent Psychology*, 31(1).

242 Safren, S. A. & Heimberg, R. G. (1999). Depression, hopelessness, suicidality, and related factors in sexual minority and heterosexual adolescents. *Journal of Consulting and Clinical Psychology*, 67(6).

243 Whitbeck, L. B., Chen, X., Hoyt, D. R., Tyler, K. A. & Johnson, K. D. (2004). Mental disorder, subsistence strategies, and victimization among gay, lesbian, and bisexual homeless and runaway adolescents. *The Journal of Sex Research*, 41(4). p.334.

244 Wen, P. (2002, October 22).

245 National Runaway Switchboard. (2005).



ment conducted research on suicide among all youth, a report produced under the auspices of the Secretary of Health and Human Services Task Force noted specifically the troubling research about LGB suicide. According to the report, the primary cause is “a society that discriminates against and stigmatizes homosexuals.”²⁴⁶ That is, these youth are not depressed as a natural function of their sexual orientation, but because of the consequences of living in a society that does not treat them fairly or equally. The effects of homophobia on sexual minority youth have been confirmed in more recent academic literature.

One study reported that openly identifying as LGB places a young person at risk for a number of stresses that contribute to the development of these problems, including abuse and stigmatization by peers.²⁴⁷ For those youth who attempt to hide the discovery of their sexual orientation from peers and family, fear of discovery may undercut whatever benefits those social support systems might otherwise provide.²⁴⁸ In fact, one study found that when controlling for predictors of distress, no significant difference in rates of depression and suicidal thoughts existed between sexual minority youth and their heterosexual counterparts.²⁴⁹ A significant difference between the two populations was only found when the study considered sexual orientation along with other factors that increased risk of depression and suicidal thought, such as a lack of social support.²⁵⁰

Other studies do, in fact, indicate that LGB and questioning youth are at an increased risk for suicidality, which Rotheran-Borus et al. ascribe to pressures of “gay-related stress.”^{251,252} This suggests that they are disproportionately the victims of their environments and that anti-LGBT stigma takes a real and serious toll on them. Faced with verbal and physical harassment from their peers and family, these youth are at special risk for taking what for them may seem like their best option: living on the streets.²⁵³ Some also see suicide as a solution.

Homelessness is traumatic for all youth. For LGBT youth, who must also deal with “coming out” and living in a society that is often hostile, emerging research suggests that the dangerous consequences of homelessness are amplified. Cochran et al.’s comparative study of sexual minority and heterosexual homeless youth found that while the reasons for leaving home were similar between the two populations, LGBT youth left home more frequently than heterosexual youth.²⁵⁴ Fourteen percent left home because of family conflict over the youth’s sexual orientation.²⁵⁵ LGBT homeless youth reported more depressive symptoms than their heterosexual peers and showed significantly higher

The primary cause [of LGB youth suicide] is “a society that discriminates against and stigmatizes homosexuals.”

246 Gibson, P. (1989).

247 Savin-Williams, R. C. (1994). Verbal and physical abuse as stressors in the lives of lesbian, gay male, and bisexual youths: Association with school problems, running away, substance abuse, prostitution and suicide. *Journal of Consulting and Clinical Psychology*, 62(2).

248 Safren, S. A. & Heimberg, R. G. (1999). p.859.

249 Ibid. p.864.

250 Ibid. p.865.

251 Morrison, L. L. & L'Heureux, J. (2001). Suicide and gay/lesbian/bisexual youth: Implications for clinicians. *Journal of Adolescence*, 24.

252 Rotheram-Borus, M. J., Hunter, J. & Rosario, M. (1994). Suicidal behavior and gay-related stress among gay and bisexual male adolescents. *Journal of Adolescent Research*, 9(4).

253 Savin-Williams, R. C. (1994). Verbal and physical abuse as stressors in the lives of lesbian, gay male, and bisexual youths: Association with school problems, running away, substance abuse, prostitution and suicide. *Journal of Consulting and Clinical Psychology*, 62(2). p.267.

254 Cochran, B. N. et. al. (2002).

255 Ibid.

rates of withdrawn behavior, social problems and delinquency, among other troubling psychological issues.²⁵⁶

Whitbeck et al. conducted a comparative study of LGB homeless youth and their heterosexual counterparts in which they specifically examined the lifetime prevalence of five mental disorders: conduct disorder, major depressive disorder, post-traumatic stress, alcohol abuse and drug abuse.²⁵⁷ They found that LGB adolescents are at greater risk for substance abuse, as they seem to use alcohol and drugs to cope with the societal stigma of homosexuality.²⁵⁸ Evidence for increased risk of mental health problems is presented by Remafedi et al. and Fergusson et al., with the latter reporting an increased risk of generalized anxiety disorder, major depression, conduct disorder, nicotine dependence, substance abuse, suicidality and co-morbidity of multiple disorders in LGB youth.^{259,260}

A study comparing the mental health of 366 heterosexual youth with 63 LGB youth in the Midwest found that LGB youth were more likely to report symptoms of a major depressive episode than heterosexual youth, with gay males significantly more likely to meet the criteria for a major depressive episode than heterosexual males (42.1 percent compared to 24.4 percent).²⁶¹ LGB adolescents were also more likely to have post-traumatic stress disorder.²⁶²

Homeless lesbians were found to be particularly troubled; not only did they have higher levels of mental health problems, but they also reported more physical and sexual victimization than any other group.²⁶³ Additionally, a difference may exist between mental health at the time of a study and the lifetime mental health of lesbian, gay, bisexual, and questioning youth. Noell and Ochs indicate that these youth present with high rates of depression and suicidal ideation on recent measures but do not seem to show these trends on lifetime measures of mental health.²⁶⁴ Whether this is a result of the resiliency noted earlier is not addressed.

MENTAL HEALTH SERVICES

Limited mental health service resources do exist in shelters and walk-in clinics for homeless youth. Unfortunately, utilization of these services varies among young people on the street. One study confirmed that a mere 9 percent of homeless youth had accessed mental health services.²⁶⁵ This further increases their risk for mental and physical harm. The Midwest Homeless and Runaway Adolescent Project, a study of 602 homeless and runaway youth in “non-magnet” cities (avoiding typically studied cities such as New York, Los Angeles and San Francisco in favor of smaller centers in Nebraska, Kansas, Iowa and

256 Ibid. pp.774-775.

257 Whitbeck, L. B. et. al. (2004).

258 Rosario, M., Hunter, J. & Gwadz, M. (1997). Exploration of substance abuse among lesbian, gay, and bisexual youths: Prevalence and correlates. *Journal of Adolescent Research*, 12.

259 Remafedi, G., Farrow, J. A. & Deisher, R. W. (1991). Risk factors for attempted suicide in gay and bisexual youth. *Pediatrics*, 87(6).

260 Fergusson, D. M., Horwood, L. J. & Beutrais, A. L. (1999). Is sexual orientation related to mental health problems and suicidality in young people? *Archives of General Psychiatry*, 56(10).

261 Whitbeck, L. B. et. al. (2004). p.334.

262 Ibid.

263 Ibid.

264 Noell, J. W. & Ochs, L. M. (2001). Relationship of sexual orientation to substance use, suicidal ideation, suicide attempts, and other factors in a population of homeless adolescents. *Journal of Adolescent Health*, 29(1).

265 Slesnick, N. & Prestopnik, J. (2005). Dual and multiple diagnosis among substance using runaway youth. *American Journal of Drug and Alcohol Abuse*, 31(1).



Missouri) revealed gaps in utilization of support services in the homeless youth population.²⁶⁶ In the sample, females, younger runaways, shelter users, youth with social support networks, and youth abused by their family members or caretakers were more likely to seek out intervention services.²⁶⁷

However, minority youth who were abused by family members or caretakers were less likely to see a mental health professional than white homeless youth, suggesting that minority homeless youth do not receive the services that are available to other homeless youth.²⁶⁸ Additional adequately funded research is needed to provide statistically significant data on the mental, physical and sexual health of homeless youth, and LGBT homeless youth specifically, to ensure that resources are utilized to their optimum effect.

These studies, as a whole, suffer from many of the flaws that attend any research into people experiencing homelessness or sexual minority populations: it can be difficult to reach the research populations, and when data are acquired, it may still be difficult to generalize findings across the population as a whole. Nevertheless, the findings that LGBT homeless youth face special mental health challenges are too substantial to ignore.

One study confirmed that a mere 9 percent of homeless youth had accessed mental health services.

SUBSTANCE ABUSE

The consequences of substance use and abuse are well documented in many subsets of the general population. Before focusing specifically on the LGBT youth cohort, we provide a basic overview of the literature on all homeless youth.

Ask the average person on the street their impression of young people who experience homelessness, and odds are a good number of them will reference abuse of drugs and alcohol as common behaviors.²⁶⁹ The fact that substance abuse pathways both lead to and result from homelessness draws attention to the particular vulnerability of youth to be impacted by the ready availability of drugs and alcohol. The prevalence of alcohol and tobacco use among runaway youth can be seen as initially rooted in family conflict or breakdown, including situations where youths were exposed to family members who abused alcohol and/or drugs.²⁷⁰ Subsequent to becoming homeless, with all the attendant risks and stresses it brings, substance use has been identified as a coping strategy for all youth.²⁷¹

Substance abuse is not an isolated behavioral outcome automatically causing or resulting from homelessness. Rather, it is inextricably linked to other behavioral and mental health concerns. The combination of stressors inherent in the daily life of homeless youth leads to substance abuse at alarmingly high rates when compared with the general population. Most shelters do not meet the need for effective intervention

266 Berdahl, T. A., Hoyt, D. R. & Whitbeck, L. B. (2005). Predictors of first mental health service utilization among homeless and runaway adolescents. *Journal of Adolescent Health, 37*(2).

267 Ibid.

268 Berdahl, T. A. et. al. (2005).

269 Mallett, S., Rosenthal, D. & Keys, D. (2005). Young people, drug use and family conflict: Pathways into homelessness. *Journal of Adolescence, 28*(2).

270 Ibid.

271 Cited in Mallett, S. et. al. (2005).

beyond basic crisis counseling. One study of 226 runaway youth living in two shelters in the southwest United States found that only 10 to 15 percent were ever treated for drug- and alcohol-related problems.²⁷²

Add to this the facts that suicidality, self-injurious behavior and low self-esteem have each been associated with increased prevalence of drug and alcohol abuse disorders and that depressive symptoms are associated with increased risk of alcohol abuse disorder, and a picture emerges of the risks facing homeless youth.²⁷³

Substance use and abuse is both a cause and a result of homelessness in the general population of homeless youth. In a study of 302 homeless youth, Shelley Mallet and colleagues described the relationship between young people’s substance use and their pathways into homelessness. They found that 38 percent of young people who reported personal or familial alcohol and drug use indicated that the substance abuse led directly to their homelessness. Additionally, 17 percent of the drug-using youth reported problematic drug use beginning after they became homeless as a result of different family conflicts.²⁷⁴

Despite the prevalence of substance abuse among homeless youth, only 10 to 15 percent were ever treated for drug- and alcohol-related problems.

Numerous studies have documented patterns of drug and alcohol use in various populations of runaway adolescents, universally resulting in compromised health and safety. Specific subpopulations of homeless youth face specialized risks. For example, a 2005 analysis of homeless youth who lacked parental monitoring and/or have peers that have been incarcerated or carry weapons indicates that they are at high risk for drug use.²⁷⁵

Judy Greene and colleagues provide an analysis of substance use among street youth, runaway youth residing in a shelter, and non-homeless adolescents. Table 2 details the percentages of youth in their study reporting alcohol and drug use.²⁷⁶

Table 2: Percentage of youth in different housing situations and the substances they use

Substance	Homeless youth on the street	Homeless youth in shelters	Non-homeless youth
Tobacco	81%	71%	49%
Alcohol	81%	67%	57%
Marijuana	75%	52%	23%
Crack cocaine	26%	8%	1.4%
Intravenous drugs	17%	4%	1%
Other drugs (stimulants, hallucinogens, inhalants)	55%	34%	16%

272 Cited in Slesnick, N. & Prestopnik, J. (2005). p.193.

273 Jennifer, B. U., Michele, D. K., Thomas, R. S., Susanne, B. M. & Christine, J. J. (1997). Homeless youths and young adults in Los Angeles: Prevalence of mental health problems and the relationship between mental health and substance abuse disorders. *American Journal of Community Psychology*, 25(3).

274 Mallett, S. et. al. (2005). p.192.

275 Bousman, C. A., Blumberg, E. J., Shillington, A. M., Hovell, M. F., Ji, M., Lehman, S. & Clapp, J. (2005). Predictors of substance use among homeless youth in San Diego. *Addictive Behaviors*, 30(6).

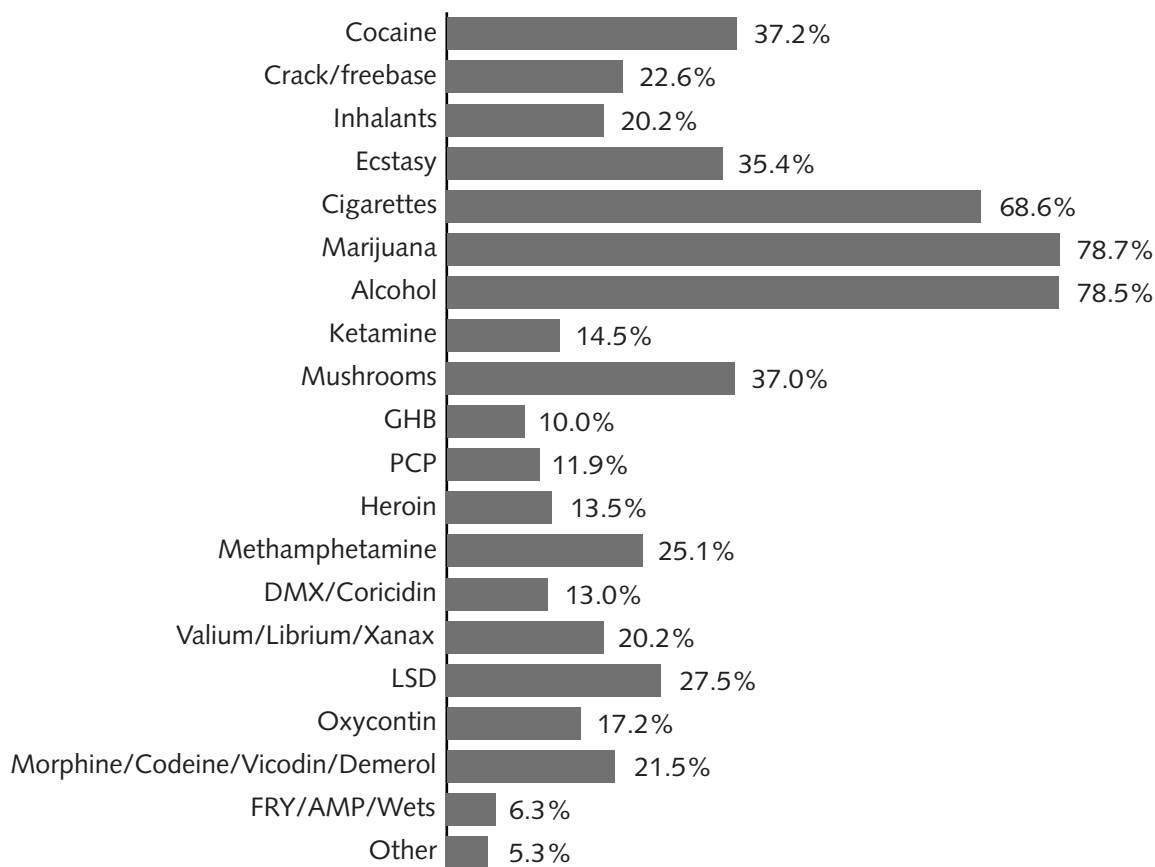
276 Adapted from Greene, J. M., Ennet, S. T. & Ringwalt, C. L. (1997). Substance use among runaway and homeless youth in three national samples. *American Journal of Public Health*, 87(2).



The prevalence of substance use was consistently higher for street youth than it was for those in a shelter, and the shelter group in turn had markedly higher usage rates than non-homeless youth. These results demonstrate that the very real risk of substance use by youth is affected, at least in part, by their living circumstances. Substance use may be a coping mechanism which increases in prevalence as the living situation of homeless youth becomes more stressful and less stable. Regardless, the disparity in rates of substance use between homeless and housed youth is cause for concern, particularly because these findings have been replicated by Lynn Rew and colleagues²⁷⁷ as well as other more recent research.²⁷⁸ For example, in Minnesota, five separate statewide studies have found that between 10 percent and 20 percent of homeless youth self-identify as chemically dependent.²⁷⁹

Researchers based at Urban Peak, a youth services agency in Denver, Colorado that works with youth regardless of sexual orientation or gender identity, joined with trained outreach workers to conduct an eight-city public health survey. On December 9, 2004, they spoke with homeless youth living in Austin, Chicago, Minneapolis, Salt Lake City, St. Louis, Boulder, Colorado Springs and Denver. Twenty-two percent of their respon-

Figure 1: Lifetime substance use by homeless youth



277 Rew, L., Taylor-Seehafer, M. & Fitzgerald, M. L. (2001). Sexual abuse, alcohol and other drug use, and suicidal behaviors in homeless adolescents. *Issues in Comprehensive Pediatric Nursing*, 24.

278 Slesnick, N. & Prestopnik, J. L. (2005). Ecologically based family therapy outcome with substance abusing runaway adolescents. *Journal of Adolescence*, 28(2).

279 Wilder Research. (2005). p.27.

dents identified as LGB and 1 percent as transgender. Their findings reveal high rates of substance use among homeless youth living outside typically studied cities such as New York and San Francisco (see Figure 1).²⁸⁰ They find that personal substance usage, family substance usage and likelihood of enrollment in a treatment program are higher for LGB homeless youth than for non-LGB homeless youth.²⁸¹

Participants reported that supply and demand greatly influenced which drugs were available in different cities at various times and that fluctuating prices dictated which substances were used by homeless youth. Some Denver youth reported that heroin was available for as little as two dollars per bag.²⁸²

Additionally, homeless youth begin using drugs and alcohol at a very young age. The age of first use in the Urban Peak study was extremely low, with roughly half of the young people reporting substance use before the age of twelve and 14 percent indicating first substance use before the age of ten.²⁸³

As Greene et al.'s study suggests, being in the welfare system rather than on the streets does not inoculate homeless youth from the risks of drug abuse. A 2001 study of 144 runaway youth in a southwestern city examined whether previous foster/group home experience affected substance abuse levels among youth residing in a shelter at the time of the study. Researchers found that a history of residence in a foster/group home was associated with substance-related problems and increased use of prescription medications for psychological problems.²⁸⁴ Access to institutional care might have increased the potential for some youth to obtain needed medications that may have been forbidden or unavailable in their original home environment or on the streets. However, these data also indicate that out-of-home placement has negative consequences for homeless youth already vulnerable to substance abuse and other risks to their health and well-being.

SUBSTANCE USE AND LGBT YOUTH

In recent years, increased attention has been paid to how LGBT youth might be at particular risk for substance abuse and associated health risks. Social stigma is a potent force behind the substance abuse problems of LGBT homeless youth. LGBT youth in general experience chronic stress that is inflicted by peers and family members in the form of verbal and physical abuse.²⁸⁵ However, this verbal and physical abuse is associated not only with increased substance abuse by LGBT youth but also with negative outcomes including school-related problems, running away from home, conflict with the law, prostitution and suicide.²⁸⁶ For more information on these issues, see the “mental health issues” section of this report (see page 41).

A trajectory of negative life experiences... includes foster care, running away, living in a group home, arrest, incarceration, sex work, exposure to a wide range of illegal drugs, and intravenous drug use.

280 Van Leeuwen, J., Boyle, S., & Yancy, A. (2004, December). *Urban Peak public health survey report 2004: A multi-city collaborative*. Unpublished work. p.20.

281 Van Leeuwen, J. M. et al. (2006). p.18.

282 Van Leeuwen, J. et al. (2004, December).

283 Ibid.

284 Slesnick, N. & Meade, M. (2001). System youth: A subgroup of substance-abusing homeless adolescents. *Journal of Substance Abuse*, 13.

285 Savin-Williams, R. C. (1994).

286 Ibid.



Current efforts to uncover any patterns of alcohol and drug use in the LGBT youth population have not focused purely on homeless youth. In an initial study, Rosario et al. hypothesize that LGB youth might be more inclined to turn to drugs and/or alcohol to cope with emotional distress that results from the social stigma of homosexuality.²⁸⁷ Of the 154 LGB young people in the study, 93 percent of the females and 89 percent of the males reported lifetime use of any legal or illicit substance. Sixty-seven percent of the female youth and 59 percent of the male youth specifically reported using an illicit drug.²⁸⁸ In a follow-up study with 156 young subjects, Rosario et al. concluded that increased substance use was connected to the coming-out process, but only temporarily.²⁸⁹ As LGB youth became involved with other LGB youth in recreational and social activities, their alcohol and marijuana use initially increased, but then decreased with greater involvement in such activities.²⁹⁰ Taking this problem to a different level, in San Francisco 19 percent of LGBT severely poor or homeless youth admitted to selling drugs, another factor contributing to the escalated level of abuse by LGBT youth.²⁹¹

Among homeless youth who often lack housing and social stability, this appears to be more evidence of the need for social service providers to be aware of the specific risks faced by LGBT youth. Adequate provisions must be made to minimize the risk of their substance use escalating above that of their heterosexual peers.

In their study of young males who self-identified mainly as gay or bisexual and self-reported a sexual encounter with another male within the previous six months—also known as young men who have sex with men (YMSM)—Clatts et al. report a trajectory of negative life experiences relative to the onset of drug use. This trajectory includes foster care, running away, living in a group home, arrest, incarceration, sex work, exposure to a wide range of illegal drugs, and intravenous drug use.²⁹² The report belies some common assumptions about substance use as a direct cause of homelessness. The authors indicate a consistent timeline of negative life events in the three YMSM categories in the study (those who have never been homeless, those who have experienced homelessness in the past, and those who are currently homeless). The two groups that either have been or are currently homeless experienced negative life events such as homelessness before the onset of drug use, indicating that few of the YMSM they surveyed had used drugs prior to becoming homeless.²⁹³ The evidence in this instance, therefore, suggests that substance abuse is a consequence of homelessness, not its cause.

James Van Leeuwen et al.'s work supports these findings by demonstrating that, above and beyond the public health risks that all homeless youth face, the risks are exacerbated for

Verbal and physical abuse is not only associated with increased substance abuse by LGBT youth, but also school-related problems, running away from home, conflict with the law, prostitution, and suicide.

287 Rosario, M. et. al. (1997). p.455.

288 Ibid. pp.462-463.

289 Rosario, M., Schrimshaw, W. & Hunter, J. (2004). Predictors of substance use over time among gay, lesbian, and bisexual youths: An examination of three hypotheses. *Addictive Behaviors*, 29(8).

290 Ibid.

291 Fagan, K. (2006, January 9).

292 Clatts, M. C., Goldsamt, L., Yi, H. & Gwadz, M. V. (2005). Homelessness and drug abuse among young men who have sex with men in New York city: A preliminary epidemiological trajectory. *Journal of Adolescence*, 28(2).

293 Ibid.

homeless youth identifying as LGB.²⁹⁴ In their six-state, eight-city study of public health issues that focused on substance use, Van Leeuwen et al. indicate that alcohol abuse was more common among LGB respondents (42 percent of sample) than non-LGB youth (27 percent of sample) and 38 percent of LGB youth had been in a substance abuse treatment program, as compared to 27 percent of non-LGB youth.²⁹⁵ Injection drug use was more common among the LGB youth, though there was no significant difference between LGB and non-LGB youth in sharing needles or other drug paraphernalia, behaviors directly related to additional health problems.²⁹⁶

Bryan Cochran and colleagues explain these phenomena by attributing the substance use to coping with daily stressors associated with homelessness and coming out in general. They note:

GLBT homeless adolescents experience not only the vulnerabilities, daily difficulties, and survival challenges of living on the street but also the discrimination faced by GLBT youth in general. In coping with these stressors, they may use more substances more frequently than do heterosexual youth.²⁹⁷

Various substance abuse treatment strategies for youth experiencing homelessness paint a hopeful picture for those runaways that have some access to a caretaker either in their family or in a foster home. Slesnick and Prestopnik have evaluated the efficacy of ecologically-based family therapy (EBFT), a counseling approach in which a single counselor sees both the young client and a family member or caretaker. This counselor provides both parties with a range of behavioral, cognitive and environmental interventions in a series of family and individual sessions.²⁹⁸ Slesnick et al. provide evidence that this family-based approach can bring about a decrease in substance abuse in homeless youth that is significant compared with the influence of services shelters typically provide, such as crisis intervention, food, shelter, clothing, placement assistance and talking to shelter staff.²⁹⁹ Of course, for such family/youth interventions to work there needs to be a willing youth and a proximate family member or guardian, which may be particularly challenging for LGBT youth experiencing homelessness. In such cases, the existence of an appropriate support structure, be it a drop-in center or a shelter, is crucial.

Slesnick and Prestopnik argue that the mission of the shelter system “is not correcting the ‘pathologies’ of troubled youth, but rather... providing for the successive ‘needs’ of young people.”³⁰⁰ It is also critical that those who work with homeless youth have an awareness of the potential benefits of family involvement, as well as knowledge of qualified alternative strategies, particularly for high-risk LGBT youth. Other researchers have interpreted substance use as an escape-avoidance coping tactic in homeless adolescents and propose that a treatment strategy that targets anxiety disorders in these youth may be productive.³⁰¹

Above and beyond the public health risks that all homeless youth face, the risks are exacerbated for homeless youth identifying as LGB.

294 Van Leeuwen, J. M. et al. (2006).

295 Ibid.

296 Ibid.

297 Cochran, B. N. et al. (2002). p.775.

298 Slesnick, N. & Prestopnik, J. L. (2005).

299 Ibid.

300 Ibid. p.284.

301 Ibid.



This body of literature highlights the compounded risk of substance abuse in LGBT homeless youth. Despite the limitations of research on homeless or LGBT youth, a pattern of concerns arises when dealing with this highly at-risk population. LGBT homeless youth face substantial challenges in avoiding initial drug use when it may be part of a coping mechanism, and yet more difficulties in subsequently overcoming abuse. Moreover, young people's individual challenges on the streets—the stress of vulnerable living circumstances and the intersecting stigma of identifying as LGBT—are oftentimes exacerbated by risk-taking peers. Targeted outreach to this vulnerable population is essential to improve the health and quality of life of homeless LGBT young people.

L G B T H O M E L E S S Y O U T H P R O F I L E : D A N N Y

Though he never thought of it as prostitution, Danny's situation forced him to seek out men looking for sex so he would have a roof over his head.

Danny, 19 and gay, is originally from Denver, Colorado. He began being pushed from foster home to foster home when he was seven years old, and as a young boy he was molested by several people. When he was 17, after spending two years detained by the Division of Youth Corrections for a parole violation, he moved in with his aunt, who is an alcoholic. After a fight about politics, Danny's aunt told him to keep his "gay ass" out of her house. He had had enough—this unstable environment reminded him of all those years in foster care—so he left his aunt's house. Although he was still technically supposed to be in foster care at this point, he says, "I slipped through the cracks. They lost my file I guess. And I found myself homeless."

Like many homeless youth, Danny's life on the streets was filled with drug abuse and sustained by survival sex. Danny first began earning money for food and drugs by reading tarot cards on the street. Though he never thought of it as prostitution, Danny's situation forced him to seek out men looking for sex so he would have a roof over his head: "I'd go to the library, I'd get on Craigslist[.org] and Manhunt[.com] and Gay.com, just to find somewhere to sleep for the night, not for money. I slept with them so I could have a place to stay."

Then Danny started sinking into the world of drugs, as do many homeless LGBT youth. Cocaine got to be an hourly activity for him, but he realized he needed to stop using it when one of his friends brought over a needle and suggested they start using the drug intravenously. "It scared the hell out of me," he said, "because I know where it can lead." His sister died of a heroin overdose, and the realization that his drug use was inching closer and closer to heroin convinced him to get sober. Danny currently attends treatment groups as well as Alcoholics Anonymous, but he worries about methamphetamine use specifically among LGBT youth: "I see meth as a big problem in our community. I've done meth with only gays and lesbians. But cocaine, everybody does it, gays, straights."

Urban Peak, a youth shelter in Colorado, referred him to his drug treatment groups. Danny has been staying at Urban Peak off and on for the past two and a half years. Though he wanted to stay with his biological parents, it is not a viable option. "They are Jehovah's Witnesses, and I happen to be everything that's so against them," he explains. "My mother showed me my grave she buried me in. She said that I was dead to her." Though Danny is no longer considered a family member, he has somewhat rekindled his relationship with his mother as a "family friend," because although she will not accept a gay family member, she can tolerate a gay friend. Urban Peak staff is essentially Danny's only housing option because he cannot live with his family.

RISKY SEXUAL BEHAVIOR

Homeless people often engage in behaviors that are, either directly or indirectly, associated with an increased risk of poor health outcomes. Homeless youth are especially vulnerable to engaging in risky behaviors because, in many instances, their basic needs for food, shelter and attention are not being met. Furthermore, they must also cope with a decreased capacity to negotiate the stresses of adolescence.³⁰² In this section, we discuss sexual risks encountered by homeless LGBT youth, including survival sex and generally risky sexual behavior.

RISKY BEHAVIOR IN HOMELESS LGBT YOUTH

Although the data documenting differences between LGBT and heterosexual homeless youth are mixed, it is important to remember that homeless LGBT youth are a highly vulnerable population, susceptible to risky behavior much like their heterosexual peers. Lesbian and gay youth are more likely to run away from home as a result of conflict with parents over sexual orientation than bisexual or heterosexual youth.³⁰³ Oftentimes, homophobic families kick LGBT youth out of their homes, creating a subgroup of homeless youth dubbed “throwaways” who have been rejected by their caregivers and are thus even more vulnerable to negative outcomes.³⁰⁴ A study of thrown away youth in 10 cities found that they were approximately twice as likely as those without such an experience to report suicidality, substance use, and criminal behavior such as theft, selling drugs and carrying weapons.³⁰⁵

Research conducted by Susan Ennett et al. illustrates the impact of isolation on risky behaviors of homeless youth. Ennett et al. indicate that runaway youth lacking a social network were more likely to report using illicit drugs, having multiple sex partners and engaging in survival sex than youth that had a social network of peers.³⁰⁶

These data highlight the increased prevalence in the homeless LGBT youth population of exposure to a variety of negative life experiences and underscore the need to study risky behaviors and their causes and effects in this highly vulnerable population.

Oftentimes, homophobic families kick LGBT youth out of their homes, creating a subgroup of homeless youth dubbed “throwaways” who have been rejected by their caregivers and are thus even more vulnerable to negative outcomes.

SEXUAL HEALTH RISKS FOR HOMELESS YOUTH POPULATIONS

Rosenthal and colleagues find that homeless youth engage in sexually risky behaviors to cope with neglect of their basic needs. They participate in promiscuous sexual behavior combined with substance use, increasing their risk for physical and mental health problems.³⁰⁷ There are a number of additional studies that support these findings. Halcon and Lifson found that homeless youth who self-identified as heavy users of alcohol

302 Rosenthal, D. & Moore, S. (1994).

303 Rew, L., Whittaker, T. A., Taylor-Seehafer, M. A. & Smith, L. R. (2005). Sexual health and protective resources in gay, lesbian, bisexual, and heterosexual homeless youth. *Journal for Specialists in Pediatric Nursing*, 10(1).

304 Ringwalt, C. L., Greene, J. M. & Robertson, M. J. (1998). Familial backgrounds and risk behaviors of youth with throwaway experience. *Journal of Adolescence*, 21(3).

305 Ibid.

306 Ennett, S. T., Bailey, S. L. & Federmand, E. B. (1999). Social network characteristics associated with risky behaviors among runaway and homeless youth. *Journal of Health and Social Behavior*, 40. p.63.

307 Rosenthal, D. & Moore, S. (1994).



(consuming 15 or more drinks per week) reported having multiple sexual partners in the previous month. Injection drug use in females was also associated with having multiple sex partners.³⁰⁸ Over half of the young homeless women in the sample had been pregnant at least once, and over a quarter had been pregnant at least twice.³⁰⁹ In a 2001 study of homeless youth in youth centers, Wagner et al. found that almost 22 percent of sexually active males reported fathering a child. And of the 266 youths in their sample who were sexually active, 55 percent reported having at least one sexually transmitted infection (STI, also known as a sexually transmitted disease (STD)).³¹⁰ Lyn Rew has created a simple overview of the determinants of sexual health among homeless youth:³¹¹

Determinants of Sexual Health of Homeless Youth

- **Socio-demographics** (age, gender, ethnicity)
- **Sexual History** (sexual orientation, sexual abuse, sexual debut)
- **Culture of Homelessness** (duration, cause)
- **Cognitive-Perceptual Factors** (knowledge of STDs, future time perspective, perceived social support, perceived connectedness, perceived health status, condom use)
- **Behavioral Factors** (assertive communication, help-seeking for STDs)
- **Sexual Health Practices** (safe sex behaviors, risky sexual behaviors)

Additional evidence from Rew et al., who studied 414 homeless adolescents, confirms high rates of sexually transmitted infections among homeless youth. One-quarter of their respondents reported treatment for gonorrhea, one in 10 were treated for chlamydia, one in 20 had been treated for syphilis and one in 14 were treated for AIDS.³¹² According to New York City-based research cited in the *New York Times*, an individual experiencing homelessness was seven times as likely as other New Yorkers to die from AIDS, 16 times as likely to be diagnosed with HIV, and the rate of tuberculosis infections among people experiencing homelessness was 11 times that of the general population.³¹³ Substance use, unprotected sex with any number of sex partners, and exposure to STIs and HIV makes homeless LGBT youth more susceptible to further negative outcomes.

An important factor in maintaining sexual health is consistent condom use. In a study of 425 homeless adolescents between 16 and 20 years of age, Rew et al. found that heterosexual and bisexual homeless youth were more likely to use condoms with a partner than their lesbian and gay counterparts.³¹⁴ Their findings suggest that lesbian, gay, and bisexual homeless young people should not be treated as an aggregate, and

308 Halcon, L. L. & Lifson, A. R. (2004). Prevalence and predictors of sexual risks among homeless youth. *Journal of Youth and Adolescence*, 33(1), pp.75-76.

309 Ibid. p.76.

310 Wagner, L. S., Carlin, L., Cauce, A. M. & Tenner, A. (2001). A snapshot of homeless youth in Seattle: Their characteristics, behaviors and beliefs about HIV protective strategies. *Journal of Community Health*, 26(3). p.227.

311 Rew, L. (2001). Sexual health practices of homeless youth: A model for intervention. *Issues in Comprehensive Pediatric Nursing*, 24.

312 Rew, L., Fouladi, R. T. & Yockey, R. D. (2002). Sexual health practices of homeless youth. *Journal of Nursing Scholarship*, 34(2).

313 Santora, M. (2006). Health of the homeless is worse than imagined, new study finds. *New York Times*. Retrieved January 31, 2006, from <http://select.nytimes.com/gst/abstract.html?res=F00F11F6355B0C728FDDA80894DE404482>

314 Rew, L. et. al. (2005). p.16.

that homeless lesbian and gay youth may have a harder time negotiating condom use with a partner.³¹⁵

In a study of 3,816 students who participated in the 1987 Minnesota Adolescent Health Survey, researcher Elizabeth Saewyc found that lesbian and bisexual young women are more likely than their heterosexual counterparts to be sexually active, to perform sex work for survival and to be at higher risk for physical and sexual abuse, and less likely to use contraceptives effectively.³¹⁶ According to Saewyc, “As with most homeless youth, [homeless lesbian and bisexual female youth’s] principal method of survival is prostitution.”³¹⁷ While not generalizable to all LGB youth, in a recent meta-analysis of various surveys incorporating responses from 801,990 adolescents in the Pacific Northwestern United States and Canada, Saewyc found that LGB adolescents are disproportionately likely to acquire HIV and more likely than their heterosexual peers to have been sexually abused.³¹⁸

LGBT homeless youth are in greater need of targeted health promotion approaches and materials that instruct them on how to successfully negotiate condom use with their sexual partners.

SURVIVAL SEX

With homeless LGBT youth on the street lacking stability in many areas of their lives, including shelter, nourishment and ongoing educational opportunities, it is not surprising that many resort to desperate means to survive. Rew and colleagues define survival sex as “exchanging sex for anything needed, including money, food, clothes, a place to stay or drugs.”³¹⁹ Reflecting the experience of so many youth, 22-year-old Brian Murray describes his prostitution since 15 years of age stoically: “You’ve got to do what you’ve got to do to survive.”³²⁰ Like other sex workers, Brian will often seek shelter in an all-night Internet café where he can cruise online for a man to have sex with who will let him stay for the night. New technologies provide new techniques for homeless young sex workers to find their clients.

In a focus group interview conducted by the author, Danny, a young gay man living in a shelter in the western United States, admitted that he, too, had done this. However, he simultaneously denied ever having been involved in prostitution or survival sex, despite being provided with a definition beforehand. “I’d go to the library, I’d get on Craigslist[.org] and Manhunt[.com] and Gay.com, just to find somewhere to sleep for the night, not for money. I slept with them so I could have a place to stay,” he explained.³²¹

In one study, youth without a social network “were almost eight times as likely to have traded sex for money, drugs, food, or shelter compared to those with a network,”³²² and

315 Ibid.

316 Saewyc, E., Bearinger, L. H., Blum, R. W. & Resnick, M. D. (1999). Sexual intercourse, abuse and pregnancy among adolescent women: Does sexual orientation make a difference? *Family Planning Perspectives*, 31(3).

317 Ibid. p.127.

318 Saewyc, E., Skay, C., Richens, S. & Reis, E. (2006). Sexual orientation, sexual abuse, and HIV-risk behaviors among adolescents in the Pacific Northwest. *American Journal of Public Health*, 96(6).

319 Cited in Anderson, J. E. et. al. (1994). p.23.

320 Jacobs, A. (2004, June 28). Young, gay and homeless, with few places to turn. *International Herald Tribune*. p.2.

321 As stated during a focus group interview with the author.

322 Ennett, S. T. et. al. (1999). p.70.



the presence of a family member or a friend within the network decreased the prevalence of survival and unprotected sex.³²³

Youth who acquire “street competency,” the practical actions and skills that allow one to survive on the street, do so from a number of sources, including their households early on and later their homeless peers. A young man interviewed for a 2005 study of homeless youth in New York City related his experience as follows:

When I arrived from Minnesota I knew the youth system. I knew there were programs out there that were more than happy to house me for a little while until I got the gist of things in New York... I ran down the next morning and found the number for the shelter [for youth]. From there I learned from other kids where the good places to hustle were—where the money was, how to do it.³²⁴

Several reports indicate that anywhere from one-quarter to about one-third of all homeless adolescents have engaged in survival sex and that a history of receiving goods for sex was associated with a history of sexually transmitted infection.³²⁵ A study of 542 male homeless adolescents in Montreal, Canada reported that 27.7 percent of the sample had been involved in survival sex, with 32 percent of the youth involved citing mainly female clients, 41 percent having primarily male clients, and 27 percent having clients of both genders.³²⁶ In a New York City study that was carried out while Rudy Giuliani was mayor and subsequently kept secret, more than one-third of homeless youth acknowledged earning money by prostituting themselves, and more than 50 percent felt it was likely or very likely they would end up contracting AIDS.³²⁷

In San Francisco, researchers studied 93 youth ages 13 to 25 involved in homeless youth behaviors. Sixty-seven percent of the participants were living on the streets or in a shelter or transitional living program, and 31 percent admitted they had worked as prostitutes to survive.³²⁸ In a separate study of youth working the piers in New York City, stories confirmed that “they began hustling as a way to earn easy money, and many reported that they were curious about the sexual experiences.” However, as one youth commented, “after (the curiosity) goes away, it’s just about money.”³²⁹

According to a 1994 study of homeless youth that included, among others, sexual minority youth from the Gay and Lesbian Community Service Center in Los Angeles, California, approximately one-half of male and one-third of female homeless youths engaged in survival sex.³³⁰ Higher rates of survival sex were reported among males than females, and older female adolescents were less likely to use condoms

“I really had to. I had no money. My boyfriend did it... I thought about it for a long-ass time. And I was on hormones and I was depressed too, and I had no money in my pocket. I was stuck. I put money in my pocket.”
—19-year-old African American transgender homeless youth in Detroit, Michigan.

323 Ibid.

324 Lankenau, S. E., Clatts, M. C., Welle, D., Goldsamt, L. & Gwadz, M. V. (2005). Street careers: homelessness, drug use, and sex work among young men who have sex with men (YMSM). *International Journal of Drug Policy*, 16. p.16.

325 Halcon, L. L. & Lifson, A. R. (2004).

326 Haley, N., Roy, E., Leclerc, P., Boudreau, J.-F. & Boivin, J.-F. (2004). HIV risk profile of male street youth involved in survival sex. *Sexually Transmitted Infections*, 80. p.526.

327 Kihara, D. (1999).

328 Fagan, K. (2006, January 9).

329 Maitra, R. (2002). p.11.

330 Anderson, J. E. et. al. (1994). See also Halcon, L. L. & Lifson, A. R. (2004).

than younger women.³³¹ While existing research shows that it is crucial to ensure that young lesbian and gay homeless youth know appropriate safer-sex practices, evidence suggests that experiences on the streets may make youth complacent.

In a separate study of 276 homeless youth ages 16 to 23, females were found to have a better self concept sexually and to have safer sex more often than men.³³² Moreover, for homeless female adolescents, having regular or casual female partners was a predictor of initiation into prostitution. Eighteen percent of the young women in the study reported having same-sex sexual partners.³³³

Homeless gay and bisexual young men who engage in survival sex are also at risk for negative health outcomes. In one study, young men who have sex with men (YMSM) exhibited heightened levels of anxiety and avoidance in close relationships (identified as having a fearful attachment style in personal relationships) and were more likely to have been homeless and to have participated in sex work than YMSM with a more secure social attachment style.³³⁴ Participation in sex work was predicted by greater age, lower socio-economic status, Latino identity and having been in foster care.

Transgender homeless youth were about three times more likely to engage in survival sex than the rest of the sample.³³⁵ The extra risks facing transgender youth are discussed in greater detail in a separate section of this report, but one study of transgender youth in New York who used the Safe Space program in the 1990s estimated that half of the transgender runaways worked as prostitutes and 20 percent had tested positive for HIV.³³⁶

Survival sex is a desperate and risky behavior borne out of isolation and the lack of any tangible resources. It causes negative health outcomes for any homeless youth, but especially for highly vulnerable LGBT homeless young people. Those who have been abused while younger, especially sexually abused males, are particularly prone to taking sexual risks.³³⁷

A limited number of health care facilities for LGBT youth do exist in the United States, including some that receive outside funding to provide services for homeless youth without an address or health insurance. For example, the mission of the Adolescent Health Center at the Mount Sinai Medical Center in New York City is to provide

...confidential comprehensive medical, mental health, family planning, and health education services to young people between the ages of 10–21... The Adolescent Health Center is committed to providing treatment to all teenagers regardless of ability to pay, and will accept all payment plans as well as those without medical coverage.³³⁸

Such programs are rare, and for those unable to access such services the ongoing risks are extraordinarily high. The problem is also not as simple as homeless youth engaging

331 Ibid.

332 Taylor-Seehafer, M. & Rew, L. (2005). Gender and sexual orientation differences in personal resources, social resources, and sexual health outcomes in homeless youth. *Journal of Adolescent Health, 36*.

333 Weber, A. E., Boivin, J.-F., Blais, L., Haley, N. & Roy, E. (2004). Predictors of initiation into prostitution among female street youths. *Journal of Urban Health: Bulletin of the New York Academy of Medicine, 81*(4).

334 Gwadz, M. V., Clatts, M. C., Leonard, N. R. & Goldsamt, L. (2004). Attachment style, childhood adversity, and behavioral risk among young men who have sex with men. *Journal of Adolescent Health, 34*.

335 Gaetz, S. (2004).

336 Pratt, C. (1995, June 18). The perilous times of transgender youth. *The New York Times*. p.CY7.

337 Taylor-Seehafer, M. & Rew, L. (2005).

338 The Mt. Sinai Medical Center. (2006). Adolescent Health Center: Our mission. Author. Retrieved June 21, 2006, from http://www.mountsinai.org/msh/msh_program.jsp?url=clinical_services/ahc.htm



in a single risky behavior while managing or moderating all others. Risk clustering, a tendency to engage in several risk behaviors simultaneously, increases the risk of adverse health consequences, including high rates of STIs, pregnancy and substance abuse, and it is often observed in homeless and street youth.³³⁹ One study found that 50 percent of the homeless youth sampled reported two or more simultaneous risks, including recent sexual intercourse, a history of STIs and a history of survival sex.³⁴⁰

The capacity of homeless youth to manage risks and to ultimately escape the streets is by no means assured. One community that faces particular threats to safety and health is transgender homeless youth, which we discuss in more detail in the next section.

THE EXPERIENCE OF TRANSGENDER HOMELESS YOUTH

The bulk of this report's analysis addresses the experiences of LGBT youth collectively, but there are a number of issues that specifically impact those who are transgender. In this section, we discuss these issues in order to better enable service providers to meet the needs of transgender homeless youth.

Individuals who identify with the umbrella term "transgender" often simultaneously refer to themselves in a number of additional ways, including transsexual, cross-dresser, androgyne, genderqueer, femme queen, butch, boi, drag king or queen and others. Regardless of their specific identity, gender non-conforming people require similar protections of privacy and safety.³⁴¹ Additionally, transgender individuals may be heterosexual, gay, lesbian or bisexual; sexual orientation is completely distinct from their gender identity.

Transgender individuals are disproportionately represented in the homeless population. More generally, some reports indicate that one in five transgender individuals need or are at risk of needing homeless shelter assistance.³⁴² Despite these alarming statistics, most emergency and short-term homeless shelters are segregated by birth sex, and placements within the shelter system are determined by staff members who decide which shelter to admit a client to regardless of the individual's gender identity.³⁴³

Like their LGB peers, trans-identified individuals become homeless due to a lack of affordable housing, mental health and addiction problems, physical abuse and estrangement from their families. However, they have fewer legal protections from job and housing discrimination than other sexual minorities and often face additional complications in accessing appropriate care.³⁴⁴ Economic realities and discrimination can make a transgender person's life remarkably difficult. Transgender people typically need to update their identification documents and legally change their name to reflect the gender that

Transgender individuals are disproportionately represented in the homeless population, and some reports indicate that one in five transgender individuals need or are at risk of needing homeless shelter assistance.

339 Halcon, L. L. & Lifson, A. R. (2004).

340 Ibid. p.76.

341 Mottet, L. & Ohle, J. M. (2003).

342 Ibid.

343 Ibid.

344 Mottet, L. (2004). The education and policy needs of transgender individuals. *SIECUS Report*, 32(4).

they are living. However, many transgender youth are unable to do this either because of the fees associated with officially making these changes or because they cannot meet the medical standards that some state agencies require before updating gender.³⁴⁵

Accurate and up-to-date documentation is usually a prerequisite for access to education, jobs, safe spaces and services. Lack of documentation places yet another hurdle in the way of a transgender young person who is trying to stay safe and healthy.

One study of transgender individuals indicates that approximately 60 percent have been harassed or victims of violence, while 37 percent have experienced economic discrimination.³⁴⁶ In many places in the United States, trans-identified homeless individuals are denied access to shelters because of their gender or are placed in inappropriate housing based on social service providers' perceptions or ignorance. This lack of stable housing can subsequently lead to problems in gaining or maintaining employment, further lessening life stability. Evidence suggests that because of this lack of housing or employment, many homeless transgender people turn to survival sex, which obviously increases their risk for exposure to sexually transmitted infections and becoming victims of violence.³⁴⁷

Much like their gender-conforming peers, some trans-identified individuals may engage in additional survival crimes such as theft or selling drugs as a source of income, increasing their risk of becoming victims of physical and sexual assault, violent crimes that are seldom reported to the police.^{348,349} The spiral of despair is all too obvious and difficult to escape without adequate institutional support.

Trans-identified youth who begin exploring their gender identity at an earlier age face similarly rampant discrimination as trans-identified adults. However, their youth and inexperience in life inevitably raises the stakes for them. In a study completed by the Gay, Lesbian and Straight Education Network (GLSEN), 90 percent of transgender youth in schools reported feeling unsafe, compared with 46 percent of gay or bisexual males and 41 percent of lesbian and bisexual female students.³⁵⁰ Additionally, transgender youth are even more marginalized than their gay, lesbian, and bisexual (GLB) peers, often feeling unwelcome at agencies that serve GLB youth.³⁵¹

Homeless transgender youth face similar safety and privacy concerns on the street, where discrimination against LGBT youth is rampant. Shelters often create unsafe and hostile environments by imposing gender-enforcing behavioral rules and dress codes, causing many transgender youth to wind up on the street, engaging in risky survival and coping behaviors.³⁵² Like homeless youth in general, trans-identified homeless youth are often reprimanded for their survival crimes by the criminal justice system, which exposes them to further violence and abuse.

345 HCH Clinicians' Network. (2002, June). Crossing to safety: Transgender health & homelessness. *Healing Hands*. 6(4).

346 Cited in Ibid.

347 HCH Clinicians' Network. (2002, June).

348 Mottet, L. & Ohle, J. M. (2003).

349 Dean, L., Meyer, I. H., Robinson, K., Sell, R. L., Sember, R., Silenzio, V. M. B., Bowen, D. J., Bradford, J., Rothblum, E., White, J., Dunn, P., Lawrence, A., Wolfe, D. & Xavier, J. (2000). Lesbian, gay, bisexual, and transgender health: Findings and concerns. *Journal of the Gay and Lesbian Medical Association*, 4(3).

350 Cited in Cianciotto, J. & Cahill, S. (2003). *Education Policy: Issues affecting lesbian, gay, bisexual and transgender youth*. National Gay & Lesbian Task Force Policy Institute. Retrieved September 10, 2006, from <http://www.thetaskforce.org/downloads/EducationPolicy.pdf>

351 Haynes, R. (2001). *Towards healthier transgender youth*. Reprinted with permission from Crossroads, a publication of the National Youth Advocacy Coalition. Retrieved June 21, 2006, from <http://www.transgenderzone.com/library/hl/fulltext/27.htm>

352 Mottet, L. & Ohle, J. M. (2003).



EXCERPT FROM QUEER YOUTH IN CARE IN MANITOBA: AN EXAMINATION OF THEIR EXPERIENCES THROUGH THEIR VOICES

Linda Dame, a former practicing social worker in Winnipeg, Canada, writes of being told about a “particularly troublesome” client with whom she would be working...

I was informed that he was the most difficult child my entire office had ever experienced and very easily the most difficult child in the entire system period... After prodding, I was told that this teen liked to act out by dressing provocatively and inappropriately and used his negative attention-getting behavior to escalate staff in his home... I had a good idea of what was considered provocative dress within youth culture, and I felt unperturbed by it. I was soon to discover that nothing that I was told regarding this youth was either accurate or fair.

At the time of our first meeting... I had reviewed the file... so I already knew that this boy was in fact a transgender male to female young woman and that she, not he, had been subjected to

incredibly ridiculous and abusive case planning strategies for many years, if not throughout her entire young life. No note in the file referred to her transgenderism, and all notes referred to her as male and used her original name, even though she had changed it years previous. File notes from as young as six years old described her interest in “dressing like a female.” A psychological consultation conducted when this youth was about eight years old stated that when asked to draw a picture of herself, she drew a woman...

The staff in the treatment home where she lived routinely ridiculed her and ignored Child Advocate’s Office’s direction to respect her chosen name, even after she launched a formal complaint. Case planning notes in her files outlined strategies to address her cross-dressing behavior, for example, allowing her to wear women’s clothing complete with make-up only on Thursdays and only in the house. This and other strategies failed miserably.

Source: Dame, L. (2004). Queer youth in care in Manitoba: An examination of their experiences through their voices. *The Canadian Online Journal of Queer Studies in Education*, 1(1).

ACCESS TO MEDICAL CARE FOR THE HOMELESS TRANSGENDER COMMUNITY

There are two types of medical care that transgender people need access to. First, simple, non-trans-specific (not related to sex reassignment) health care. In attempting to acquire this care, whether for a cold, flu, heart condition or broken leg, many transgender individuals experience maltreatment from medical providers who are judgmental, unsympathetic and poorly informed about gender identity. This maltreatment makes it less likely that a transgender person will seek health care in the future. Poorly informed medical providers also often fail to provide important services, including gender-appropriate screening and care for life-threatening diseases such as breast or cervical cancer in female-to-male (FTM) patients and HIV infection in male-to-female (MTF) individuals.³⁵³

Trans-identified youth who begin exploring their gender at an earlier age will face similar discrimination as trans-identified adults. However, their youth and inexperience inevitably raises the stakes for them.

353 Lombardi, E. (2006). Enhancing transgender health care. *American Journal of Public Health*, 91(6).

The second type of care that transgender people need is related to sex reassignment and gender identity. Many transgender people need access to care in the form of counseling, hormone prescriptions and hormone-level monitoring, and sex reassignment-related surgeries in order to become and stay healthy. Thus, an important aspect of caring for transgender youth is ensuring that they have access to the medical care they need. An important part of this care is related to changing the physical appearance of their body to better reflect their gender identity. Trans people are routinely denied this care through private insurance, Medicaid and other health care systems. Such care is also often denied altogether to transgender youth under the age of 18.

If such care is not provided, trans-identifying people will often seek out alternative suppliers of hormones and other substances that alter their physical appearance. Unable to access appropriate professional medical care in a proper medical setting, homeless trans-identified individuals, including youth, are more likely to use street hormones or hormones illegally purchased from unscrupulous physicians without any monitoring of the health outcomes.³⁵⁴ This inevitably places them at higher risk for HIV and hepatitis from using shared needles.³⁵⁵

One study conducted by the San Francisco Transgender Health Project reported that over 50 percent of trans-identified participants had injected hormones outside conventional medical settings.³⁵⁶ Anwar, who identifies as a male living a female lifestyle, reported in a 2003 study: “I started taking hormones when I was 13. I know plenty of stories about people just overdosing until their liver just wasn’t functioning.”³⁵⁷

Additionally, people often resort to dangerous, self-administered silicone injections, which are illegal in the United States and spur masculinizing or feminizing physiological changes.³⁵⁸ Keisha, who identifies as male-to-female (MTF), reflected on injecting silicone:

I was really scared. The risk I might be taking to my body. How bad it was going to hurt. It did hurt... It’s like you feel your muscle and your bone separate. And that hurts. The first time you just feel it and it feels icky. But then as it begins to press, and the muscle begins to press on to the epidermis, it’s agony. But it’s worth it, because—especially if you know what you want. You know how you want to look... So I’ll be fine.³⁵⁹

The industrial-grade silicone commonly used on the street is subcutaneously injected into cheeks, lips, chins, foreheads, breasts, thighs, hips and other parts of the body. The accumulation of liquid silicone in the body can result in scarring, systemic illness, disfigurement, respiratory illness and death.³⁶⁰

“I started taking hormones when I was 13. I know plenty of stories about people just overdosing until their liver just wasn’t functioning.”

Homeless trans youth are often ostracized by agencies that serve their LGB peers, and are therefore disproportionately at risk for self-injury, substance abuse, and exposure to HIV and other sexually transmitted infections.

354 Ibid.

355 Dean, L. et. al. (2000).

356 Ibid.

357 As cited in Sausa, L. A. (2004). *The HIV prevention and educational needs of trans youth*. Retrieved June 21, 2006, from http://www.lydiasausa.com/Lydia_Sausa_Brochure.pdf

358 Dean, L. et. al. (2000).

359 As cited in Sausa, L. A. (2004).

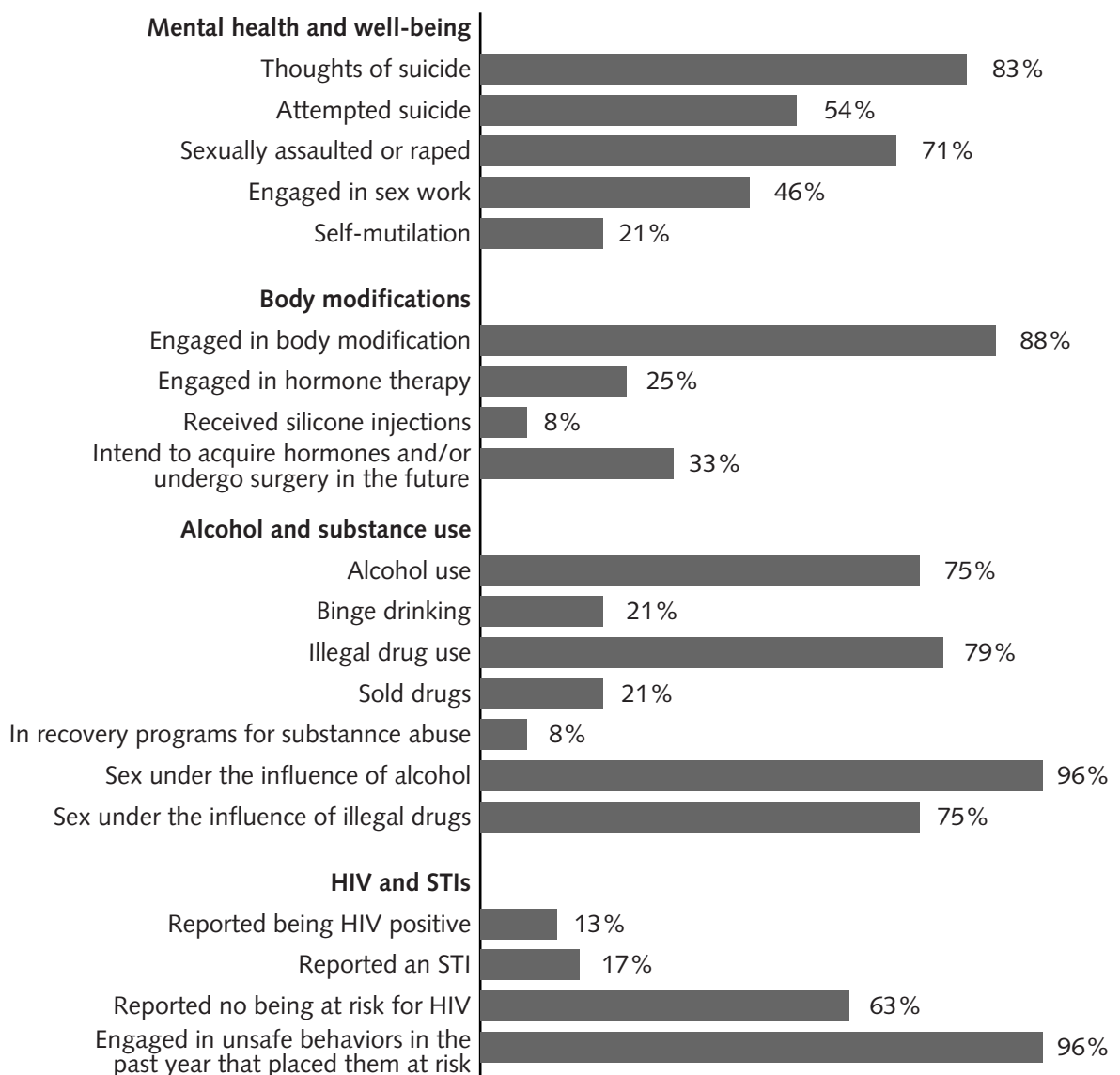
360 Denny, D. (1997). Transgendered youth at risk for exploitation, HIV, hate crimes. American Educational Gender Information Service, Inc. Retrieved June 21, 2006, from http://www.youthresource.com/community/transtopis/being_trans/exploitation.htm



RISKS FACING HOMELESS TRANSGENDER YOUTH

Trans-identified homeless youth are at particular risk for negative health outcomes compared to LGB youth. According to the American Academy of Pediatrics Committee on Adolescence, transgender youth are just as likely as gay and lesbian youth to be the victims of social stigma, hostility, isolation and alienation and to experience higher rates of substance use and suicidality.³⁶¹ Additionally, trans youth are particularly marginalized on the basis of shelter and employment. Many homeless transgender youth are under the age of 18 and, in many areas, can neither get a job due to lack of photo identification, nor

Figure 2: A summary of risky behaviors reported by trans-identified youth



361 Dean, L. et. al. (2000).

qualify for sex reassignment surgery.³⁶² Homeless trans youth are often ostracized by agencies that serve their LGB peers, and are therefore disproportionately at risk for self-injury (suicide and self-mutilation of their genitalia), substance abuse, unsupervised medical care (injection of street hormones and silicone for their masculinizing or feminizing properties) and high exposure to HIV and other sexually transmitted infections (from shared needles or unprotected survival sex).³⁶³

Street youth go to great lengths to access body-altering substances because they wish to halt the development of secondary sex characteristics such as growth of facial hair or breasts. Miriam Yeung, policy director at the LGBT Community Center in New York City, notes: “Transition becomes more difficult and costly after puberty... You don’t have to shave off your Adam’s apple if you don’t develop it.”³⁶⁴ Figure 3 provides a graphic account of the risky behaviors reported by transgender-identified youth.³⁶⁵

COMMUNITY-BASED HEALTH CENTERS REACHING OUT TO LOW AND NO INCOME TRANSGENDER PEOPLE

Few medical care resources exist that offer services to homeless transgender adults and young people, and, as a result, trans youth can end up at particular risk.

The *American Journal of Public Health’s* Field Action Report acknowledges the need for a “community-tailored health intervention program that creates a safe space where transgender [people] can feel comfortable discussing issues related to gender history, sexual risk, depression and substance abuse” and advocates inclusion of trans-identified practitioners to deliver health care services to transgender patients.³⁶⁶ These are clinics that serve transgender clients, but they are mostly located in major urban areas, leaving many suburban and rural transgender youth without services. The following are examples of the few clinics serving transgender clients.

The Transgender Clinic of Tom Waddell Health Center in San Francisco, California is a community health provider serving the transgender community. The clinic provides comprehensive care to transgender individuals, including primary well-care, nutritional and mental care, and social services, serving individuals of all gender identities (including MTF, FTM, intersex and a range of others), along with arranging translators for individuals whose primary language is not English.³⁶⁷

In New York City, the Callen-Lorde Community Health Center offers comprehensive health care to trans-identifying clients regardless of their health insurance status, providing general primary care, trans-affirmative gynecological care, referrals for trans-sensitive mammography, cross-gender hormone therapy, laboratory monitoring, transgender counseling and education, and case management services including

362 Mottet, L. (2004).

363 HCH Clinicians’ Network (2002, June).

364 Roehr, B. (2004, September 22). Youth face health battles. *Windy City Times*. Retrieved June 21, 2006, from <http://www.windycitymediagroup.com/gay/lesbian/news/ARTICLE.php?AID=6160>

365 Sausa, L. A. (2004). The HIV prevention and educational needs of trans youth. Lydia A. Sausa. Retrieved June 21, 2006, from http://www.lydiasausa.com/Lydia_Sausa_Brochure.pdf

366 Nemoto, T., Operario, D., Keatley, J., Nguyen, H. & Sugano, E. (2005). Promoting health for transgender women: Transgender Resources and Neighborhood Space (TRANS) program in San Francisco. *American Journal of Public Health*, 95(3).

367 San Francisco Department of Public Health. (2005). Transgender Clinic of Tom Waddell Health Center. Author. Retrieved June 12, 2006, from <http://www.dph.sf.ca.us/chn/HlthCtrs/transgender.htm>



assistance with legal name changes, referrals for surgeons, and other support services.³⁶⁸ Unfortunately, they do not provide service to those under the age of 18 due to potential liability issues.

In Chicago, the Broadway Youth Center on the city's north side caters to the needs of transgender youth whether they are homeless or not. They provide much-needed reduced-price hormone therapy as well as counseling and critical peer-support groups to those over 18 and under 18 on a case-by-case basis. The idea is not only to maintain physical health, but also to promote mental health via support and evidence that they can look forward to a productive future.³⁶⁹

In Cleveland, Ohio, MetroHealth's Dr. Henry Ng is one medical professional who has specifically sought out community input via forums at the LGBT community center. By coming to the community in need, Dr. Ng is ensuring optimal comfort and safety for an underserved population to speak to how his health care agency can better serve and treat people. Dr. Ng's model is rare. As the youth program coordinator noted, "He's just one of those good guys who's doing what he's supposed to do, doing what he can."³⁷⁰ Sadly, state law does not allow MetroHealth to provide those under 18 years of age with transgender-related services. However, the organization is developing a primary care practice for all LGBT patients in Cleveland that will open in early 2007.³⁷¹

CONCLUSION

Data and anecdotal evidence speak to the particularly harsh challenges that transgender homeless youth face every day, one of the most harmful of which is the lack of information and awareness on the part of many social service professionals. At the same time, the relative lack of research specifically addressing transgender needs worsens this situation. There is a very clear need for more extensive research into the needs of this community.

368 Callen-Lorde Community Health Center. (2006). Callen-Lorde Community Health Center. Author. Retrieved September 10, 2006, from <http://www.callen-lorde.org/>

369 Uptown Publications. (2003). 'It doesn't have to be tragic'. Author. Retrieved September 15, 2005, from <http://www.gaylesbiantimes.com>

370 Glassman, A. (2006, January 20).

371 Confirmed in an email communication from Dr. Ng to the author.

Akira, 19, is an African-American who self-identifies as a male-to-female transgender youth. She lives in Detroit, Michigan. After leaving home

For Akira, survival has been muddled by drugs, sex work, unstable living conditions and an interrupted education.

due to emotional stress, she spent time couch surfing and is now renting an apartment with one of her brothers in what is probably her most stable housing situation since she was 16. Though Akira's family forced her to support

herself independently and be responsible for her own housing, she says that now her family is more accepting of her gender identity and they keep in contact with her regularly. Akira is a remarkable example of a young person who is surviving and still focused on a successful future despite her many challenges.

For Akira, survival has been muddled by drugs, sex work, unstable living conditions and an interrupted education. After identifying first

Older transgender sex workers who had offered advice also served as a warning to Akira. She looked at them and thought, "I'm not going to be like that now. They had been doing this for so long, right? They got nothing to show for it."

as a gay male and then as a transgender woman, Akira has witnessed both homophobia and transphobia on a personal level. After being forced to leave her mother's house, Akira moved in with her best friend, whose roommates were convinced that she was running an escort service out of the apartment even though she was not involved in sex work at the time. According to

Akira, "they [said] I was born a prostitute... that all transsexuals are prostitutes." At that point, Akira's friend told her she could not stay there

anymore. She spent the past few years bouncing from couch to couch; "It was somewhere with somebody," she says. And when she ran out of places to stay, she lived on the street.

Multiple risk factors exist for homeless LGBT youth, and problems in one part of life will often spill over into other areas, leading some to feel that their lives are spinning out of control. Akira is no different. Her depression set in after she lost her job and her apartment. In an effort to cope, she began self-medicating with drugs and alcohol.

Because I was going through all that... I just kept smoking [weed]. I had lost my job. I just kept smoking, kept smoking, smoking, and drinking, and drinking, and drinking. And I was miserable.

When she needed money to support herself and to buy drugs, alcohol and hormones, she became a sex worker. "I had to, I really had to," Akira explains. "I had no time. I had no money. My boyfriend did it. I mean, I had to, you know?" She learned street smarts and survival techniques from older transgender women in similar situations and quickly learned how to navigate this dangerous street subculture. Older transgender sex workers who had offered advice also served as a warning to Akira. She looked at them and thought, "I'm not going to be like that now. They had been doing this for so long, right? They got nothing to show for it."

Realizing that she needs more than street smarts to survive and ultimately thrive, Akira plans to finish her last 12 high school credits and obtain her diploma. Afterward, she hopes to attend college to study business management and then work in real estate.



CRIME AND VICTIMIZATION

Research consistently shows that LGBT youth face victimization at home, at school, at their jobs, and for those who are homeless, at shelters and on the streets. There are rarely opportunities to feel 100 percent safe from harassment. Even if their home life is tranquil on the surface, many LGBT youth are first victimized in school.

PHYSICAL AND VERBAL HARASSMENT IN SCHOOL

A study published in 2002 of 315 lesbian, gay, bisexual, and questioning (LGBQ) high school students in Massachusetts and Vermont indicated that LBQ females were at greater risk for truancy owing to fear, suicidality, drinking, drug use and victimization. Ten percent of LBQ females were victimized 10 or more times in the previous 12 months compared with about 1 percent of heterosexual females.³⁷² The Gay, Lesbian and Straight Education Network (GLSEN)³⁷³ has for years documented the anti-LGBT verbal and physical harassment and assaults endured by LGBT youth in school environments.³⁷⁴ GLSEN's 2005 study of 1,732 students aged 13 to 20 shows the extent of anti-LGBT harassment and violence in America's classrooms:³⁷⁵

- 75.4 percent of students hear remarks such as “faggot” or “dyke” frequently or often.
- 89.2 percent hear peers use demeaning phrases such as “that’s so gay” or “you’re so gay.”
- Because of their sexual orientation, 64.3 percent felt unsafe, 64.1 percent had been verbally harassed, 37.8 percent had been physically harassed and 17.6 percent had been physically assaulted.
- Because of their gender expression, 40.7 percent of students felt unsafe, 26.1 percent had been physically harassed, 45.5 percent had been verbally harassed and 11.8 percent had been physically assaulted.
- 58.6 percent of victims never reported their harassment or assault to school officials, and of those who did, only 43.8 saw effective action taken by those officials.
- 55.1 percent never reported incidents of harassment or assault to their parents or guardians, and 43.6 percent of the students who did inform their parents or guardian reported that that person took no action.

Outside the classroom, similar negative experiences are often fueled by discrimination, which leads to homophobic peers perpetuating harassment and anti-gay violence. D’Augelli and Hershberger (1993) found that in a 14-city sampling of sexual minority youth, 80 percent reported verbal abuse, 44 percent reported threats of violence, 30 percent had been chased and 17 percent had been physically assaulted.³⁷⁶ Ryan and Rivers (2003) reflect on this problem by saying, “One of the primary barriers to providing appro-

372 Bontempo, D. E. & D’Augelli, A. R. (2002). Effects of at-school victimization and sexual orientation on lesbian, gay, or bisexual youths’ health risk behavior. *Journal of Adolescent Health*, 30(5). p369.

373 For more information, see www.glsen.org

374 GLSEN’s study on school climate does not include students who identify as questioning, so the discussion here is related only to LGBT students.

375 Kosciw, J. G. & Diaz, E. M. (2006). *The 2005 national school climate survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation’s schools - Executive summary of a report from the Gay, Lesbian and Straight Education Network*. Gay, Lesbian and Straight Education Network. Retrieved September 6, 2006, from http://www.glsen.org/binary-data/GLSEN_ATTACHMENTS/file/582-2.pdf

376 D’Augelli, A. R. & Hershberger, S. L. (1993).

priate services in a safe environment for LGBT youth has been the lack of understanding of the severity and routine nature of the harassment they experience.”³⁷⁷

YOUNG AND HOMELESS VICTIMS OF CRIME

Homeless youth are often assumed to be solely criminals, not victims.³⁷⁸ In reality, however, homelessness is a “stress-filled, dehumanizing, dangerous circumstance in which individuals are at high risk of being witness to or victims of a wide range of violent acts.”³⁷⁹ Homeless youth are likely to be victimized the most. Take, for example, Gary, an 18-year-old former client of the Ruth Ellis Center in Detroit, Michigan:

For Gary, living on the streets was complicated by the people he had to deal with to secure a place to sleep. Most days, he was fine—a friend could help him out. On other days, strangers were his only option. Gary came to Street Outreach Program for survival services every day. Gary would have been 18 years old in May, but he was shot just three months before his birthday. Police continue to investigate the murder as a hate crime.³⁸⁰

The National Runaway Switchboard suggests that the likelihood of being a victim of crime increases sevenfold just by virtue of identifying as LGBT.

The degree to which homeless youth are disproportionately the victims of crime rather than the perpetrators is fairly well established. Miller et al.’s study of youth in Calgary noted the prevalence of crime against homeless youth, confirming that most experienced some sort of violence on a daily basis.³⁸¹ The National Runaway Switchboard suggests that the likelihood of being a victim of crime increases sevenfold just by virtue of identifying as LGBT.³⁸² Other researchers have confirmed a general tendency among LGBT youth to be the victims of robbery, rape and assault.³⁸³

In one study, 272 homeless youth in Seattle, of whom 37 percent identified as homosexual or bisexual, reported high rates of victimization.³⁸⁴ Among the entire sample, 35 percent had been beaten up at least once, 39 percent had been robbed, 44 percent had been threatened with a weapon, 47 percent of the females and 37 percent of the males had been propositioned to partake in the “street economy” by selling sex, and 31 percent of the females and 13 percent of the males had been sexually assaulted.³⁸⁵

The street economy is fertile ground for increased risk and violence. Integration into the street economy often occurs if a youth’s only sources of income are from activities such as dealing drugs, stealing, panhandling, sex work or posing for or selling pornography.³⁸⁶ All

377 Ryan, C. & Rivers, I. (2003). Lesbian, gay, bisexual and transgender youth: victimization and its correlates in the USA and UK. *Culture, Health & Sexuality*, 5(2). p.115.

378 Gaetz, S. (2004). p.447. For a more comprehensive review and analysis of the experiences of LGBT youth in public schools, see Cianciotto, J. & Cahill, S. (2003).

379 Fitzpatrick, K. M., LaGory, M. A. & Ritchey, F. J. (1999). Dangerous places: Exposure to violence and its mental health consequences for the homeless. *American Journal of Orthopsychiatry*, 69. p.439.

380 Personal written communication between the author and Grace McClelland, Executive Director of the Ruth Ellis Center.

381 Miller, P. et. al. (2004). p.742.

382 National Runaway Switchboard. (2005).

383 Kipke, M. D., Simon, T. R. & Montgomery, S. B. (1997). Homeless youth and their exposure to and involvement in violence while living on the streets. *Journal of Adolescent Health*, 20.

384 Wagner, L. S. et. al. (2001).

385 Ibid. p.223.

386 O’Connor, M. L. (1998). Unsafe behaviors place street youth, especially women, at risk of HIV. *Family Planning Perspectives*, 30(1).



of these risky behaviors are especially problematic for LGBT youth and have the potential to interact with each other to increase risk exposure levels. In other words, it is a circle from which some youth are permanently unable to escape.

Among 372 homeless and runaway youth in Seattle, Tyler et al. found that “youth who experienced more sexual abuse were likely to affiliate with deviant peers, trade sex, and report numerous sexual partners on the streets,” a lifestyle that increases their risk for sexual victimization via involvement in risky behaviors.³⁸⁷ Youth do not have to become homeless for this cycle to begin. The victimization experienced in dysfunctional homes is believed to provide “basic training” for runaway youth to build abusive and coercive relationships with peers, leading to association with deviant peers and further negative physical and mental health outcomes.³⁸⁸

Additionally, a study published in 2001 pointed to a greater risk for sexual victimization for women, with 30 percent of young homeless females reporting victimization by sexual abuse compared with 15 percent of young homeless males.³⁸⁹ These findings are supported by a more recent study that describes the distinct impact of street spaces on female versus male street youth as follows:

The gendered nature of the streets means that the various spaces that street youth colonize—to sleep, to occupy at night, to walk alone within, to eat, to meet friends, to drink or take drugs, to rest in or otherwise exist within—carry different risks for males and females.³⁹⁰

Because the streets are a male space, young women are less likely to operate independently when working and are more likely to find themselves engaging in economic activities (sex trade, drug dealing) where they are forced to surrender independence—and earnings—to others (usually males).³⁹¹

One Canadian study links the victimization of homeless youth to a theory of social exclusion, drawing connections between victim status and lack of access to employment, housing and public spaces.³⁹² The study’s authors note that the combination of circumstances homeless youth face on the street typically pushes them “into places that impair their ability to adequately ensure their safety and security and, consequently, increase their risk of criminal victimization.”³⁹³

In Gaetz’s sample of 208 Canadian youth, 29.6 percent identified as LGB and 2.7 percent as transgender; the average age of all youth was only 20.1 years old. On average, they left home when they were 16 years old. More than four-fifths of these youth had been victims of crime, versus only 25 percent of all Canadians and 39.7 percent of 15-to-24-year-old Canadians. Almost all categories of crime victimization were higher for homeless youth when compared with

Only 33.1 percent of homeless youth in one study told anyone at all when they were the victim of a crime. Even fewer reported their worst ever case of victimization to the police.

387 Tyler, K. A., Hoyt, D. R., Whitbeck, L. B. & Cauce, A. M. (2001). The impact of childhood sexual abuse on later sexual victimization among runaway youth. *Journal of Research on Adolescence*, 11(2). p.164.

388 Ibid.

389 Ibid. p.161.

390 O’Grady, B. & Gaetz, S. (2004). Homelessness, gender and subsistence: The case of Toronto street youth. *Journal of Youth Studies*, 7(4). p.410.

391 Ibid. p.412.

392 Gaetz, S. (2004).

393 Gaetz, S. (2004). p.428.

their domiciled counterparts. The results were highly statistically significant for sexual assault and robbery.³⁹⁴

The nature of life on the streets means that reporting criminal victimization can lead to further trouble. This is reflected in Gaetz's analysis of a sample of homeless youth. Only 33.1 percent of respondents told anyone at all when they were the victim of a crime,³⁹⁵ while only 12.2 percent reported their worst ever case of victimization to the police. Some youth cited their concern about appearing to be snitches as one reason for declining to report offenses, while others were involved in illegal activity at the time of their victimization.³⁹⁶ Silence often won out when there was

...stigma associated with the offense (e.g., sexual assault)...
[I]ndividuals feel reluctant, or unable, to tell anyone about the incident, particularly adults or police. In such cases, they are left to deal to deal with the emotional baggage and other consequences of the crime on their own.³⁹⁷

There are parts of this country where the repeated victimization of homeless LGBT youth, as well as their potential for involvement in criminal activity, has persuaded local authorities to seek constructive solutions. In Minnesota, the Department of Public Safety granted funds to the city of Minneapolis to provide case management and host home services for homeless LGBT youth; the city's Department of Health Services served as fiscal agent for the project.³⁹⁸ In other places, government officials take the opposite approach. In Des Moines, Iowa, a particular part of town popular with homeless and LGBT youth is a haven for violence, but youth still choose to congregate there. The city police officers believe that the kids who are harmed are "volunteer victims" because they know it is a tough and potentially dangerous area but they still choose to hang out there. The fact that alternatives might be severely limited or themselves unsafe for many of the youth is not considered.³⁹⁹

In Des Moines, Iowa, the police consider kids who are harmed to be "volunteer victims" because they know it is a potentially dangerous area but they still choose to hang out there.

Having a safe and secure place to sleep every night would obviously alleviate some of the immediate risks that homeless youth face, but the lack of social inclusion also plays a role. As Gaetz concludes:

Being young and homeless... means many things—among the most significant being that one's health and safety are jeopardized on a day-to-day basis... the trauma associated with victimization will no doubt have a devastating effect and can present yet another barrier to moving successfully off the streets.⁴⁰⁰

Gaetz also suggests that the constant witnessing of bad behavior by street contemporaries may lead homeless youth to copy such activity. Compared with their non-homeless peers, it certainly seems to be the case, and evidence suggests that the abusive backgrounds from which many homeless youth emerge only make this outcome more likely.⁴⁰¹

394 Ibid. p.433.

395 Ibid. p.440.

396 Ibid.

397 Ibid. p.439.

398 Dylan Nicole, d. K. (2004). City enters partnership to assist lesbian and gay homeless youth. *Nation's Cities Weekly*, 27(10).

399 Anonymous. (2002, August 14). Out of control: At downtown's biggest street party. *Cityview, Des Moines, Iowa*. p.9.

400 Gaetz, S. (2004). p.444.

401 Gaetz, S. (2004). p.426.



Hagan and McCarthy⁴⁰² compared samples of 563 school students with 386 street youth in Toronto, Canada to see what risks enhanced the likelihood of any given youth being involved in criminal activity. Youth were classified as high-risk or low-risk using a formula created by the authors that included measures of family structure, class and parental control. This permitted the authors to segregate the youth into high, medium and low risk classifications. Their results show that high-risk youth are far more likely to commit delinquent acts regardless of whether they are on the street, but among low-risk youth, the odds of such behavior increase dramatically if they become homeless.⁴⁰³

For example, among low-risk youth the probability of being engaged in 20 or more serious offenses is 20 percent if they become homeless. That probability is reduced to only half of one percent if they remain housed. In contrast, among high-risk youth, the odds of this level of repeated delinquency if housed are 3 percent but if living on the streets climb to almost 38 percent.⁴⁰⁴ Without specifying a particular number of delinquent acts, the findings are stark. Fully 58.6 percent of the difference in likelihood to commit a crime is explained by youth's experiences on the street.⁴⁰⁵ Once in the habit of committing such offenses, "theft activity often moves from the level of innovation [for immediate survival purposes] to avocation."⁴⁰⁶

Despite the efforts of cities like Minneapolis to remedy some of the problems inherent in living on the streets, it is important to remember that oftentimes, homeless youth must be aggressive in seeking out the assistance they need. Their reluctance to do so on some occasions is not wholly unwarranted. There is ample evidence in the academic literature that law enforcement personnel are actually more homophobic, on average, than other people.⁴⁰⁷ Additionally, recent research suggests that the next generation of law enforcement professionals do not have a professional attitude towards the LGBT people they will eventually be charged with serving. In one study of 1,055 undergraduates at four universities, one researcher found that those majoring in criminal justice "are unique in the degree to which they hold negative attitudes towards gays and lesbians."⁴⁰⁸

In another study, researchers conducted a content analysis of textbooks used widely in the field and surveyed 254 students, 176 of whom were law and justice majors.⁴⁰⁹ The content analysis confirmed that while other minority groups are addressed in the literature used to teach tomorrow's law enforcement professionals, LGBT issues are conspicuously absent.⁴¹⁰ Researchers found that the law enforcement students have higher levels of homophobia but were unable to explain why.⁴¹¹

One study of 1,055 undergraduates... found those majoring in criminal justice "unique in the degree to which they hold negative attitudes towards gays and lesbians."

402 Hagan, J. & McCarthy, B. (1992).

403 Ibid. p.552.

404 Ibid. p.553.

405 Ibid. p.554.

406 Ibid. p.556.

407 For example, see Arnott, J. (1994).

408 Cannon, K. D. (2005). "Ain't no faggot gonna rob me!": Anti-gay attitudes of criminal justice undergraduate majors. *Journal of Criminal Justice Education*, 16(2). p.226.

409 Olivero, J. M. & Murataya, R. (2001). Homophobia and university law enforcement students. *Journal of Criminal Justice Education*, 12(2).

410 Ibid. p.273.

411 Olivero, J. M. & Murataya, R. (2001). p.277.

THE CRIMINALIZATION OF HOMELESSNESS

The National Coalition for the Homeless (NCH)⁴¹² has joined with the National Law Center on Homelessness and Poverty (NLCHP)⁴¹³ to analyze a disturbing trend spreading across the United States: the criminalization of many life-sustaining activities associated with homelessness.⁴¹⁴ Cities and towns are being increasingly creative in their efforts to force homeless people, including youth, out of the public eye and the public sphere. Pushed out of downtown areas, they are often thrust into the criminal justice system, moved away from many of the services they need and, ultimately, the prospect of escaping the streets altogether.

Laws against sleeping, sitting or lying down under certain conditions in certain parts of a town or city openly criminalize people experiencing homelessness; selective enforcement of other ordinances does so more subtly. Twenty-seven percent of the 224 cities surveyed prohibited sitting or lying in certain public spaces, a 14 percent jump since 2002. Some cities have also begun to target people who feed the homeless in public spaces.⁴¹⁵ In September of 2006, officials in Los Angeles reached an agreement with the ACLU to permit police to arrest people sleeping or lying on sidewalks between 6 a.m. and 9 p.m.⁴¹⁶ The agreement came after a federal appeals court had earlier deemed such arrests cruel and unusual punishment.⁴¹⁷

Other cities have embarked on similar programs to “clean up” downtown areas, though the constitutionality of such efforts is doubtful. A Las Vegas ordinance passed in July 2006 was struck down in October by a federal judge who declared that a ban on feeding the homeless was unconstitutional because it was “vague and denies the homeless people equal protection of the law.”⁴¹⁸ In Sarasota, Florida, after two anti-lodging laws were deemed unconstitutional by state courts, city commissioners passed a more targeted law including a clause that those eligible for arrest have “no other place to live.”⁴¹⁹ In other words, a person who has to sleep on the street qualifies for arrest under the rule precisely because they have nowhere else to sleep. If they had a home but for some reason chose not to sleep there, they presumably would not be arrested.

By punishing people simply for being homeless, cities and towns actually make a potential solution to the problem harder to achieve. If a homeless person ends up with a criminal record, it may be harder for him or her to qualify for certain benefits and difficult to rent permanent housing in the future. Additionally, NCH notes the “documented relationship between increased police actions

NCH notes the “documented relationship between increased police actions and the increasing numbers of hate crimes/violent acts against homeless people.”

412 For more information, see www.nationalhomeless.org

413 For more information, see www.nlchp.org

414 The National Coalition for the Homeless & The National Law Center on Homelessness and Poverty. (2006). *A dream denied: The criminalization of homelessness in U.S. cities*. Washington, DC: Author. See also: The National Coalition for the Homeless. (2004). *Illegal to be homeless: The criminalization of homelessness in the United States*. Washington, DC: Author.

415 The National Coalition for the Homeless & The National Law Center on Homelessness and Poverty. (2006). p.9.

416 Winton, R. (2006, September 19). Plan would end homeless “tent cities”. *Los Angeles Times*. Retrieved October 31, 2006, from <http://www.latimes.com/news/local/la-me-homeless19sep19,0,6587007.story?coll=la-home-headlines>

417 Weinstein, H. & DiMassa, C. M. (2006, April 15). Justices hand L.A.’s homeless a victory. *Los Angeles Times*. Retrieved October 31, 2006, from <http://www.latimes.com/news/local/la-me-homeless15apr15,0,2130546.story?coll=la-home-headlines>

418 Ellington, T. (2006). *Las Vegas now says feeding homeless ordinance unconstitutional*. [lasvegasnow.com](http://www.klas-tv.com/Global/story.asp?S=5600200&nav=menu102_2). Retrieved October 31, 2006, from http://www.klas-tv.com/Global/story.asp?S=5600200&nav=menu102_2

419 The National Coalition for the Homeless & The National Law Center on Homelessness and Poverty. (2006). p.25.



and the increasing numbers of hate crimes/violent acts against homeless people.”⁴²⁰ Those inclined to attack their fellow citizens become emboldened when local policy and practice dehumanizes people experiencing homelessness and suggests that they alone are responsible for numerous social and economic ills.

Research has proven that it is both far more expensive to house someone in jail than in supportive housing and far less productive for the individual or society in the long term.⁴²¹ In the case of juveniles, who require particularly expensive, specialized care, costs can be 10 times as high in a juvenile justice or full-time rehabilitation service facility as they would be doing what it takes to get them off the street.⁴²² As New York State Judge Kathryn Freed commented of people bought before her court for fare dodging on a bus that would take them to a homeless shelter:

I consistently put on record how outraged I am by the whole thing. It’s a complete waste of the court’s time [to prosecute the illegal bus riders]. It takes a lot of person-power to process them, house them, and feed them. Meanwhile, the shelter, where they’re heading, is set up to do just that.⁴²³

Some proponents of punishment for petty offenses such as fare dodging believe that threatening potential offenders with more severe consequences will reduce offenses. Similar beliefs underlie a trend toward criminalizing various intrinsic aspects of homelessness or for tightening restrictions for crimes predictably committed by people experiencing homelessness. But what purpose does this serve? In the case of the homeless male youth population, while some do fear sanction by the state for criminal activity, serial offenders actually do not.⁴²⁴ A study of 125 male street youth in Edmonton, Alberta found that few feared getting caught, though some expressed a level of fear regarding the severity of their potential punishment should they be apprehended.

Factors that reduced the level of fear experienced by homeless male youth included poverty, drug use, associating with other criminals, and having a lack of social constraints that might exist if they were still living at home with their parents or guardian.⁴²⁵ It is interesting in particular to note that despite living on the streets, parental perceptions of their behavior were still a factor in the level of fear for some respondents.

Their lifestyle reduces their perception of risk in so many ways that it is difficult for homeless youth to objectively assess risk when it comes to the potential of being punished. For example, increased drug use among homeless youth, including LGBT youth, may lead to a cycle of criminal behavior: committing robbery to secure funds to buy drugs, which in turn leads to needing more money for more drugs, etc. In the case of violent crime, the longer youth have been homeless and living on the streets, the greater their expressed

420 National Coalition for the Homeless. (2006). *Hate, violence, and death on main street USA: A report on hate crimes and violence against people experiencing homelessness 2005*. Washington, D.C.: Author. p.49 For additional information on this phenomenon see also, National Coalition for the Homeless. (2005). *Hate, violence, and death on main street USA: A report on hate crimes and violence against people experiencing homelessness 2004*. Washington, D.C.: Author.

421 See Lewin Group. (2004). *Costs of serving homeless individuals in nine cities: Chart book*. Author. Retrieved August 31, 2006, from http://documents.csh.org/documents/ke/csh_lewin2004.pdf

422 Van Leeuwen, J. (2004). Reaching the hard to reach: Innovative housing for homeless youth through strategic partnerships. *Child Welfare*, 83(5), p.1.

423 The National Coalition for the Homeless & The National Law Center on Homelessness and Poverty. (2006). p.38.

424 Baron, S. W. & Kennedy, L. W. (1998). Deterrence and homeless male street youths. *Canadian Journal of Criminology and Criminal Justice*, 40(1).

425 Baron, S. W. & Kennedy, L. W. (1998). p.27.

certainty of being sanctioned for their behavior because they know how the system works. However, encouragement from their peers to continue established patterns of behavior mitigates these fears and diminishes the probability of the youth in question ceasing serious criminal activity.⁴²⁶

Many homeless youth commit criminal acts because they feel they have no alternative; this reduces their capacity to accurately consider the potential risks of their actions. Results of this study suggest that efforts to “increase the threats of punishment to the point that even high rate ‘chronic offenders’ view the punishments to be certain and severe” may not have the desired effect. The available research shows that traditional deterrence via fear will not work with this population.

THE JUVENILE AND CRIMINAL JUSTICE SYSTEMS

The literature on the juvenile justice system is scarce, particularly on the experiences of LGBT youth. In fact, we could find no research dealing specifically with LGBT youth who came to the juvenile justice system directly from the streets. Therefore, in this section we begin by focusing generally on the experiences of LGBT people in prison before turning to a briefer examination of the concerns of homeless LGBT youth within the juvenile justice system. While a lack of adequate research on LGBT youth experiences necessarily limits these discussions, we do know that prisoners who are LGBT or perceived to be LGB or gender nonconforming are at high risk of sexual abuse in prison.

LGBT PEOPLE IN PRISON

Research shows that in male facilities, gay men, particularly those exhibiting stereotypically “effeminate” characteristics, and male-to-female transgender prisoners are extremely vulnerable to sexual abuse.^{427, 428} One study, for example, found that 41 percent of gay men were sexually assaulted in prison, compared to 9 percent of heterosexual men.⁴²⁹ This same study found that 53 percent of a sample of 80 self-identified homosexual prisoners in a medium-security California prison had experienced sexual harassment and/or threats.⁴³⁰ James Robertson, professor of corrections at Minnesota State University, Mankato, has reviewed a number of studies of male-on-male rape in prison dating back to the 1960s. Nearly all present nonconsensual sex and rape as widespread in prisons. One found such abuse to be more prevalent in state prisons than in federal prisons.⁴³¹

Prisoners who are gay, transgender, or perceived to be gay or gender nonconforming are at high risk of sexual abuse in prison.

Many male inmates consent to sexual acts against their will to avoid alternative violence,

426 Baron, S. W. & Kennedy, L. W. (1998). p.45.

427 Mariner, J. (1999). *No escape: Male rape in U.S. prisons*. Human Rights Watch. p.71.

428 *Roderick v. Gary Johnson*, 385 F.3d 503, 512. (5th Cir. 2004).

429 Wooden, W. & Parker, J. (1982). *Men behind bars*. New York: Plenum Press. p.18. Cited in Robertson, J. (1999). Cruel and unusual punishment in United States prisons: Sexual harassment among male inmates. *American Criminal Law Review*, 36(1).

430 Wooden & Parker (1982)

431 Robertson, J. (1999).



apparently feeling there are no other options.⁴³² *The New York Times* reported in 2004 on the case of Roderick Johnson, a gay man forced into “daily sex acts” of sexual slavery in a Texas prison:

“The Crips already had a homosexual that was with them,” Mr. Johnson explained. “The Gangster Disciples, from what I understand, hadn’t had a homosexual under them in a while. So that’s why I was automatically, like, given to them.” According to court papers and [Johnson’s] own detailed account, the Gangster Disciples and then other gangs treated Mr. Johnson as a sex slave. They bought and sold him, and they rented him out. Some acts cost \$5, others \$10... “I was forced into oral and anal sex on a daily basis... Not for a month or two. For, like, 18 months.”⁴³³

T.J. Parsell, now board chair of the Los Angeles-based national advocacy group Stop Prisoner Rape, was sentenced to prison in Michigan at age 17 for armed robbery. His first day in jail, Parsell was drugged and gang raped. “When they were done, they flipped a coin to see which one I belonged to,” Parsell said.⁴³⁴

The situation can be far worse for transgender women in men’s prisons. Because they are pre-operative, such assignments place them far too often into a “virtual torture chamber of incessant sexual humiliation.”⁴³⁵ In women’s facilities, lesbians and other women who are seen as transgressing gender boundaries are often at heightened risk of sexual torture and other ill treatment. Actual or perceived sexual orientation was found to be one of four categories that make a female prisoner a more likely target for sexual abuse as well as a target for retaliation when she reports that abuse.⁴³⁶

RAPE IN PRISONS

Prison rape has been called “America’s oldest, darkest, yet most open secret.”⁴³⁷ A 2000 study of prisoners in four Midwestern states found that approximately one in five male inmates reported being pressured or forced into sex while incarcerated. About one in 10 male inmates reported that they had been raped.⁴³⁸ Another study showed that in women’s prisons, rates of sexual coercion varied from 6 percent to as high as 27 percent.⁴³⁹ Twenty-six years ago, in a dissent to the case *U.S. vs. Bailey* in which he was joined by Justice William Brennan, Supreme Court Justice Harry Blackmun wrote:

The complaints that this Court, and every other American appellate court, receives almost daily from prisoners about conditions of incarceration, about filth, about homosexual rape, and about brutality are not always the mouthings of the purely malcontent... The atrocities and inhuman conditions of prison life in America are

432 Man, C. C. J. (2001). Forecasting sexual abuse in prisons: The prison subculture of masculinity as a backdrop for “deliberate indifference.” *Journal of Criminal Law and Criminology*, p.153.

433 Liptak, A. (2004, October 16). Ex-inmate’s suit offers view into sexual slavery in prisons. *New York Times*. p.A1. Cited in Ries, D. (2006). Duty-to-protect claims made by inmates after the prison rape elimination act. *Journal of Law & Policy*, 13(2). pp.915-916.

434 Curtis, K. (2006, January 17). Disputed study: Prison rape, sexual assault rare. *Associated Press*. Retrieved September 15, 2006, from <http://www.msnbc.msn.com/id/10896343/>

435 Rosenblum, D. (2000). “Trapped” in Sing Sing: Transgendered prisoners caught in the gender binarism. *Michigan Journal of Gender Law*, 6. p.517.

436 Curtin, M. (2002).

437 Man, C. C. J. (2001). pp.127-128.

438 Struckman-Johnson, C. & Struckman-Johnson, D. (2000). Sexual coercion rates in seven midwestern prisons for men. *The Prison Journal*, 80(4). p.379.

439 Struckman-Johnson, C. & Struckman-Johnson, D. (2002). Sexual coercion reported by women in three midwestern prisons. *Journal of Sex Research*, 39(3).

almost unbelievable; surely they are nothing less than shocking. A youthful inmate can expect to be subjected to homosexual gang rape his first night in jail, or, it has been said, even in the van on the way to jail. Weaker inmates become the property of stronger prisoners or gangs, who sell the sexual services of the victim.⁴⁴⁰

According to the Prison Rape Elimination Act, “experts have conservatively estimated that at least 13 percent of the inmates in the United States have been sexually assaulted in prison.”⁴⁴¹ The conservative *National Review* reports that this figure, equivalent to 12,000 rapes, represents more rapes than are reported annually against women in New York City, Los Angeles, Philadelphia, Boston, San Diego and Phoenix combined.⁴⁴² According to Olga Giller, editor-in-chief of the *Cardozo Women’s Law Journal*, “[I]t is widely believed that sexual harassment such as intimidation, propositions, extortion, assault and rape runs rampant in the prison system.” She cites a number of studies to back up her claim.⁴⁴³

Experts have conservatively estimated that at least 13 percent of the inmates in the United States have been sexually assaulted in prison.

A 1982 Federal Bureau of Prisons study reported that 9 to 20 percent of federal inmates, especially new or homosexual inmates, were victims of rape. The study also reported that 30 percent of federal prison inmates engaged in homosexual activity while incarcerated.⁴⁴⁴ Stop Prisoner Rape was contacted by 507 survivors of prison rape from 2002 through January 23, 2006. Most of these contacts take the form of letters from prisoners. Of these 507 self-reported survivors of prison rape,

- 413 are men (81.5 percent)
- 63 are woman (12.5 percent)
- 26 are transgender (6 percent)
- 98 (19 percent) identified as gay, lesbian, bisexual or transgender.⁴⁴⁵

Human Rights Watch has reported a number of characteristics which can make prisoners more likely to be raped:

These include youth, small size, and physical weakness; being white, gay, or a first offender; possessing “feminine” characteristics such as long hair or a high voice; being unassertive, unaggressive, shy, intellectual, not street-smart, or “passive;” or having been convicted of a sexual offense against a minor... prisoners with several overlapping characteristics are much more likely than other inmates to be targeted for abuse.⁴⁴⁶

Giller notes that “[r]ace and sexuality intersect at the heart of prison rape.”

An anonymous ex-prisoner painfully recounted the role that race played in his sexual assault, “[s]ince I’m light skinned the first dudes that raped me were blacks who

440 *United States vs. Bailey*, 444 U.S. 394 (1980). Dissenting opinion of Mr. Justice Blackmun, joined by Mr. Justice Brennan. Retrieved January 20, 2006, from <http://www.healylaw.com/cases/bailey1.htm>

441 The Prison Rape Elimination Act. (2005). 42 U.S.C. 15601(2).

442 Lehrer, E. (2003). A blind eye, still turned: Getting serious about prison rape. *National Review*, 55(10).

443 Giller, O. (2004). Patriarchy on lockdown: Deliberate indifference and male prison rape. *Cardozo Women’s Law Journal*, (10).

444 Nacci, P. & Kane, T. (1983). *Sex and sexual aggression in federal prisons*. Washington, D.C.: Federal Bureau of Prisons. Cited in Kantor, E. (2003). HIV transmission and prevention in prison. HIV InSite Center for HIV Information at the University of California San Francisco. Retrieved September 14, 2006, from <http://hivinsite.ucsf.edu/InSite?page=kb-07-04-13#s14X>

445 Personal communication between Sean Cahill, Director of the National Gay and Lesbian Task Force Policy Institute, and Kathy Hall-Martinez, Executive Director, Stop Prisoner Rape, January 24, 2006.



thought I was white. After word got out that I was black, they left me alone but then the whites took me off. After that I was a “black” punk and passed on to whites.⁴⁴⁷

What makes things harder is that prison officials are often unaware of the extent of the problem in their own facilities, either not understanding or not acknowledging the extent of prison sexual abuse:

Prison authorities, unsurprisingly, generally claim that prisoner-on-prisoner sexual abuse is an exceptional occurrence rather than a systemic problem. Prison officials in New Mexico, for example, responding to our 1997 request for information regarding “the ‘problem’ of male inmate-on-inmate rape and sexual abuse,” said that they had “no recorded incidents over the past few years.” The Nebraska Department of Correctional Services informed Human Rights Watch that such incidents were “minimal.”⁴⁴⁸

When prisoners known to be gay or transgender report prison rape, they are often told that they enjoyed the act and that it was consensual.

This official ignorance of the issue is just one of the barriers facing victims of prison rape. Many of those subjected to such abuse are reluctant to report their experiences, fearing retaliation by both prisoners and staff and having justifiably little faith in receiving the appropriate relief. When instances are reported or claims filed, victims are frequently subjected to further abuse, ignored, or told that the incident was their fault or that they deserved what happened to them.

Those who report rapes are often not believed or told that they consented. They are often accused of being gay and “wanting it.”⁴⁴⁹ When prisoners known to be gay or transgender report prison rape, they are often told that they enjoyed the act and that it was consensual. Others have reported that if they do not have physical evidence of an attack (e.g., wounds or scratches), prison authorities do not believe their claims and consider them unsubstantiated. Prisoners who report rape are not protected from other inmates, who may retaliate against the prisoner for being a “snitch.”^{450,451} Additionally, perpetrators have little need to fear punishment for their offense because punishment is rare.⁴⁵²

Human Rights Watch documented a wide range of physical effects of prison rape that depend on whether it was accompanied by a violent attack (beating, etc.), whether there was anal penetration, and whether a lubricant was used:

Prisoners with whom Human Rights Watch is in contact have suffered rape-related injuries ranging from broken bones to lost teeth to concussions to bloody gashes requiring dozens of stitches. A few, like former Texas inmate Randy Payne, were killed during sexual assaults.⁴⁵³

446 Mariner, J. (1999). p.5.

447 Anonymous (2001). The story of a black punk. In Sabo, D. e. al., *Prison masculinities*. Philadelphia: Temple University Press. cited in Giller, O. (2004).

448 Mariner, J. (1999). p.4.

449 Letter to Human Rights Watch from J.G., Florida, September 4, 1996. Mariner (2001).

450 Lee, A. L. (2003). *Nowhere to go but out: The collision between transgender and gender-variant prisoners and the gender binary in America's prisons*. Unpublished work.

451 *Roderick Keith Johnson, v. Gary Johnson*, 385 F.3d 503, 512 (5th Cir. 2004).

452 Mariner, J. (1999). p.151.

453 *Ibid.* pp.110-111.

Survivors of rape in prison often leave prison in a state of “extreme psychological stress, a condition identified as rape trauma syndrome.”⁴⁵⁴ Other conditions often brought on by the experience of prison rape include low self-esteem, shame, depression, nightmares, self-hatred, suicidality, uncontrollable anger, and violence.⁴⁵⁵ In fact, the psychological problems caused by being raped while in prison likely play a major role in ex-prisoners’ frequent difficulties reintegrating into society upon release, a major factor in high recidivism rates.

A prison rape can impose an “unadjudicated death sentence” because of the risk of contracting HIV/AIDS.

Prison rape also exposes victims to serious risk of life-threatening disease. A prison rape can impose an “unadjudicated death sentence” because of the risk of contracting HIV/AIDS.⁴⁵⁶ Inmates confined in state and federal prisons have AIDS at 5 times (0.5 percent) and HIV at 4 times (2.3 percent to 2.98 percent) that of the U.S. population. Syphilis has been found among 2.6 to 4.3 percent of all prisoners, while rates of hepatitis C infection are even higher with 17 percent to 18.6 percent of all prisoners infected.⁴⁵⁷

Approximately 25 percent of the United States population living with HIV passes through the correctional system annually.⁴⁵⁸ In New York, prisons held about one quarter of all inmates known to be HIV positive as of the end of 2000.⁴⁵⁹ And of course, without official access to latex barriers, prisoners use ineffective makeshift devices, such as rubber gloves and used plastic wrap, in attempts to practice safer sex.⁴⁶⁰

This discussion about the realities of life in prison for LGBT people is graphic, but necessary because the consequences of unfair treatment and lack of accountability are so serious. This research did not focus on youth specifically, but it is clear what the consequences are for a young LGBT person if their life on the streets ultimately leads them to the juvenile justice system and prisons.

LGBT YOUTH IN THE JUVENILE JUSTICE SYSTEM

There is a paucity of research that can authoritatively speak to the experience of LGBT youth, homeless or otherwise, within the juvenile justice system. In part this is because of the sorts of consequences for inmates openly identifying as LGBT that we reviewed earlier. However, a lack of academic attention to the issue is also a contributing factor. While there is evidence that gay and bisexual male youth are at higher risk of being in trouble with the law than their heterosexual peers, such studies do not address homelessness specifically.^{461,462}

One recent study suggested that increased use of drugs by LGB youth, combined with

454 Ibid. p.112.

455 Ibid.

456 Mariner, J. (1999). Cited in Robertson, J. (2003). Rape among incarcerated men: Sex, coercion and STDs. *AIDS Patient Care and STDs*, 17(8).

457 Cited in Robertson, J. (2003).

458 Spaulding, A., Stephenson, B., Macalino, G., Ruby, W., Clark, J. & Flanigan, I. (2002). Human immunodeficiency virus in correctional facilities: A Review. *Clinical Infectious Diseases*, 35. Cited in Braithwaite, R. L. & Arriola, K. R. J. (2003). Male Prisoners and HIV prevention: A call for action ignored. *American Journal of Public Health*, 93(5).

459 Marushak, L. (2006, October). *HIV in prisons, 2000*. Washington, DC: U.S. Department of Justice, Office of Justice Programs.

460 Mahon, N. (1996). New York inmates’ HIV risk behaviors: The implications for prevention policy and programs. *American Journal of Public Health*, 86(9).

461 Remafedi, G. (1987). Adolescent homosexuality: Psychosocial and medical implications. *Pediatrics*, 79(3).

462 Rosario, M. et. al. (1997).



family and school problems, leads to an increased probability of involvement with the system,⁴⁶³ just as the circumstances of being homeless and living on the streets increase the odds of committing a criminal act.

One exploratory study of non-homeless lesbian and bisexual girls in the juvenile justice system does shed light on the experiences of this population. The sample size was only six, necessitating a purely qualitative methodology. This research confirmed some factors that led to an increased probability of involvement with the system, and found a series of problems related to care while in the system.⁴⁶⁴ For example, lesbian and bisexual women reported being overrepresented in the juvenile justice population, though as the author points out, this overrepresentation “is coupled with a probable overrepresentation of violent homophobes.”⁴⁶⁵

All six subjects confirmed that they had experienced a variety of kinds of mistreatment while incarcerated. The motivating factor for a number of them was clearly their sexual orientation. For example, different punishments existed for infractions of sexual behavior rules: a girl’s sentence would be extended by three months if she had sexual contact with a boy, but by six months if that contact was with another girl. Staff members were often openly hostile and homophobic and would not step in to eradicate harassment being perpetrated by other inmates.

Rather than deal with issues of harassment and rape among youth at a facility, the staff are most likely to place LGBT youth in isolation.⁴⁶⁶ Lesbian and bisexual girls are not the only ones who face unfair treatment within the juvenile justice system.

Gay male youth are often emotionally, physically and sexually assaulted by the staff and other inmates. One young gay male explained how the staff at his facility ignored and remained ignorant to the abuse he suffered: “The staff think that if a youth is gay, they want to have sex with all of the other boys, so they did not protect me from unwanted sexual advances.”⁴⁶⁷ Though all LGBT inmates are more likely than their non-LGBT peers to be raped in prison, “transgender youth and adults are particularly vulnerable to sexual abuse, harassment, and forced nudity in correctional facilities,” according to Jody Marksamer, an attorney with the National Center for Lesbian Rights.⁴⁶⁸

Fortunately, positive progress is being made to address this tragedy. In February 2006, an 18-year-old lesbian, a 17-year-old transgender female, and an 18-year-old male perceived to be gay filed a lawsuit against the state of Hawaii for abuses suffered in a state facility.⁴⁶⁹ The three teens worked with the ACLU to force the state to

Lesbian and bisexual women reported being overrepresented in the juvenile justice population, where they meet with “a probable overrepresentation of violent homophobes.”

“The staff think that if a youth is gay, they want to have sex with all of the other boys, so they did not protect me from unwanted sexual advances.”

463 Schaffner, L. (1998). Female juvenile delinquency: Sexual solutions, gender bias and juvenile justice. *Hastings Women’s Law Journal*, 9(1).

464 Curtin, M. (2002a).

465 Ibid. p.288.

466 Ibid.

467 Estrada, R. & Marksamer, J. (2006).

468 National Center for Lesbian Rights. (2005, August 15). *In historic first, advocates for LGBT prisoners address National Prison Rape Elimination Commission*. Author. Retrieved September 25, 2006, from http://www.nclrights.org/releases/pr-prison_release_081905.htm

469 Magin, J. L. (2006, February 13). Hawaii agrees to broad changes in procedures for incarcerated gay youths. *New York Times*. p.A.16.

wake up to the real problems LGBT youth face in the juvenile justice system. The state of Hawaii will now be accountable for more than a dozen requests, including staff protection from physical and sexual abuse, regardless of perceived or actual gender identity, sexual orientation or sex.⁴⁷⁰

Even with all the challenges they face, many LGBT youth who experience homelessness ultimately do more than survive; they thrive. In this next section we discuss the remarkable resilience of LGBT youth who experience homelessness.

RESILIENCY

Many advocates, social service professionals and researchers who work with homeless youth, particularly LGBT youth, are concerned that the resilience of these young people in the face of multiple challenges is too easily ignored.⁴⁷¹ Demonstrating that these young people are not lost causes might be just one part of the argument for increasing funding for support services.

The research we have summarized on risky sexual behavior, drug and alcohol use and addiction, and mental health crises, as well as levels of victimization and involvement with the criminal justice, should *not* be used to further pathologize LGBT youth. Rather, research supports a clear need for policies and programs that can change the difficult and oftentimes dangerous context within which homeless youth are forced to live their lives, regardless of their sexual orientation.

For example, in their study of five formerly homeless young women of non-specified sexual orientation, Nancy Williams and colleagues identify a number of common characteristics among “resilient, emerging” youth. First, determination to survive and thrive helped them build self-confidence, adopting an “I’ll show you’ attitude.”⁴⁷² In turn, this awareness of strength and success further inflamed their personal determination to overcome the challenges they faced.

Developing a sense of meaning and purpose in life, including an awareness of one’s place among others, was another crucial characteristic, along with a sense of spirituality (though not necessarily religiosity) and a desire to help others similarly situated. We see this kind of attitude to some degree or another in a number of homeless LGBT youth who have escaped the streets and dedicated themselves to helping others who faced the same problems. Ali Forney in New York City, whose story we shared in the introduction, is an obvious example. Ali was dedicated to the safety of other homeless LGBT youth; he was a committed HIV prevention worker and aggressively advocated that the NYPD investigate a series of murders of the homeless LGBT youth he had befriended.⁴⁷³ The program named after him continues his legacy of outreach and support.

The final two criteria highlighted in Williams’ research, “caring for self” and “accepting

470 Ibid.

471 For more information see Savin-Williams, R. C. (2005). *The new gay teenager*. Cambridge, MA.: Harvard University Press.

472 Williams, N. R., Lindsey, E. W., Kurtz, P. D. & Jarvis, S. (2001). From trauma to resiliency: Lessons from former runaway and homeless youth. *Journal of Youth Studies*, 4(2). p.242.

473 Ali Forney Center. (2006). About Ali Forney. Author. Retrieved September 1, 2006, from <http://www.aliforneycenter.org/about.html>



help from others,” require interesting philosophical changes on the part of many homeless youth. After being so downtrodden, the ability to view oneself positively and to constructively plan for one’s future is important. Knowing that this can legitimately entail accepting help without sacrificing independence is also crucial. Specifically, Williams et al. found that this entailed developing a relationship based on trust with the giver of help and knowing that the person and their help are of the necessary quality. This point was buttressed by youth in one Canadian study whose “feelings of comfort, safety and trust of staff with whom they had interacted at different service providers” was shown to be critical to their capacity to successfully move forward.⁴⁷⁴

The implications of these findings are clear. If efforts to cut care programs can be reversed and funds found to ease the burden on overworked and underresourced professional staff, then it is possible to bolster the already great potential among most homeless young people and to optimize their success as independent adults. “Street competencies” may also be thought of as a kind of resilience among homeless youth. It is a way of adapting to the hardships they encounter on the streets. Approaches to foster safer ways of engaging in risky survival behaviors include finding shelter, “exchanging sex in a safe manner, avoiding arrest, building relationships with clients, and securing untainted drugs and paraphernalia.” These represent competencies that are connected with resilience in homeless youth.⁴⁷⁵

Other work that has been done to increase our understanding of homeless youth has dwelt on less positive aspects of the problem. For example, Whitbeck and Hoyt’s analysis of young people’s routes into homelessness noted in particular a degree of precocious independence. The authors were criticized for ignoring more positive data on resiliency. Their data, for example, show that despite all the negativity around them, most homeless youth managed to avoid many of the worst pitfalls of their contemporaries. They did not drop out of school. They did not sink into drug addiction or other destructive behaviors.⁴⁷⁶

Regardless of their circumstances, studies show that many homeless LGBT youth are working to improve their lives. In their work on homeless youth in two Canadian cities, one large and one small, Miller et al. confirm that while their subjects found life on the street tough, “it was preferable to the life they had left. They all believed that their homelessness was temporary and that they had the capacity to change their situations in time.”⁴⁷⁷ As one homeless young person put it:

What I do is set daily goals. Just minor things that I want to accomplish that day. I set about ten major goals for the year and then I have a blueprint, an outline, for five years or ten years down the road of where I want to be.⁴⁷⁸

A study published in 2000 by Lindsey et al. highlighted some of the personal strengths that enable homeless youth to make successful transitions into adulthood and lower-risk

Across the country,
regardless of their
terrible circumstances,
homeless LGBT
youth are knuckling
down to the task of
improving their lives.

474 Miller, P. et al. (2004). p.743.

475 Lankenau, S. E. et al. (2005). p.17.

476 Les, B. W. & Dan, R.H. (1999). *Nowhere to grow: Homeless and runaway adolescents and their families*. Hawthorne, NY: Aldine de Gruyter.

477 Miller, P. et al. (2004). p.740.

478 Ibid. p.746.

environments.⁴⁷⁹ These included learning new attitudes and behaviors, learning about themselves, learning about being in relationships with others, learning from experience, vicarious learning, possessing certain personal attributes and embracing spirituality to help them cope.⁴⁸⁰ The researchers suggest that early intervention programs should foster these kinds of learning in an individualized manner, keeping in mind that youth learn at different paces.⁴⁸¹ As Gerald Mallon, a noted expert in the field of LGBT child welfare issues, has explained, most LGBT youth are well-adjusted and resilient. This is a point we must not forget and must also use as a foundational truth on which to help build a better future.⁴⁸²

Having laid out the multitude of challenges that stand between homeless LGBT youth and a healthy adulthood, we now consider whether and how the shelter system in the United States is helping them overcome these challenges. First we review research on the existing shelter system and highlight some of the complications of providing adequate care to LGBT homeless youth. Afterwards, we provide examples of five agencies that are doing a good job of helping our community's homeless youth to thrive.

L G B T H O M E L E S S Y O U T H P R O F I L E : C U P I D

Cupid is a 21-year-old Hispanic lesbian. A New York native, she has been living at the Sylvia's Place LGBT youth shelter in Manhattan for six months. She has been in and out of foster homes since she was four years old and spent her teenage years in and out of the juvenile justice system. "I ran away from a lot of those [foster homes], especially the ones who hit me," she explains. "They hit hard. These were old-fashioned ass-whoopins."

She is one of many LGBT youth who have been kicked out of their homes because of their sexual orientation. When Cupid was 16, her then-foster mother caught her having sex with her girlfriend. "She went ballistic, yelled and kicked me out," Cupid says, explaining that the woman was a devout Catholic and could not handle Cupid's lesbian identity.

The chaotic, abusive environments of Cupid's

foster homes spilled over into her life at school. "I was always getting into fights at school. I was always in the dean's office," Cupid says. This eventually led to her placements in residential treatment facilities.

When she was 16, Cupid was sent to her first residential treatment facility, a group home in upstate New York where she met her first serious girlfriend. Cupid appreciated the fact that the staff there were not homophobic; indeed, a good number were lesbians. However, after leaving the group home and spending some time living on the streets, Cupid encountered anti-gay staff at a different shelter. She spent five months at the infamously intolerant youth shelter Covenant House in New York City. "All the bad stories you've heard about Covenant House are true," she asserts, explaining she had to leave the shelter because the director was "homophobic."

479 Lindsey, E. W., Kurtz, P. D., Jarvis, S., Williams, N. R. & Nackerud, L. (2000). How runaway and homeless youth navigate troubled waters: Personal strengths and resources. *Child and Adolescent Social Work Journal*, 17(2).

480 Lindsey, E. W. et. al. (2000). p.131.

481 Lindsey, E. W. et. al. (2000). p.139.

482 Cited in Curtin, M. (2002c). Lesbian and bisexual girls in the juvenile justice system. *Child and Adolescent Social Work Journal*, 19(4).



An acquaintance introduced Cupid to Sylvia's Place, where the staff have helped her begin to gain independence. "I like that we have food, we have some type of security, and we have resources, like help getting documents [e.g., birth certificates] that you'd need," she says. The staff has helped her secure a MetroCard so she can travel to and from her job as a home health aide, and a stipend for books when she begins her paralegal studies courses this winter.

Like so many homeless LGBT youth, Cupid remains hopeful for her future. She plans to have enough money saved to move out of the shelter this fall and rent an apartment with her girlfriend, D, whom she met at Sylvia's Place. She and D are planning on getting married this spring and starting a family after Cupid finishes her paralegal studies degree: "It's the closest to being a lawyer I'm going to get right now. I want to be a lawyer one day."

Experiences of homeless LGBT youth in the shelter system

There is no single example that can speak to the variety of experiences that LGBT youth have in shelters across the country.⁴⁸³ However, research has shown that homophobia and heterosexism are alive and well in a variety of systems of care, including school, health care, mental health and child welfare systems.⁴⁸⁴ For example, Gerald Mallon has found that a constant threat of anti-LGBT harassment and violence exists in the foster care system.⁴⁸⁵ In surveys of those involved with the child welfare system, Mallon also found that 78 percent of young clients and 88 percent of professional staff agreed that group homes were not safe for LGBT youth.⁴⁸⁶

There is evidence that while state welfare agencies are reasonably aware of the problem, they are not doing enough to change it. In one state, an executive director of an agency working with homeless LGBT youth confirmed that the director of the Department of Human Services for the state:

...readily admitted that the residential service providers in the state, which are all nonprofits, do not do well with LGBT youth. Straight up told me that. And I almost fell out of my shoes, because rarely will you have, if ever... a state administrator at that level... tell you, "We don't do well with your kids."⁴⁸⁷

Mallon also found that some residential service providers deny access to LGBT youth because of homophobic attitudes while claiming that they are doing so because they want to protect LGBT youth from harm in their facility.⁴⁸⁸

Youth involved with the Ruth Ellis Center in Detroit have reported numerous examples of anti-LGBT harassment and violence in area shelters. For example, transgender youth

The director of one state's Human Services agency "readily admitted that the residential service providers in the state, which are all nonprofits, do not do well with LGBT youth. Straight up told me that."
—Executive Director of an agency working with homeless LGBT youth

483 When we talk about shelters here, we mean group home facilities, emergency shelter spaces, and medium to long-term transitional living programs.

484 Curtin, M. (2002b). Lesbian and bisexual girls in the juvenile justice system. *Child and Adolescent Social Work Journal*, 19(4). p.287.

485 Mallon, G. P. (1997).

486 Mallon, G. P., Aledort, N. & Ferrera, M. (2002). There's no place like home: Achieving safety, permanency, and well-being for lesbian and gay adolescents in out-of-home care settings. *Child Welfare*, 81(2).

487 Personal communication with the author, November 2005.

488 Mallon, G. P. (1992). Gay and no place to go: Assessing the needs of gay and lesbian adolescents in out-of-home care settings. *Child Welfare*, 71(6).



have no place in shelters in the area. They are forced to dress as their birth-assigned gender or are denied admission. Gay and lesbian youth are verbally abused and made to feel unsafe even to the point of being battered in the shelters. Youth report that staff are of little help and sometimes even create problems for them by treating them differently or ignoring them. In most cases, youth often decide for safety's sake to deny their sexual orientation or gender identity while in "the system" and therefore do not get the help they need.

Two examples noted by Ozone House in Michigan make clear that securing a license to house youth does not automatically ensure that a needy LGBT young person will be safe. At one Michigan residential placement facility, LGBT teens, or those suspected of being LGBT, were forced to wear orange jumpsuits to alert staff and other residents. At another facility, staff removed the bedroom door of an out gay youth, supposedly to ward off any homosexual behavior. The second bed in the room was left empty, with other residents warned that if they misbehaved they would have to share the room with the "gay kid."⁴⁸⁹

LGBT homeless youth at the Home for Little Wanderers in Massachusetts have reported being kicked out of other agencies when they revealed their sexual orientation or gender identity. Many also said that the risks inherent to living in a space that was not protecting them made them think that they were better off having unsafe sex and contracting HIV because they would then be eligible for specific housing funds reserved for HIV-positive homeless people in need.⁴⁹⁰

These examples highlight that once they choose to go to a shelter, LGBT youth face a dilemma; openness about their sexual orientation risks potential misunderstanding, abuse and rejection. Those who choose to remain silent reveal less than their helpers need to know to best meet their needs. For example:

Tanisha was not new to social service agencies. She had relied on shelters to provide a bed, churches to access food, and job training programs to help her obtain a job. Despite her relationships with these agencies, she knows she has to be careful. If they find out that she is lesbian, they may turn her away. They always ask her if she has a boyfriend and she feels she has to lie to receive services. Some of the help they try to give her is not a good fit, but since they don't know her situation completely it is not surprising when they don't meet her needs.⁴⁹¹

At Ungar House, one of Green Chimneys' programs in New York City, the picture is not as bleak. One of a number of programs established to work specifically with LGBT homeless youth, Ungar House ensures that every youth receives the love and encouragement they need. One young client of theirs, Teisha Dixon, noted that the staff there have "helped her feel good about her emerging identity."⁴⁹²

In Denver, Urban Peak⁴⁹³ developed the Starting Transitions and Recovery (STAR) program. This program identifies hard drug users and accelerates the process through which they can be removed from the street and placed into an apartment with appropriate

489 Both examples were confirmed in personal conversations between the author and social service agency staff who had worked at the offending agencies, or had worked with youth who had resided at those agencies.

490 As confirmed by Colby Berger, LGBT training manager at Waltham House.

491 Personal written communication between the author and Grace McClelland, executive director of the Ruth Ellis Center.

492 Rojas, M. (2005, December 11). Green chimneys in NYC helping lesbian, gay, bisexual, and transgender youths. *The Journal News*.

493 For more information, see www.urbanpeak.org. Urban Peak works with all youth regardless of sexual orientation or gender identity.

care and rehabilitation services in place. The idea emerged after a survey of the young homeless population in Denver showed that there was a serious drug problem among homeless youth. The agency did more research and wrote a grant that secured them \$500,000 to set up the program. With random drug testing and a “zero tolerance” policy for those who tested positive, the program was not for the uncommitted. However, the motivation of the homeless youth who qualify for the program is great; so far 30 have successfully completed the program and remain sober.⁴⁹⁴

Alex Montgomery, one survivor of the streets of Denver, spent time in jail for credit card fraud, was in and out of various drug treatment and mental health facilities, and stole money to secure his next cocaine fix. This program more than likely saved his life, getting him off drugs, into safe housing and reconnected with his family: “Last week, my Mom let me stay at her house for three days... that was real nice.”⁴⁹⁵

Others who have been failed by the formal foster care system but do not want to return to the insecurity of the streets are sometimes forced to find novel programs that may provide the combination of structure they need and independence they desire. In Minneapolis, Project Off-Street, a center for homeless youth, saw a need for LGBT-specific support but had no funds to develop a formal foster care/shelter program. So, working with 18-to-21-year-olds—legal adults, therefore not under the authority of the child welfare system—they began a “host home” program where LGBT individuals could volunteer to host an LGBT youth in their own home.

“This was a very cost-effective way of looking at a problem,” said Raquel Simoes, then program coordinator.⁴⁹⁶ Though the program is not currently running, Kelly Brazil, Project Off-Street’s current LGBT coordinator, confirmed that the agency does hope to reestablish it. And in Los Angeles, GLASS-LA, the oldest LGBT social service agency in the country, is dedicated to “fully utilizing the vast resources of the adult LGBT community by recruiting, screening, training and supervising foster parents and mentors who provide both short and long-term care to children of all ages.”⁴⁹⁷

FAITH-BASED PROGRAMS

While there are some agencies and programs that are supportive and nurturing of LGBT homeless youth, there are still some service providers who are not working appropriately with this population and/or are unmotivated to do so. The rise of faith-based programming and funding highlighted earlier in this report may be one contributing factor to this problem. The increased proportion of funds going to faith-based organizations has the potential to leave the neediest people nowhere to turn but their services. Conversely, it is possible that LGBT clients might put off seeking help if they believe that their only option is a potentially anti-LGBT service provider.

494 Rolnick, J. (2004). Need to know: Guerilla marketing surveys power Urban Peak. *Stanford Social Innovation Review*.

495 Sanchez, R. (2005, May 31). Survey gives snapshot of street kids. *Denver Post*. p.A1.

496 Urrutia, P. (2000). Program seeks to assist homeless gay youth. *The Circle: News from an American Indian Perspective*, 21(4).

497 Gay and Lesbian Adolescent Social Services. (2005). Mission statement. Author. Retrieved September 1, 2006, from <http://www.glassla.org/mission.html>



In their survey of homeless people's access to services, Heslin et al. indicated that the most vulnerable among those experiencing homelessness, those individuals who had had serious problems finding any food and/or shelter in the previous 30 days, were almost twice as likely to use faith-based services as the rest of the respondents in the study.⁴⁹⁸ The study also found that the 98 lesbian and bisexual women in the total sample of 994 were only 60 percent as likely as heterosexual women to use faith-based services, indicating that religious organizations are not receptive places for LGBT people in need.⁴⁹⁹ Additionally, faith-based programs tend not to offer mental health services as readily (9 percent of the time) as secular programs (22 percent).⁵⁰⁰ This is clearly a critical issue given the research we summarized earlier in this publication indicating that LGBT homeless youth have higher incidence of mental health issues. In this section we summarize a number of instances in which anti-LGBT religious beliefs may be impacting the manner in which social service agencies work with their LGBT clients.

Covenant House was founded in 1969 in New York City when a Franciscan priest offered shelter to half a dozen runaways in his Lower East Side apartment. The agency was formally incorporated in 1972 and has since expanded to become the largest privately funded child care agency in the United States, providing shelter and support services to homeless and runaway youth. Service has also been extended to Canada, Honduras, Mexico, Nicaragua and Guatemala.⁵⁰¹

The organization's mission is "to serve the suffering children of the street, and to protect and safeguard all children... with absolute respect and unconditional love."⁵⁰² Covenant House describes its hallmark as an "open intake" policy; no child or teenager is turned away on the first visit. All are accepted on a "no questions asked" basis, and only inappropriate behavior or refusal to utilize appropriate services will lead to restrictions on access.

However, at the Covenant House in Houston, Texas, Chanel, a male-to-female transgender homeless youth, was told that she could not wear a wig or fingernail polish. When a national spokesman was asked to comment on the discriminatory practices in Houston, Richard Hirsh commented that "some shelters tried to accommodate transgenders in separate quarters. But Houston... had limited experience with such a 'difficult issue.'"⁵⁰³

In all of New York City, there are few transitional living beds considering the number of homeless youth, with only 179 beds for males, 189 beds for unaccompanied young women and 65 beds for teen mothers and their children. Covenant House provides 36 percent, 51 percent and 65 percent of these beds respectively.⁵⁰⁴

"What we see is a pattern of homophobia at Covenant House, both on the part of other residents and on the part of the staff."
—Kate Barnhart, a program manager at Sylvia's Place

498 Heslin, K. C., Andersen, R. M. & Gelberg, L. (2003). Use of faith-based social service providers in a representative sample of urban homeless women. *Journal of Urban Health*, 80(3). p.378.

499 Ibid.

500 Ibid. p.380.

501 Covenant House New York. (2006). About us: Our history. Author. Retrieved August 31, 2006, from http://www.covenanthouse.org/about_us_our_history.asp

502 Covenant House. (2005). The Covenant House mission. Author. Retrieved August 31, 2006, from http://www.covenanthouse.org/about_mission.html

503 Hung, M. (2000). *A diva in the making*. Houston Press. Retrieved September 10, 2006, from <http://www.houstonpress.com/Issues/2000-11-16/news/feature2.html>

504 Covenant House New York. (2006).

Including emergency beds, more than 60 percent of *all* beds for homeless youth in New York City are provided by Covenant House.⁵⁰⁵ Kate Barnhart, a program manager at Sylvia's Place, told the *Village Voice* that her experience with the agency is reflective of others working in the city, "What we see is a pattern of homophobia at Covenant House, both on the part of other residents and on the part of the staff... we see staff members behaving in ways that are directly homophobic themselves, and we see staff members failing to intervene to stop homophobia among the other residents."⁵⁰⁶

In 2000, Rebecca Walton, then a transgender 18-year-old, arrived at Covenant House only to be met by a staff psychologist who refused to call her by her chosen name. A job counselor also mocked her feminine appearance.⁵⁰⁷ The *Village Voice* also reported the experience of another transgender homeless youth at Covenant House:

Sadaisha Shimmers, who is transgender, says she spent a month in Covenant House about six months ago. Things went well at first—staff allowed her to live on a female floor, and when slurs and threats began, they moved her to a different room. But the threats continued, Shimmers says, and when a staff member joined in, Shimmers vowed to file a grievance. The staff member then discharged her for making a threat, Shimmers claims.⁵⁰⁸

Another transgender youth noted that "[t]rouble began immediately [at Covenant House in New York]. After her intake session, she was placed with the male clients despite her request to room with women. At her psychological evaluation, the psychologist who examined her suggested she stop dressing as a woman."⁵⁰⁹

Eric Hartman, a former social work intern at Covenant House noted that

Covenant House is "understaffed," with "inconsistent" policies and "no clear protocols...." One Covenant House psychiatrist told gay clients that their homosexuality was the root of their problems and they should simply stop being gay. Hartman took to sending gay clients to the emergency room at St. Vincent's Hospital for their psychiatric evaluation instead.⁵¹⁰

Despite these reported incidents, New York City initially did nothing to allocate funds to provide safe spaces specifically for LGBT youth. According to Carl Siciliano, executive director of the Ali Forney Center,

It's estimated that 20 to 40 percent of homeless kids in New York are LGBT... but we are not getting 20 to 40 percent of the funds. We are not getting one percent. In my experience, I see that in mainstream shelters, half of the queer kids are abused.⁵¹¹

However, in 2006 the New York City Council allocated \$1.2 million for LGBT-specific housing, funds that have been split among Green Chimneys, the Ali Forney Center and

505 Email communication between the author and the Empire State Coalition of Youth and Family Services. New York, NY.

506 Murphy, J. (2005).

507 Ibid.

508 Ibid.

509 Kaysen, R. (2005). LGBT youth are feeling left out in the cold by lack of funds. *The Villager*. Retrieved September 15, 2005, from http://www.thevillager.com/villager_104/lgbtyoutharefeeling.html

510 Ibid.

511 Schindler, P. (2003, December 4). Homelessness and hope. *Gay City News*. Retrieved October 26, 2006, from http://gaycitynews.com/site/index.cfm?newsid=17004807&BRD=2729&PAG=461&dept_id=568864&rft=8



Sylvia's Place. All three agencies are using the funds to expand the number of spaces they can offer, though the total number post-expansion will still be far short of what is needed.

Covenant House is not the only agency where problems arise for LGBT homeless youth and staff.⁵¹²

Kentucky Baptist Homes for Children (KBHC) is Kentucky's largest provider of state-funded services to "at-risk" youth, with foster care, group home and counseling programs throughout the state for abused, neglect or abandoned youth or those who have been removed from their home for their own safety. According to their mission statement,

Kentucky Baptist Homes for Children provides care and hope for hurting families and children through Christ-centered ministries. We are a Christian ministry that, through God's direction and leadership, reaches out to children and families with Christ's love and compassion. We are committed to presenting a clear message of Christian values. That... includes a safe work place, an appreciation of multicultural backgrounds, and a commitment to ethical integrity.⁵¹³

The inhospitableness of the agency towards LGBT staff and clients became clear in 2000 when a "valued employee," Alicia Pedreira, was fired because she is a lesbian. The initial problem was related to the imposition of specific religious values on staff. KBHC sent a clear message to any existing or future LGBT youth that they were not welcome at the agency. KBHC stated in defense of Pedreira's dismissal, "it is important that we stay true to our Christian values. Homosexuality is a lifestyle that would prohibit employment."^{514,515}

The imposition of religious rules or demands on staff is also evidenced in the case of the Salvation Army's Social Services for Children (SSC) program. In March 2003, its director of human resources was instructed to collect religious affiliation information on all SSC staff and to provide the names of any homosexuals working at SSC. Employees were informed that to retain their jobs they would be required to sign a form confirming their agreement:

- To not do anything to undermine the Salvation Army's religious mission.
- To teach the Gospel of Jesus Christ.
- To declare all the churches they have attended in the last decade.
- To authorize their pastors to reveal information from private communications.
- To acknowledge that the Salvation Army is a branch of a Christian church.⁵¹⁶

A number of social workers objected to this policy on, among others, the professional grounds that they would be unable to serve many needy youth, explicitly noting that:

512 Due to confidentiality issues and fears of reprisals, many former clients and advocates are concerned about sharing those stories publicly.

513 Kentucky Baptist Homes for Children. (2006). KBHC mission and values. Author. Retrieved August 31, 2006, from http://www.kbhc.org/our_mission.php

514 Press, E. (2001, April 1). Faith-based furor. *New York Times Magazine*. p.62.

515 Smith, R. (2001, July 27). Judge dismisses bias claim against KY agency. *The Washington Blade*. Pedreira's sexual orientation became public knowledge after a picture of her and her lover at an AIDS fundraiser was entered into the Kentucky State Fair. A federal judge ruled that the firing of Pedreira did not violate any laws or constitutional principles. Judge Charles R. Simpson III, Chief Judge of the U.S. District Court in Louisville, argued that "The civil rights statutes protect religious freedom, not personal lifestyle choices."

516 Freedom from Religion Foundation. (2004, April). *Freethought Today*. Author. Retrieved August 31, 2006, from <http://www.ffrf.org/fttoday/2004/april/?ft=statechurch>

...the new religious requirements will require them to provide mandated, government-funded social services to children in a manner that conflicts with their legal and professional obligations. For example, the children assigned to receive foster care and other services from the Salvation Army include sexually-active teenagers who are at risk for HIV, sexually-transmitted infections and unintended pregnancy. However, the Salvation Army condemns, among other things, non-marital sexual relationships, contraceptive use outside of marriage, homosexuality, abortion, social drinking, gambling, smoking and drug use as “unacceptable according to the teachings of the scripture.” Consequently... their legal and professional obligation to provide these teenagers with services conflicts with the religious principles of the Salvation Army.⁵¹⁷

In response, Major Gary W. Miller of the Salvation Army said, “If you don’t sign the form, you decide you don’t want to work here.”⁵¹⁸

The advent of increased funding for faith-based organizations brings with it the threat that religious bias will creep into the treatment and management philosophies of an increasing proportion of agencies around the country that are charged with helping all youth, including those who identify as LGBT. At the conclusion of this publication, we make a series of policy recommendations intended to directly address potential bias in staffing processes, as well as inadequacies in training and licensing policies.

Increased funding for faith-based organizations brings with it the very real threat that religious bias will creep into the treatment and management philosophies of agencies charged with helping all youth, including those who identify as LGBT.

CONCLUSION

Despite the experiences highlighted in this section, there are agencies around the United States that serve LGBT youth admirably—LGBT-specific agencies as well as those where ensuring safety for all out-of-home youth is considered a genuine institutional priority. In the next section, we give space to senior staff of five such agencies to describe a portion of their work. Our hope is that by doing so, agencies who may not currently work with LGBT youth, do not realize that they work with LGBT youth, or wish to begin more specific outreach to the LGBT homeless youth population will see that there are programs across the country doing just such work. These programs work with all kinds of youth in all kinds of cities and the lessons they share have applications everywhere.

Each author picked an area in which she felt her agency excelled, where the agency’s programs and practices might provide guidance to other social service professionals and agencies around the country who seek to provide top quality care to every youth who walks through their front door, regardless of sexual orientation or gender identity. The following pieces do not, and are not intended to, represent every aspect of the services provided to youth experiencing homelessness, nor to reflect every kind of agency that provides those services.

517 Ibid.

518 Freedom from Religion Foundation. (2004, April).



L G B T H O M E L E S S Y O U T H P R O F I L E : S N O W Y

Snowy, 20, a self-identified bisexual white female, is originally from Staten Island, New York. Though her family was not wealthy, she never imagined she would one day be homeless. She has spent the past year couch surfing, sleeping in parks and crashing at shelters. Her former girlfriend discovered she had been sleeping in the park on and off for more than six months and took her to Sylvia's Place, a New York City shelter for LGBT youth, where she has been for two months.

Like so many LGBT youth, Snowy didn't realize how quickly negative situations can escalate into homelessness. "I never thought I'd be on the street," Snowy says. "I graduated high school, I held down a job, I was in college. How did I go from there to here? Somebody please tell me."

When Snowy was 19, her husband, then 20 years old, lost his battle with cancer. After his death she could no longer afford their apartment. A natural caregiver, she had spent time nursing him through chemotherapy, as in the years since she was eight she had helped her mother through a disabling accident. She tried to move back home with her parents, but it was a volatile, stressful environment. "I couldn't sleep at home, then I figured I might as well sleep where I know people," she explained. "And I knew a lot of people who slept in the park."

So Snowy began sleeping in Manhattan's public parks, selling drugs and dealing with her pain by self-medicating. "I did so many drugs that I wasn't really eating, especially when I was doing coke," she explains. "For three months straight, I had basically stopped eating. Not eat-

ing doesn't mean anything to me now. Going hungry? What's hungry? Hungry takes, like, three days to come."

Her drug use landed her in the hospital, where she stayed for a month. "After they discharged me from the hospital, I knew I needed to get clean, but my parents wouldn't take me back," Snowy says. She was back on the streets.

Though Snowy earned money selling drugs, she swore that she would not engage in survival sex: "I might be homeless, I might be at the bottom of my barrel, but I'm sure there's a quicker way to make a dollar that will leave me much more dignified than selling my body. I may not have much dignity now, but you know what, that little pinky toe that's hanging outside the water, keeping me from drowning, I'm keeping that pinky toe above the water as long as possible."

Since ending up at Sylvia's Place, Snowy has been able to take advantage of its medical program, which has helped her get inhalers to keep her asthma at bay. But she also experiences severe back pain caused by a car accident a few years ago, and the ibuprofen the doctor dispenses doesn't help.

She is currently attending counseling sessions with her mother in hopes of moving back home: "It's almost the one year anniversary of my husband dying and I need an emotional support. I need to be home." Until then, Snowy will continue her lifelong role as a caretaker, always making sure to save a little of her meals to keep in her bag in case she runs into someone who needs it, asking, "If the homeless can't help the homeless, who can?"

Ruth Ellis Center: Street Outreach Program and Drop-In Center

BY GRACE MCCLELLAND, EXECUTIVE DIRECTOR

Today, a young man living in the residential program at Ruth's House went to school working towards his GED. Afterwards, Addam (not his real name) will go to a job he has held for over three months. Six months ago, he was on the street, scrambling just to find a place to stay for the night. Addam found Ruth's House through Ruth Ellis Center's Drop-In Center, the key program that coordinates outreach and contact with lesbian, gay, bisexual and transgender (LGBT) youth in need.

Addam is one of many often referred to as "the invisible minority:" LGBT homeless youth. According to extrapolations from the City of Detroit Department of Senior Citizens and Homelessness Coordination, the estimated number of homeless youth not receiving shelter services in Detroit on any given day ranges from 1,600 to 2,000 youth.⁵¹⁹ Incredibly, nearly 640 to 800 homeless LGBT youth are on the streets of Detroit every day. This reality makes the Ruth Ellis Center, the only LGBT-dedicated youth social service agency in the entire Midwest, so very desperately needed.

HISTORY AND BACKGROUND

Each of the 15 adults who gathered in Detroit in 1999 to talk about the needs of homeless lesbian, gay, bisexual and transgender youth had been touched in some way by the problems faced by these young people living on the streets or trading sex for shelter: touched professionally, personally or socially. The solution to their worries was the Ruth Ellis Center.

The Ruth Ellis Center is named in honor of the life and work of Ruth Ellis, a treasured member of the Detroit LGBT community who died in 2000. Ruth was and remains respected not only for her longevity and endurance as Detroit's oldest and proudest African-American lesbian but also for her years of service to people in need. As early as the 1930s and 1940s, Ruth was known to provide shelter, physical support and spiritual affirmation to those whose race, sexual orientation or both set them apart from the dominant culture. The work we do at the Ruth Ellis Center is built on her model of responsibility to oneself and one's community. We take that model and apply it to the teens and young adults in our community.⁵²⁰

519 As confirmed in telephone and email communications with staff at the Ruth Ellis Center.

520 While the work Ruth Ellis did was originally focused on people whose sexual orientation set them apart, today the Ruth Ellis Center is completely trans-inclusive.



The mission of the Ruth Ellis Center is to provide short- and long-term residential safe space and support services for runaway, homeless and at-risk LGBT youth in Detroit and southeastern Michigan. The agency's goals are to help youth between the ages of 12 and 24 who have been thrown away by their families because they are LGBT or questioning. The agency helps these youth directly with programs and services designed for homeless and street youth in crisis, and we are designing programs to help families before youth are forced to leave their homes. Our organization, which began in 1999 with a small start up grant from the Hope Fund of the Community Foundation of Southeastern Michigan, has grown rapidly in the intervening years.

After starting with a street outreach program in 1999, our first drop-in center opened in September 2001. Two years later, construction began on Ruth's House, our transitional living program (TLP), and in February 2004, Ruth's House opened to its first residents. Only one month later we purchased a home to provide foster care to minors. A federal award in 2004 enabled us to develop our emergency shelter program, and this year we have bought, renovated and moved into a 10,000-square-foot space that now houses both the street outreach program and administrative staff. This space was renovated for and by our youth.

Critical support has come from the McGregor Fund in Detroit, the Arcus Foundation in Kalamazoo and many smaller organizations, including Ford Globe, Visteon, Parents, Families and Friends of Lesbians and Gays (PFLAG) Detroit and affirming churches in the area. We also have a strong albeit small group of consistent individual donors. Given that some organizations and individuals are nervous about funding our pro-LGBT mission, these individual donors' ongoing support ensures that we are able to continue operating.

CHARACTERISTICS OF OUR YOUTH

Our youth are "young, black, gifted and gay," as we like to say. Blessed with talents, energy, pride, intellect, unlimited love and an appreciation for those that truly care for them, they face many challenges but are remarkably resilient.

The link between abject poverty and lack of stable housing is all too clear, and given that the poverty rates for the immediate Detroit area range from 20 percent to 38 percent of the population, the risk for homelessness in our target service area is astounding. While no specific statistics are kept on the number of LGBT youth who are runaway or homeless in Michigan, our experience reflects the research cited earlier in this report, which shows that the number of homeless LGBT youth is grossly disproportionate to the general population.

Our population is severely oppressed, with issues of race, class, gender identity/expression and sexual orientation impacting their day-to-day existence. Ninety-nine percent of our youth are African-American, over 50 percent of our male population is HIV positive, and over 60 percent of our high-school-age population has dropped out of school due to bullying or discrimination. We provide for the unique needs of homeless and street-based LGBT youth by training affirming street outreach workers and creating a safe space where their sexual orientation and gender identity/expression are understood and accepted. In

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turn, this frees our youth to concentrate on learning other critical life skills at the only LGBT homeless youth social service agency in the entire Midwest. These skills include healthy coping mechanisms, decision-making, and harm reduction techniques such as safer-sex practices, street smarts, self-defense and how to avoid trouble.

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COLLABORATIONS

The street outreach program maintains linkages and close working relationships with many organizations and individuals working on both a local and national level, including the National Gay and Lesbian Task Force (the Task Force).⁵²¹ Locally, the Michigan Network for Youth and Families (MNYF),⁵²² whose former executive director, Steve Pollack, was one of the original 15 adults behind the founding of the Ruth Ellis Center, works with us on a statewide project to train youth social services staff about LGBT youth. We also partner with the Triangle Foundation,⁵²³ an LGBT-inclusive anti-violence agency, whose victim advocate comes weekly to the Drop-In Center to engage youth in discussions on street safety and violence.

AIDS Partnership Michigan (APM)⁵²⁴ provides HIV/AIDS counseling and testing for our youth. After finding at one point in 2003 that 33 percent of the youth we tested for HIV were positive, APM immediately worked with us to implement intensive prevention programs. Finally, Common Ground Sanctuary⁵²⁵ has worked with us on street outreach activities since our inception five years ago, as well as providing shelter services for some of our male clients in need of assistance.

STAFFING OUR PROGRAMS

The administration of the agency is under the direction of the Ruth Ellis Center's executive director, Grace A. McClelland, a Ph.D. candidate in counseling psychology who brings 23 years of experience in criminal justice, social service and educational aspects of work with youth and families to her work in Detroit. Grace also has extensive experience with runaway, homeless and at-risk youth specifically. She has re-engineered the street outreach program (increasing the number of program participants by 750 percent in the last two years), developed and implemented TLP, which opened on February 5, 2004, and prepared for the licensing of the residential programs. Atiba Seitou, program supervisor of our street outreach program, is assisted by two team leaders and two street outreach workers. Collectively, they have over 40 years of experience working with at-risk youth.

Our 16 staff, including one state-certified cultural competency trainer, closely reflect the demographics of our target population: 94 percent African-American and 6 percent Caucasian. One staff member identifies as a male-to-female transgender person. Given its urban environment and the fact that the city is 87 percent African-American, 99 percent of the population served to date has been English-speaking

521 For more information, see www.thetaskforce.org

522 For more information, see www.mnyf.org

523 For more information, see www.tri.org

524 For more information, see www.aidspartnership.org

525 For more information, see www.commongroundsanctuary.org



African-American youth. The street outreach staff is 100 percent African-American, and all self-identify as LGBT.

The impetus for developing a social service organization for LGBT youth came from the horror stories of how African-American LGBT youth were treated by the systems designed to help them. When 15 adults came together to discuss the situation of youth in Detroit, they were astounded by how many youth they each knew in need of survival services and a home. All 15 people knew of at least one young person in need and many shared stories just like Nate's. After Nate was outed one evening, his mother got a gun and threatened to kill him if he did not leave immediately. So he went to his room to pack his belongings. His two brothers followed him and beat him badly. He left home with nowhere to go. Nate roamed the streets until he met one of these caring adults. They cared for him in the best way they could and decided to do something about this situation. The Ruth Ellis Center was the ultimate result

Nate continues to stop by even though he is now 25 years old. His tough life on the streets shows in his face but his smile is broad and proud. He is now taking care of his health, working, and living in an apartment with his boyfriend. His story is repeated every week when we are greeted by a young person waiting for the Center to open because a caregiver has thrown him or her away just because he or she identifies as LGBT.

In the last two years, two of our youth have been shot and one was murdered just because he was gay. Both youth were involved in the social service system. Horror stories from our youth about the social service providers abound. For example, transgender youth have no place in shelters in the area. They are forced to dress as their birth-assigned gender or are denied admission. Gay and lesbian youth are verbally abused and have been assaulted in the shelters. Youth report that staff are of little help and sometimes even create problems for them by treating them differently or ignoring them. Youth continue to hide in the system by denying their sexual orientation or gender identity, and as a result do not get the help they need.

One of the unique features of our program is that it was created, managed and developed by LGBT professionals, LGBT youth and our allies. The strong emphasis is on development of our youth in conjunction with LGBT members of the community. By starting with LGBT people and maintaining this emphasis, the teams were able to gain trust from our youth more readily. The Ruth Ellis Center also normalizes an LGBT identity by affirming our youth however they present. It is critical to remember that LGBT youth are different in many regards, but they still face the same challenges as every other adolescent. Programs for LGBT youth must be developed regionally, keeping in mind all of the factors affecting the local population: race, culture, poverty, classism, racism, homophobia, current resources for potential collaborations and the capacity to train organizational partners. Advocacy and training are critical components to be considered in developing programs for LGBT youth.

Since 1999, the Ruth Ellis Center's Street Outreach Program (SOP) and Drop-In Center have offered a safe haven for thousands of homeless LGBT youth. In 2004-2005, we recorded a total of 10,112 meaningful contacts with youth, and this year we are on track

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to exceed 15,000, making the Ruth Ellis Center the largest SOP of its kind in the six-state region.⁵²⁶ Still, the needs of this population continue to grow. The SOP has grown by 50 percent each year over the last three years. As the organization increases the breadth of our programs, services and open hours, we offer help to more young people in new and significant ways. As this growth has occurred, a series of goals and objectives have remained our constant focus, and we believe they can inform the development of other service agencies' programming in this area.

THE STREET OUTREACH PROGRAM

Our Street Outreach Program (SOP) aims to reduce the risk of exploitation and danger to which adolescents are exposed by virtue of living without needed economic, social and community supports. Specifically, this program provides street outreach to thousands of individual LGBT youth regarding the dangers of substance abuse, sexual exploitation, sexually transmitted diseases including HIV and AIDS, and safer sex practices. The SOP establishes contact, rapport, and trust with LGBT youth who are homeless, runaways, hanging out on the streets or otherwise living in unstable situations.

The SOP's drop-in center is at the north end of Detroit in Highland Park on the main north/south artery in the city, making the center accessible to freeways and bus lines. It is within one city block of one specific area where most LGBT street youth tend to congregate: Palmer Park and its surrounding motels, adult bookstores, bars and restaurants. Wherever they are, these youth have few options for seeking the basic services an SOP provides, at least in an LGBT-friendly atmosphere. Absent these services, many remain on the streets long-term, using survival sex and crime as a means to access shelter and meet their other basic needs.

The primary objective of the outreach effort is to reach and engage runaway, homeless and street-involved LGBT youth on the street and where they gather. The SOP targets those youth who are not already in the care of government agencies such as child protective services, foster care and the juvenile courts. This is accomplished by providing six street outreach shifts per week in places where youth congregate, providing non-judgmental aid and developing strong, trusting relationships between project staff and the youth population so that those youth feel comfortable seeking help and support. The street outreach workers are well experienced and highly recognized on the streets. They are respected for their message and their ability to relate to street youth.

The SOP assists at-risk youth who are in immediate crisis through appropriate intervention and/or referral, providing intensive crisis intervention and referrals to 2000 youth annually. Staff can also assist youth in moving and adjusting to a safe and appropriate alternative living arrangement. The SOP Drop-In Center also offers two hot meals nightly, laundry and shower facilities, clothing, shelter and other resource referrals.

Too few social service professionals have a complete understanding of LGBT issues, even if they are on the surface supportive. To overcome this problem, the SOP staff provides advocacy and education to social service, county and state agencies and individuals

⁵²⁶ Region five includes Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin.



regarding the unmet needs of runaway, homeless and at-risk LGBT youth. Outreach is also extended to community youth-serving agencies, schools, churches, community groups, youth and parents as well as through one-to-one and group presentations about the Ruth Ellis Center, through street and in-home contacts with youth and parents and through print and broadcast media. Another component of the program's outreach effort involves building relationships with cooperating agencies so that the staff of each agency is aware of the SOP's services and understands how to access those services. We are also working with agencies as far afield as Oklahoma and Pennsylvania.

We provide education and prevention services via groups that are held three times weekly, reaching over 200 youth each week. They address substance abuse, HIV/AIDS prevention and street survival. In collaboration with AIDS Partnership Michigan, youth receive HIV testing, counseling and prevention programming and the SOP team develops and regularly publishes adolescent-friendly written materials to educate youth about substance abuse and sexually transmitted diseases.

The SOP individually counsels at-risk youth to identify their strengths, weaknesses and needs, and to increase self esteem. We help them to martial and employ their own inner and external resources and to identify, access and successfully exploit the resources available to them through our agency and other supportive agencies and programs in the community.

These critical services ensure that the SOP can also work to decrease the number of LGBT youth who are homeless, providing individual and family counseling to help youth return to their homes if possible. For those for whom returning home is not possible or safe, the program staff work to access safe, suitable housing with some other family member or friend.

Long-term independence is important and closely tied to educational and employment opportunities. We work to reduce the dropout rate among LGBT homeless youth and increase the employment rate among our youth in a number of ways. First, through our youth employment training program, each year 300 youth receive job skills training and job coaching that enables them to obtain and retain employment. We also have an after-school tutoring component that assists 200 youth annually with homework as well as helping them to cope with discrimination and harassment in their schools. In particular, we focus special efforts on transgender youth, who face higher risks on the street. Annually, 30 transgender youth are given the employment skills necessary to help them secure a job and cease sex work.

THE DROP-IN CENTER

Just as the SOP is built around established best practices, so too is our drop-in-center. In fact, the drop-in center is the hallmark of our success. Presently, we average 45 youth visitors per day and can have as many as 80 young people visiting the center for a meal, a chat with a counselor or just to hang out with friends. Between April and September 2006, we had 6,473 contacts with youth, a 21-percent increase over the same period in 2005.⁵²⁷ Due to this rapid growth, the center recently moved to a new 10,000-square-foot space. The drop-in

527 As confirmed in telephone and email communications with staff at the Ruth Ellis Center.

center is open seven days per week from 12:30 p.m. to 9:30 p.m. There are at least three staff members at the center at all times. In the new space, trained volunteers will between them provide 160 hours per week of supervised services and support. Youth tend to come in and out of the center during a shift, reducing the actual number of youth in the center at any one time. The staff to youth ratio is usually about 1:10. Since most activities are group activities, the current ratio is adequate to maintain a safe and secure environment. Additionally, the program maintains an on-call list of outreach workers who can come to the center when needed on an emergency basis or if the center becomes crowded.

We pride ourselves on our ability to help youth to solve most of their immediate problems. Our youth create alternative family structures to obtain a sense of safety and belonging. Most of our youth have adopted family names and roles within a structured family unit in which gender plays no role. This increased identity of family creates a loving atmosphere with ties that bind strongly.

POSITIVE YOUTH DEVELOPMENT

The program incorporates all of the elements of positive youth development predicated on the understanding that all young people need support, guidance and opportunities during adolescence, a time of rapid growth and change.⁵²⁸ With the support of the program, LGBT homeless youth increase self-assurance and self-esteem and create a healthier life. The program is predicated on a strength-based approach, affirming the youth's sexual orientation and gender identity/expression and providing other healthy messages about their bodies, their behaviors and their interactions. This Positive Youth Development framework is different in nature from the White House Positive Youth Development (PYD) framework, with the latter stressing a more conservative approach focusing on abstinence-only sex education rather than comprehensive sex education that makes LGBT homeless youth better prepared for their inevitable sexual activity. We provide a safe and structured place to learn, recreate and socialize while strengthening relationships with adult caregivers and other adult role models such as teachers, mentors and community leaders.

To aid independence, we provide skill development in literacy, work readiness and social skills. Daily activities and groups provide opportunities for reading, writing, creativity, social interaction, decision-making, problem solving and negotiation. Opportunities to increase self-esteem are interwoven throughout the program, as the entire philosophy of the program is strength-based, focusing on the positive aspects of a youth's development.

Youth are included in all aspects of program development and evaluation, including continual refinement of the programs. Youth were involved with the executive director and other staff in moving to and decorating the new center facility. The agency has a Youth Advisory Board (YAB) that meets monthly with the executive director and other

The agency has a Youth Advisory Board (YAB) that meets monthly with the executive director and other key staff to provide feedback on current program activities, help resolve problems, and develop program activities.

⁵²⁸ Like providers around the country, the staff at the Ruth Ellis Center adapts the specific framework of the Department of Health and Human Service's Positive Youth Development model to account for local cultural and population characteristics.



key staff to provide feedback on current program activities, help resolve problems, and develop program activities, including leisure activities. The YAB is designed to function as a forum for any youth to advise and consult with agency administration and the board of directors. Its purposes also include planning for activities and communication as well as problem solving and development of strategies for improving the quality of the programs. Each program has two youth representatives on the YAB. Additionally, youth are employed as staff members (two staff are under 25 years of age) and youth involved in the program volunteer as street outreach workers.

Parents are involved as members of the board of directors, though unfortunately most parents of our homeless LGBT youth do not affirm their own child, let alone participate in the development of the programs. However, every effort is made to fully involve them in our work with their child, as well as to provide feedback on the program's services.

SEXUAL ABUSE AND EXPLOITATION

The LGBT homeless youth population is particularly vulnerable to sexual abuse and exploitation. There are many predators who seek out this population. We listen to stories every day about men who are “sick” (infected with HIV) that are consistently in the areas where homeless LGBT youth congregate. These people offer youth small amounts of money to have sex with them. Our youth believe that these people are intentionally trying to infect the youth and do not care who they infect. Many of the youth are aware of this situation and still participate in commercial sex work to get their basic needs for food, money, and shelter met.

Because of this very real risk, we work with our youth to develop their understanding of healthy and unhealthy relationships so they can avoid and end unhealthy sexual encounters and increase their participation in healthy relationships. This is accomplished in part by conducting several forums a week for youth to learn about safer-sex practices. Recently, during a safe-sex discussion group, we demonstrated the correct use of a condom and were surprised to learn just how many youth in the room did not know how to use one. The harsh reality is that youth are engaging in sex regularly and we must provide them with the resources to protect themselves or they will engage in sex without protection.

We also provide a safe space for youth to address the issues affecting their lives in a group called “Bending the Rainbow.” Each week, we begin with one topic; inevitably the youth channel the discussion to a topic relevant to their lives. Most times, the discussion turns to relationships and sexual issues on the streets. The youth become very comfortable talking about their sexual practices. We use each of these opportunities to provide information on healthy and unhealthy relationships as well as safe and unsafe sex practices.

Encouraging and supporting our target population to participate in local youth group activities and interactions with their peers in a directed social activity is an important part of our efforts. The gay male youth population may idolize the idea of relationships with older men, creating unsafe situations for themselves. We encourage our youth to engage in activities with people their own age and to try new activities.

RANGE OF SERVICES

Street-based Services: The SOP conducts street-based services six times a week. Working in pairs, the outreach teams provide youth on the street with a custom made kit of condoms, lube, dental dams, hard candy, alcohol swabs and kicker cards (informational cards containing our information as well as referral information for shelters). Outreach workers engage youth in conversation, encouraging them to seek legitimate shelter and other services.

Survival Aid: The SOP provides many forms of survival aid, including showers and hygiene products, laundry facilities, clothing from Ruth's Closet, food, safe space, referrals for shelter, crisis counseling, positive peer support, safe sex aids, and other harm reduction techniques. On the street, we provide counseling, referrals and safe sex resources.

Individual Assessment: Youth coming to the program receive a warm welcome and individual time for assessment of their situation, which can take several days. As youth begin to trust them, counselors are able to assess individual circumstances and devise a comprehensive plan to provide the necessary in-house services and/or referrals.

Counseling: The SOP provides counseling at the drop-in center and on the streets. Street-based counseling focuses on getting youth off the streets. Counseling at the drop-in center is more comprehensive. Group discussions take place every evening with individual counseling occurring as needed. A team of licensed therapists and psychologists donate their services at our drop-in center.

Prevention and Education Activities: A major part of the program is developed around prevention and education activities. Topics include everything from substance abuse and sexual exploitation to social interactions, including positive peer relationships. Several other organizations participate in these activities, including AIDS Partnership Michigan, MPowerment and Triangle Foundation.

Information and Referral Services: The program has an extensive network for information and referrals. Staff members utilize a readily accessible resource book to give information and referrals for youth coming to the Drop-In Center as well as youth and families who call in for services. The agency ensures that resources are sensitive to the unique needs of LGBT youth. The SOP continues to provide culturally sensitive training to those agencies requesting those services.

Crisis Intervention: SOP staff members manage most crises and have resources outside of the program as well. Ruth Ellis Center's Transitional Living Program staff members, along with the executive director, are available 24 hours a day to provide additional resources for youth and staff. The agency trains its staff and volunteers in crisis intervention and crisis management, utilizing a nationally certified program.

Follow-up Support: The SOP provides follow-up support for all youth in the program. For direct services, the SOP contact youth after service completion to assess success of the intervention and the need for additional services or referrals. For referrals, particularly to shelter, SOP staff contact the other agencies and make follow-up calls or visits to youth and workers. When youth are accepting of shelter services, our staff follows the youth directly with our partners to ensure continuity of services.



Emergency Shelter: The SOP has formal memorandums of agreement with two agencies that can provide emergency shelter for one of our youth if we are unable to house them.⁵²⁹ We provide the same service and courtesy to the other agencies when they need short-term shelter assistance. To ensure continuity of service, the agency's SOP staff are also guaranteed access to the other shelters. Additionally, in June 2006, the Ruth Ellis Center was licensed by the state of Michigan to operate a group home, and we have opened our shelter for 12- to 17-year-olds with an expected move-in date of fall 2006 for the first resident.

Volunteer Program: The agency coordinates and manages its volunteers with a volunteer coordinator. Every person that performs any work at the Center is carefully screened to ensure the highest qualifications and safety for our youth.

PROGRAM IMPACT

In combination, our street outreach work and drop-in center have had a profound impact on the community of homeless LGBT youth in Detroit and southeastern Michigan. The SOP has become a solid and reliable presence in the community at large and specifically in the areas where our target population congregates. This presence publicizes a consistent point of contact for LGBT youth to access services they require. As a result, youth connect with other youth and staff members who have survived the same street-related challenges and demonstrate that survival is possible.

The SOP has at least four staff members that have successfully transitioned from marginal situations to gainful employment, stable living situations and a successful life off the streets. These staff and other youth role models can guide the youth to a safe space where they can begin their journey to healing, recovery and independence. Over the last three years, the Ruth Ellis Center has become a statewide resource for governmental agencies and other social service organizations seeking to accommodate the special needs of LGBT youth. These agencies call upon us as a competent and trustworthy resource for LGBT youth and often refer young people who might benefit from contact with the Ruth Ellis Center and its programming.

We can also point to specific improvements in individual, family and community functioning as a result of the services we provide.

1. There are fewer LGBT youth on the streets and greater safety for those who remain on the streets.
2. For those families willing to participate, the SOP provides family counseling and crisis intervention counseling, resulting in improved familial relationships and hopefully stabilized living situations for LGBT youth seeking services.
3. The SOP and drop-in center serve as liaisons between LGBT homeless youth and appropriate community agencies and services, such as hospitals and GED programs, so that youth can actively seek out and receive the assistance they need to make positive changes in their attitudes, values and behaviors, leading to healthy lifestyle choices.

⁵²⁹ The two agencies with which we have agreements are the COTS program and Common Ground Sanctuary.

4. Through educational information about safe sex practices, LGBT homeless youth become more aware of the variety of sexual behaviors that put them at risk for contracting HIV. Through our collaborations, youth receive testing, counseling and prevention programs specifically directed at the target population.
5. LGBT youth are becoming more educated about the physical and emotional dangers of using alcohol and drugs.
6. LGBT homeless youth gain an understanding of the support they need to make healthy choices regarding their sexual behaviors and physical safety.
7. Cooperating governmental and social services agencies gain a greater understanding of the unique needs of LGBT youth. Our SOP staff frequently appears at seminars and trains other social service providers in working with LGBT youth.

BARRIERS TO SUCCESS

Staff at the Ruth Ellis Center SOP and drop-in center have identified seven existing or potential barriers to providing service to LGBT runaway and homeless youth. For the benefit of those contemplating working with this community, they are listed below, along with corresponding actions to ameliorate or minimize the barriers.

1. Mistrust from youth
 - a. Maintain a consistent street presence that tells youth, “We’ll be here for you whenever you’re ready”
 - b. Maintain a safe, nonjudgmental space at the drop-in center
 - c. Develop positive peers
 - d. Actively recruit previously homeless and street veteran volunteers and staff
 - e. Continue to provide for basic needs such as food, clothing and showers
 - f. Maintain professionalism and respect for everyone encountered
2. Lack of funding and resources
 - a. Establish a solid resource development plan annually, searching for and applying for new funding for this target population
 - b. Ensure that services are fundable by providing the highest quality of services for our youth and families
 - c. Continue involvement with networks and collaborations that are concerned with the welfare of runaway and homeless youth
3. Homophobia (from society, family and the social service system)
 - a. Get involved in community education
 - b. Collaborate and expand networks with other groups at every opportunity; be proactive in offering to help train those who may know they need to help but do not know how to find the appropriate training or are embarrassed that they even need to in the first place
 - c. Building a stronger network of LGBT people and allies
4. Potential violence committed against our staff
 - a. Provide training in self defense and crisis intervention
 - b. Provide proper safety equipment, communication, training and supervision



- c. Ensure availability of cell phones for all staff doing street outreach work; be certain that strategic planning for street outreach efforts includes staff and volunteer safety and awareness
5. Unsupportive or jaded volunteers
 - a. Provide exposure to street youth in controlled situations with experienced staff
 - b. Include diversity, cultural issues and differences awareness training as part of your volunteer orientation
 - c. Maintain a written policy on ethics and professionalism including maintaining a nonjudgmental perspective with youth
 - d. Ensure that the recruitment process is adequate to screen out persons who may potentially harm or take advantage of youth
 6. People who benefit from sexual exploitation of runaway and homeless youth
 - a. Continue to provide education for youth to resist these people
 - b. Again, ensure that the recruitment process for staff and volunteers is adequate to screen out persons who may potentially harm or take advantage of our youth
 - c. Maintain safe spaces for youth that are not generally publicized
 - d. Educate staff and others working with youth as to the behaviors that signal danger for the youth
 7. Youth acting out
 - a. Provide outlets for behaviors, mixing social events with programming
 - b. Maintain clear boundaries for utilizing SOP resources and maintain a zero tolerance for physical violence and weapons possession
 - c. Teach appropriate coping skills and social interaction skills

EVALUATION

When all is said and done, all the planning and goodwill in the world is for naught if we do not reach the youth and are therefore unable to improve their circumstances. We have established an ongoing evaluation system that tracks the progress of youth and service outcomes according to functional goals. We are also currently undertaking a new project in collaboration with Dr. Robin Miller of Michigan State University to develop a comprehensive internal evaluation system. Each program, in order of its opening, will undergo this thorough self-discovery, clarification and analytical process. Upon completion, each program will have tailored scientifically based outcomes and indicators custom designed for this particular population in this region of the country.

The current criteria used to evaluate the results and success of each project include:

- Measurement of service goals achieved versus targeted, including numbers of youth and families served by type of service, percent of families contacted, numbers of youth and families receiving information and referral on the hotline, and numbers of community members reached through outreach activities.
- Outcomes at the time of service completion, such as percent with ability to develop realistic goals; for youth and families, including percent of youth returning home or provided safe alternative living arrangements and percent continuing to run away.

- Reports of satisfaction and program impact by youth and families served by the program.
- Percent of youth achieving goals (including school attendance or completion, no additional runaway incidents, self harm reduction including safe sex and diminished use of illegal substances) at 30-, 60- and 90-day follow-up. Follow-up includes measuring youth and family progress in carrying out the aftercare plan. Follow-up is accomplished by telephone interview with youth and family and provides an opportunity to determine whether additional services are needed.
- Statistical records are kept, providing a yearly profile of youth and families served. Program results are reviewed quarterly by both program and administrative staff as well as by the board of directors.
- These measures are supplemented by reports by outside independent reviewers, including the state's Department of Human Services (DHS), the licensing body for child care institutions in Michigan. Additionally, the agency is committed to assisting institutions of higher education in researching and finding successful methods of working with LGBT homeless youth. We cooperate with any research or evaluation efforts sponsored by the Federal Department of Human Services Administration for Children and Families, and have participated in research projects with higher education institutions where appropriate knowledge bases exist and participant protection processes are in place.

CONCLUSION

The work that the Ruth Ellis center staff completes day in and day out is absolutely crucial to our challenge of getting African-American LGBT youth off the streets of Detroit and into stable housing, enabling them to focus on developing the skills and securing the qualifications that they need to provide for themselves as independent adults. Street outreach programs and drop-in centers are the first step in this difficult mission, and we are proud of the results we have achieved to date and excited about the opportunities to come.



Green Chimneys: Triangle Tribe Apartments transitional living program

BY THERESA NOLAN, M.A.

Founded in 1947, Green Chimneys Children's Services is a nationally renowned, nonprofit therapeutic organization that restores possibilities and creates futures for children with emotional, behavioral, social and learning challenges from the five boroughs of New York City, Putnam and Westchester Counties in New York and Fairfield County in Connecticut. The agency has a long history of assisting children, youth, and their families in times of crisis. Presently, we serve over 300 children, youth and adults who are dependent, neglected, abused, abandoned, Persons In Need of Services (PINS), delinquent, runaway, homeless, emotionally disturbed and/or developmentally delayed as well as lesbian, gay, bisexual, transgender and questioning (LGBTQ). We have provided services to older homeless youth in Putnam County since 1981, and more recently in Danbury, Conn., and New York City. We operate federally funded basic center and street outreach programs in Putnam County, New York and Danbury, Conn., and a federally funded transitional living program (TLP) in New York City.

In Brewster, New York, we serve 102 children in a residential program and an additional 80 students in a day school program. Many come from families with extensive problems including mental illness, substance abuse, domestic violence and unsafe or inadequate housing. The children struggle with medical issues that complicate their treatment, including asthma (40 percent), persistent bed-wetting (32 percent), serious weight problems (28 percent), and seizures, heart disorders, allergies, food intolerance, recurrent infections and sleep disorders. Eighty percent of the children have received special education services before, and the average student is more than two years behind in educational attainment. The average IQ is 78, and 25 percent are considered mildly mentally retarded.

Mental health agencies, child welfare and social service agencies and school districts in the tri-state area refer children to Green Chimneys because we are recognized as the best choice for comprehensive, individualized programs unavailable elsewhere. Each student's curriculum is highly individualized, creating a comprehensive therapeutic environment. An unparalleled level of professional support—including experts from social workers to teachers, psychologists, psychiatrists, nurses and speech pathologists—guides children in making constructive choices and exploring their talents.

NEW YORK CITY PROGRAMS

Green Chimneys now has four residential programs in New York City, with the first having opened over 20 years ago in the Gramercy neighborhood of Manhattan. All of our New York City programs focus on serving the LGBT youth population. The development of the Gramercy Group Home allowed Green Chimneys to become the first child welfare agency on the East Coast to specialize in services for LGBT youth. In addition to the group home in Gramercy, Green Chimneys has developed three programs in Harlem. These include an agency operated boarding home, a supervised independent living program and the Triangle Tribe Apartments. The Triangle Tribe Apartments consist of two transitional programs for runaway and homeless youth, with a total of 20 beds.

The Triangle Tribe Apartments program specifically serves LGBT runaway and homeless youth who find themselves without a safe permanent residence.⁵³⁰ The program focuses on providing shelter to youth for 18 months while teaching them life skills, ensuring that they have jobs, addressing educational needs and preparing them for adult independent living. The program is in the process of growing. Since the year 2000, we have been federally funded for 10 beds. We have also received city funding to increase our capacity to 20 beds, a figure reached in late November 2006. Since the program opened in 2000, more than 45 youth have resided in the transitional program.

The majority of our youth are from the five boroughs of New York City, though occasionally youth from the surrounding areas (Long Island or New Jersey) present themselves to the program. Even more rarely, youth from other parts of the United States seek our help. Many youth who are not accepted by their families or their hometown communities head out on their own to a place they believe will be more receptive to their sexual orientation or gender identity. New York is just such a city, though it comes with its own set of obstacles.

We collected demographic data on the first 40 clients that entered and discharged from the Triangle Tribe Apartments between 2000 and July 2005. Approximately 11 percent identified as transgender, 47 percent as male, and 42 percent as female. Approximately 44 percent of the clients identified as Latino or Hispanic, 36 percent as black or African-American and 10 percent as white or Caucasian; the remaining 10 percent consisted of Asian, mixed and other races and ethnicities. Just over a quarter of these youth reported having been in foster care at some point in their lives and half of them reported experiencing physical abuse. Overall, the average stay for these first 40 clients was 10.5 months.

EMPLOYEE/VOLUNTEER DATA

Green Chimneys employs a total of 482 staff members, 10 of whom work specifically in the Triangle Tribes Apartments program. The program is divided into two levels: the TLP is more independent with no on-site staff, and the TIL has 24-hour on-site staffing. The program director oversees both levels and some staff members work with both programs.

⁵³⁰ Our RHY transitional program, Triangle Tribe Apartments, is two separate programs that function as one. The Transitional Living Program (TLP) is 10 beds and is federally funded; the Transitional Independent Living Program (TIL) is 10 beds and is city funded. The essential differences between TLP and TIL are their funding sources, reporting requirements and on-site staffing needs.



The TIL and TLP share a program director, a life skills coordinator and a social worker. The TLP also has an apartment counselor who visits the apartments daily. The TIL has a team of on-site workers, called youth counselors, overseen by the unit supervisor or senior youth counselor.

We offer a wide range of job and volunteer opportunities to appropriately qualified and experienced applicants who pass a rigorous screening process that includes a criminal background check (fingerprinting), state central registry for child abuse, sexual offender registry, education and reference checks, and drug testing and health assessment. Employees are offered many opportunities to participate in numerous training programs on- and off-site. One indication of the constructive atmosphere we have created is the reduction in employee turnover from 49 percent in 2000–2001 to only 22 percent in 2005–2006. We also benefit from a number of international trainees who join us each year from countries including the United Kingdom, South Africa, Poland, Croatia, Colombia and Australia. All staff members receive an array of training, including agency-mandated trainings and optional trainings, depending on job responsibility. Full-time staff members at programs certified by New York state’s Office of Children and Family Services are mandated to engage in 40 hours of training each year.

COLLABORATIONS

We collaborate with various social service agencies in order to plan holistically for our clients. Services sought in the community include medical services, mental health, education, mentoring and domestic violence support. We also work with New York state’s Office of Children and Family Services and the city’s Administration for Children’s Services as well as the Department of Youth and Community Development regarding funding, program certification, state regulations and more. We work to provide our clients with the services needed to improve their lives, whether this is through on-site programs or through our network of providers. Our foster care programs for LGBT youth also collaborate with other states to provide care for out-of-state youth.⁵³¹

WHAT IS TRANSITIONAL LIVING?

Transitional Living Programs (TLPs) are a critical component of a comprehensive strategy for ending youth homelessness. They provide an opportunity in a safe and controlled environment for young people who missed many of life’s “normal” lessons growing up to learn the basics of how to survive as an independent adult while living like one.

Currently, TLPs that are funded through the federal Family and Youth Services Bureau (FYSB) are authorized as part of the Missing, Exploited, and Runaway Children Protection Act.⁵³²

531 Other states referring youth for foster care services at Green Chimneys include New Jersey, Pennsylvania and Alabama.

532 The Missing, Exploited, and Runaway Children Protection Act, (Public Law #106-71) was passed by the 106th Congress. It reauthorized the Runaway and Homeless Youth Act, and allows for three levels of specific programming for homeless youth (Street Outreach Programs, Basic Center Programs, and Transitional Living Programs). Further discussion of these specific programs is provided in the “Federal response to youth homelessness” section of this report.

These programs are administered by FYSB, a division of the Administration for Children and Families, which is a part of the Department of Health and Human Services. TLPs are designed to provide stable housing for youth under the age of 21 who are runaways, actively homeless, or facing homelessness. Other sources of funding for transitional programs for this population exist as well, though these programs vary slightly by policy, procedure, structure and focus. For example, at the federal level there are also Housing and Urban Development (HUD) monies available that operate under different protocols than those of the FYSB funds that govern Green Chimney's TLP. Even though both sets of funds come from the federal government, different departments or agencies develop somewhat different rules for their use. These differences might be related to the age range of youth who are eligible for services or the length of time someone can remain with the program.

At the state level, there are a couple of specific things to bear in mind. First, while much of the money to fund transitional programs comes from federal sources, it is managed within each state. Each state, or more specifically an administrative agency thereof, determines the precise allocation of these funds. While a state cannot ignore federal guidelines, it *can* make additional demands of receiving agencies. Hence, while HUD funds distributed through Program X in one state may have no rules attached to them beyond what was determined at the federal level, in a second state, the state agency coordinating regulations and/or funding decisions might impose additional rules based on the state's desire to impact service provision in certain ways. Some states have also created pools of their own money to fund these kinds of programs; these funds are available to qualified agencies in the state that meet the demands of the distributing agency. Such program rules or limitations may be very different from federal guidelines.

Finally, at the local level, large cities are increasingly getting into the business of providing monies to fund care for homeless individuals, including youth. For example, the New York City Council recently allocated funding for homeless youth programs. This funding is dispersed through New York City's Department of Youth and Community Development (DYCD). DYCD created a portfolio of programs that includes a hotline, street outreach, drop-in centers, emergency shelters and transitional independent living programs (TILs). While the premise of a TIL is the same as that behind TLPs, application of the funds is different. For example, DYCD's TIL funds require that agencies maintain 24-hour staffing and that a curfew be placed on youth who live in the program's housing.

Additionally, the state of New York has determined that it will certify single-sex housing arrangements only. The reasoning behind this decision is based on the naïve assumptions that girls and boys mixed together will have sex, resulting in unwanted pregnancies. Of course, this idea does not take into account the reality for a program working specifically with LGBT youth. We are now forced, in order to be eligible for these TIL funds and to obtain certification for both TIL and TLP, to place three or four young men who identify as gay or bisexual together in a single apartment.

The consequence is just as predictable as unplanned pregnancies; we run a real risk of the residents having sex, which is an outcome we strive to avoid. While we are of course deeply committed to supporting all our youth in celebrating their sexual orientation or gender identity, we are also very aware of the potential conflicts that could arise if roommates develop a sexual relationship. Initially, the TLP apartments were mixed-gender. Certainly there were instances where roommates became intimately involved, but the mixed gender setting reduced the amount of intimate partner "drama" we may have otherwise seen.



Our primary goal must continue to be to enable our youth to focus on developing the necessary skills to ultimately live independently.

Despite their policies intended to avoid sexual interaction among youth in care, New York state and New York City have been quite flexible in the application of rules to transgender youth. They permit an agency to make a judgment as to the safest place for each youth to live, regardless of birth gender, and to place that youth accordingly. The vagaries of rule-making from funder to funder are highlighted by the fact that the federal government has no rules regarding the need for gender-based segregation, despite the fact that a reduction in teen sex and pregnancy rates is one of the Bush administration's key social policies. The central point to take from this brief discussion of funding options is that there are a multitude of avenues for any agency to explore when it comes to seeking support to pay for particular service provision. Knowing what these are and the attendant rules can be helpful in determining your best route forward. It is also important to remember that regardless of funding source, certification or licensing will always be the trumping factor.

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An overall general goal for all transitional programs, regardless of funding source, certification agency or rules concerning use of funds, is to prepare youth for independence. It is a bridge between homelessness (or some type of dependent unsafe living setting) to independent self-sufficient living. This includes teaching life skills—the basic skills one needs to enjoy a healthy, responsible adulthood. Each program may have a slightly different version of a required list of life skills or may differ on how they are taught, but most will include at minimum the following skills: hygiene, job readiness, interpersonal skills, education planning, budgeting/money management and housekeeping.

In addition to the above topics, the Green Chimneys transitional living curriculum also includes health management, transportation planning, pet and plant care, safety planning and local resources awareness. As needed, these life skills lessons are adapted to include new and relevant technologies and participant needs. Clearly, adaptation to alternative geographic locations and demographics served might necessitate reassessment of the relative importance attached to specific components of a well-rounded TLP. For example, the Green Chimneys staff realized that cell phone use was creating difficulty with budgeting, savings and proper etiquette, so this will be added to the life skills curriculum in the near future.

HISTORY AND DEVELOPMENT OF THE TRIANGLE TRIBE APARTMENTS

Since 2000, the Green Chimneys TLP has provided 10 beds to homeless/at-risk LGBT youth ages 17 to 21. Youth are given their own bedrooms in mixed-gender apartments that have two or three roommates; they are allowed to reside in the program for up to 18 months. The three apartments are scattered site, meaning that they are in different apartment buildings, separate from the program office. Separation of the living spaces and program staff is for us, and for many other providers, a necessity. This separation also reinforces the independence-developing focus of the program. Additionally, operating a

scattered site program is arguably more reflective of the real world into which we work to graduate our clients.

There are excellent examples of larger transitional programs that may well fit another location or service provider's capacity or goals.⁵³³ These include congregate facilities and multi-unit apartment or single room occupancy buildings.⁵³⁴ However, most independent adults do not live en masse in homogeneous environments in buildings with people with the same jobs, life experiences, income or needs. Placing youth in diverse communities allows them to be culturally comfortable around people who are simultaneously similar to and different from them.

Spreading such housing units across a wider area might also help to ameliorate potential political or community opposition. Homeowner's associations and local politicians who get lobbied by these groups often instinctively oppose such housing in their neighborhoods for fear that property prices will plummet, that crime will increase, or that the general feeling of the neighborhood will become too rowdy. Working with a community, introducing clients to those who already live there, and generally maintaining good working relations with neighbors and building management can be critical to any agency providing programs to help youth prepare for the real world.

Youth are required to pay "rent" by contributing to their own savings account held by the program, attending meetings and completing chores. The program is an affirming environment where young people's identities are not problematized. In this program, the culture of the LGBT community is celebrated. An atmosphere of acceptance, not simply tolerance, is crucial to creating this safe space. This program was developed out of recognition for the need for transitional housing that focused specifically on this population. LGBT youth who were homeless were having difficulty finding a safe place to live and were experiencing harassment and sometimes abuse in much of the general population shelters and transitional programs. Sometimes youth were forced to stay at adult homeless shelters, which held their own set of dangers for LGBT youth. Green Chimneys' work with LGBT foster care youth made it an ideal agency to open its doors to LGBT homeless youth as well.

Scattered site programs structured like ours are also ideal "next step" housing options for "mentally ill or substance abusing individuals who have graduated from congregate facilities but can benefit from continued support."⁵³⁵ We turn now to the specifics of our program and what makes this an effective model for other agencies.

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533 For example, S.C.O. Family Services in Brooklyn, New York operates just such a program. Independence Inn, their transitional living program for youth, is home to youth moving towards independence. They have three separate sites: one for males, one for females and one for pregnant/parenting youth. All resemble dorm-style settings. While not LGBT-specific, the agency has a terrific reputation for its work with this community, and Green Chimneys has referred qualified youth to them when we have not had the capacity to help them.

534 Barrow, S. & Zimmer, R. (1998). *Transitional housing and services: A synthesis*. Retrieved June 3, 2005, from <http://aspe.hhs.gov/progsys/homeless/symposium/10.htm>

535 Ibid.



THE MISSION AND PHILOSOPHY OF GREEN CHIMNEYS TRANSITIONAL PROGRAMMING

When youth enter the Triangle Tribe Apartments, they become part of a community that is constructed to affirm a young person's identity and to help them function within the surrounding community. First and foremost, this is a community of LGBT people. In this program, youth meet peers who also experience society's homophobia and transphobia. Additionally, youth are immediately connected with LGBT staff members. Clients have commented on the importance of having successful, healthy, openly LGBT adults assisting them in their growing up process. The presence of diverse staff members who mirror the population served provides youth with realistic role models and ensures that there is an organic understanding of what the youth are experiencing. For example, LGBT staff members have their own experiences of coming out and homophobia or transphobia, which allows them genuine insight into what the youth are dealing with in their lives. It is also crucial to have non-LGBT staff because young people need to know that not only do LGBT adults care about them, but "straight" adults can also be good role models. This also provides an example of diverse people working together to help each other. Furthermore, Green Chimneys staff work to establish an LGBT-affirming community by celebrating events like "Pride" and by posting LGBT-themed media, including magazines and newspapers.

The second type of community created is both geographic and cultural. While a scattered site program specifically aids youth in a number of ways, the area of Harlem where our apartments are located has a strong mix of African-American and Latino/a cultures, ethnic identities that are similar to the majority of youth entering this program. This creates a sense of fitting in within their neighborhood. While much of the time LGBT people are forced to choose between their sexual identity and their ethnic identity, in this program youth are encouraged to embrace both.

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PRACTICE: HOW IT OPERATES

Participation in the Triangle Tribe Apartment program is completely voluntary, and clients may reside in the program for up to 18 months. The Triangle Tribe Apartments program not only provides a "safe haven" for LGBT adolescents, it also places importance on teaching young people the essential life skills necessary for their transition into independent living. These skills (cooking, grocery shopping, laundry, money management, job seeking and job maintenance skills, etc.) offer young people real world opportunities to test out independence, to be responsible for themselves, and to learn other essential tools for self-sufficiency.

The program's apartments are fully furnished with basic equipment necessary for self-sufficiency. Some of this is donated, but much of it is budgeted for in the grants we write, covering both set-up costs and longer term renewal as required. Residents are encouraged to make the apartments reflect their own personalities and make them as "home-like" as

possible. Beyond providing safe and stable housing and the most basic day-to-day life skills training that youth must obviously master, we also work on longer-term needs and opportunities for each youth to optimize their potential and transition into successful adulthood. For example, program goals include assessing and planning for educational and vocational enhancement, monitoring and addressing substance abuse issues, and preparing each client for long-term housing upon discharge. The literature review portion of this publication has highlighted all too clearly the great risks faced by homeless youth and LGBT youth in particular, so it is important from our perspective to ensure that we do everything we can to address as many of the predictable problems that might come along as possible.

Youth interested in entering the Triangle Tribe Apartments program do so through an application process. They complete a pre-intake application packet that includes documentation of a physical, a daily schedule of how the youth spends their time, copies of any identification they may have, and a brief essay on why the young person wants to be part of the program. A program social worker assists all interested youth with this application process. During this process, the young person is assessed by the staff social worker for mental health functioning to determine whether he or she is stable enough for the low level of supervision the program offers.

It is critical for any service provider targeting transitional services for youth to be aware and willing to accept that not every youth who enters their agency will be prepared to take advantage of such a program, however much we might wish to help. This does not constitute failure on the part of any program. Rather, it signifies the need for more intensive supervised care in advance of transitioning to independence. For those seeking to help LGBT youth specifically, appropriately trained and culturally aware staff are crucial to this screening process to ensure that particular needs are recognized and met.

Once the application packet is completed, the young person meets with other appropriate team members (program director, life skills coordinator and apartment counselor) for a second interview. Applicants are given a resident handbook and encouraged to ask questions about program participation. Residents chosen for admission to the program begin working with the staff prior to their admission, providing an opportunity for them to become further acquainted with the program's rules and expectations.

Residents must meet a number of criteria⁵³⁶ prior to admission, including the following:

- Be aged 17 to 21
- Have no addictions to alcohol or illegal drugs
- Be engaged in, or about to become engaged in, a vocational/educational setting
- Be open to the establishment of a savings account to prepare for ultimate discharge from the program
- Be willing to meet weekly with a social worker for the duration of their stay

Visitor, housekeeping, noise and financial rules are also established for the purpose of optimizing the TLP experience for all residents.⁵³⁷

536 Green Chimneys Children's Services. (2006). *Green Chimneys Children's Services: Triangle Tribe Apartments Transitional Living Program resident handbook*. New York, NY: Green Chimneys Children's Services. p. 2.

537 Green Chimneys Children's Services. (2006). pp.4-7.



No youth is discriminated against because of race, ethnicity, sexual orientation, gender identity/presentation, religious identity, socioeconomic status or most recent place of residence. Non-English-speaking youth receive assistance with translation by staff.

Green Chimneys understands and espouses a Positive Youth Development philosophy⁵³⁸ to help youth create their own positive choices. We believe that effective programs have a focused and articulated vision with a broad spectrum of services and opportunities that are tailored to the needs and interests of young people. Moreover, our youth development philosophy recognizes, values and responds to the unique backgrounds and experiences that exist in the lives of the young people with whom we work. We provide a supportive, flexible environment for staff and volunteers and encourage a spirit of collaboration with other community-based programs. We believe that we can be a supportive atmosphere for young people and enhance caring and nurturing relationships among staff, young people, and their families.

Green Chimneys understands that each youth has different experiences and that their reactions to these experiences will vary. To assist youth with this process, staff members work to help youth identify obstacles, and encourage them to partake in their own case planning and goal setting. Youth are motivated to expand their personal values in this process, enhancing self-responsibility and self-determination. Youth have a crucial voice in how the agency should care for them; they create their own individual service plans, complete with their own goals, and each client participates in monthly team meetings to assess their own progress on their goals.

Extant research shows that youth who maintain a healthy connection to family or other stable adult influences have better long-term outcomes on a variety of measures, so an additional goal of ours is to strengthen families through encouraging youth to nurture familial relationships as well as offering family counseling to residents.

The staff of our Green Chimneys New York City programs are vigorous advocates for and with youth. Our goal is to promote a feeling among young people that the staff and volunteers can be trusted, and that they care about and respect them. This commitment to empowering young people permeates all of our New York-based programs. Creative approaches to problem-solving, including enlisting the help of youth to assist with major organizational decision-making (i.e., hiring staff, proposal writing, and resident advisory board), help circumvent traditional professional and bureaucratic limitations in order to fully meet the needs of the youth and families with whom we are privileged to work. This client-organization partnership strengthens our organizational structure and invigorates our board and administrative leadership. A quality assurance survey is sent to youth upon departure from the program to assure that youths' needs were met and to obtain feedback on the functioning and quality of the program.

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538 Positive Youth Development is summarized as “helping young people to achieve their full potential” in order to reduce their risk of engaging in high-risk behaviors (www.ncfy.com/pyd/). Programs fostering a Positive Youth Development setting engage youth in leadership roles, empower them in program development and teach them to be active, responsible adults.

WHY IT WORKS: STATISTICS AND OTHER SIGNS OF SUCCESS

Most housing programs for homeless youth measure success in a variety of ways. Funders or researchers often want to know how many discharges were to safe exits or to independent living situations. Program staff often consider many other variables to determine success. This section describes a few different measures of success for the first five years of the Green Chimneys transitional living program (TLP).

Reason for discharge is one variable to consider when measuring success. In our case:

- 57.5 percent of youth either completed the program or left on their own to pursue another option.
- Just less than half were expelled from the program, mostly for repeated rule violation.⁵³⁹
- The average length of stay for those completing the program was 21 months.⁵⁴⁰
- The average length of stay for those leaving the program voluntarily was three months.
- Some of these youth left to live with family members; two went into the military.

Some youth who left the program decided that they were not ready for the responsibilities of transitional living. Those who left the program voluntarily with no plans comprised the smallest group, representing less than one percent of the population.⁵⁴¹ However, even they stayed an average of six months. We can hope that while perhaps not ready for the particular demands of a transitional living placement, they will still have picked up some skills that will ultimately aid them in functioning as independent adults.

Where youth go when they leave a program is often what interested parties consider the most concrete sign of success for that program. When they first enter the Green Chimneys TLP, many youth identify the goal of obtaining their own apartment in New York City. However, affordable housing is very difficult to find in New York City. Some youth eventually decide on room rentals. Many others will instead move into the residences of family members or friends. Since 2003, only one youth has exited the program without notifying staff. Excluding that client, we saw the following overall results:

- 20 percent of our program's discharged clients moved to an independent living situation.
- 47 percent of the discharged clients moved to a private residence in which they were not the primary renter (i.e. homes of family members, friends or partners).
- Two youth discharged with plans to move to a college residence but temporarily moved to a private residence before leaving for college.
- 25 percent of the discharges were split among college, the military and the street. The final 18 percent were recorded as unknown and occurred during the first two years of the program's existence.

539 We developed a graduated discipline system, which ensures that youth would need to break a rule or rules quite a number of times before they would be discharged for it. Less than 1 percent of these rule violations were drug related.

540 Early in the program, a number of youth overstayed the 18 month maximum due to a variety of factors, the most significant of which was the severe lack of affordable housing in New York City.

541 These were youth who disappeared without informing the program or said they were leaving but left no description of their plans.



As part of the exit process, we encourage youth to provide us with information about what they learned while in the program through a standardized survey. Some of these “lessons” have included learning how to live with and communicate well with others and specific life skills such as budgeting, independence and being held accountable. While not a result measurable on any formal scale, staff members of the TLP team have also commented on additional outcomes. Youth learn that they are cared for, which improves their overall functioning and may well be the first time in their lives that they have truly believed that an adult had their best interests at heart.

CHALLENGES AND OVERCOMING THEM

A major challenge for any transitional program is how to assess whether a client is appropriate for this level of service. Each program setting is a little different and not all assessment procedures may apply perfectly. The Green Chimneys transitional program is considered highly independent and therefore requires a high level of assessment upon intake. We have added a psychiatric evaluation to our application packet to make staff aware of potential mental health issues. We have also created an interview process for youth who are applying to the program to assess their level of social skills.

This interview is conducted by the team working with the client, including the program director, the social worker, the life skills coordinator and the apartment counselor. The interview process reveals important issues such as punctuality, accountability, mental health status, interpersonal skills, and potential red flags such as anger/conflict issues and roommate concerns. It also gives the team the opportunity to ensure the client is fully aware of all rules and expectations. Candidates are not necessarily excluded from intake through the interview process. Potential issues are brought to the staff’s attention as areas to address once the young person is accepted for admission.

Another challenge we have faced has been harassment in the neighborhoods. For the most part, there have been no serious incidents, but there has been some verbal harassment of clients on the street. We have dealt with this issue through education. We provided workshops by the New York City Gay & Lesbian Anti-Violence Project to help youth understand what to do when harassed on the street. This helps youth well beyond their stay in the program and empowers them so that they do not feel helpless when faced with harassment. We discuss safe behavior with residents and encourage them to assess their surroundings.

EVALUATION: AGENCY AND PROGRAM

Annual internal review and oversight of the program are done by the Program Services Committee of our board of directors. Data collection is the responsibility of the program director in consultation with a program evaluator. These and other data are measured against program objectives and expected results as part of the evaluation process of the Triangle Tribe Apartments. For any agency this information can also prove critical when seeking funding from potential donors or grantors who want accurate information to gauge program scale, scope and basic effectiveness. The following is a review of the evaluation and quality assurance tools we utilize to assess program effectiveness and to evaluate

compliance with program objectives and performance standards.

- Weekly individual supervision of program director by senior staff.
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- Weekly multidisciplinary team review and staff meetings—weekly staff meetings play a key role in the Triangle Tribe Apartments. Staff members use scheduled meeting time to assess progress toward objectives, evaluate the appropriateness of services and make programmatic adaptations/changes as determined by the needs of the target population.
- Annual internal review and oversight of the program by the Quality Insurance Committee of the board of directors.
- Program reports – The program director completes monthly program reports related to program objectives and the action plan. Semiannual program progress reports are also submitted to the federal Department of Health and Human Services’ Family and Youth Services Bureau (FYSB), as are annual continuation proposals that outline budgets and program planning.
- Monthly financial report – The monthly income/expense statement is a critical fiscal management tool used by the program director and fiscal management to evaluate actual revenues and expenses against projections for individual programs.
- Client feedback – We actively seek the suggestions, advice and ideas of the residents of this program at all times. The resident advisory board is used to gather feedback and aid in program planning.
- Annual program planning/evaluation cycle – The Program Services Committee of the board of directors evaluates every agency program annually.
- With the introduction of our new city funded transitional beds, allowing for program expansion, we are implementing a program-specific evaluation method. Every client who enters the program will be measured in eight subject areas within a month of intake and again at six months, one year, and just prior to discharge. These will be compared for changes over the course of a young person’s stay in the program.

Data collection tools used to facilitate the annual evaluation of the maintenance of the quality assurance measures outlined above include individual client records, service record logs, monthly agencywide MIS instruments for service statistics and demographic data collection. In addition, we utilize aftercare surveys completed by former clients, quarterly documentation review of services rendered, and one-year post discharge contact and semiannual Runaway and Homeless Youth Management Information System (RHYMIS)⁵⁴² submissions.

CONCLUSION

Green Chimneys is committed to constant program improvement and will continually seek to ensure that high quality services are provided to at-risk LGBT youth.

⁵⁴² FYSB’s Runaway/Homeless Youth Management Information System – a data collection tool which provides statistical reports on all clients seen by FYSB funded programs.



Ozone House: Making every space a safe space

BY MARY JO CALLAN AND MIA WHITE

While some agencies choose to work exclusively with LGBT youth, not all programs do or can. For youth in these other programs, it is crucial that administrative, professional and support staff, as well as other clients, are on-board with the notion of the space being safe for everyone there. Ozone House, in Ann Arbor, Michigan, is one agency that has strived to create an LGBT-safe space for all clients and employees.

Ozone House is an alternative nonprofit social service agency in Ann Arbor, Michigan that actively pursues the development of unique, high quality housing and support programs and services to help high-risk youth lead safe, healthy and productive lives. Each year, we provide services to more than 400 runaway and homeless youth, crisis intervention to over 1,500 youth, and youth development opportunities through our youth drop-in center to 900 young people. Additionally, we reach more than 2,000 youth through street outreach and provide educational programming to almost 4,000 youth and adults annually. Our youth development approach, with a focus on youth-centered, strength-based and outcome-driven services, has allowed us to be successful with the highest need youth and families. Through these services we strive to help youth build the confidence, skills, emotional stability and network of support they need to become healthy and productive adults.

Created in 1969, Ozone House was one of only three organizations nationwide serving runaway youth. The agency began as a grassroots, community-based response to an influx of runaways coming to Ann Arbor, Michigan from around the country. Since that time, our agency has grown from a handful of volunteers operating out of the basement of a local church to one with nearly 40 paid staff. We have a diverse base of more than 40 active volunteers and interns and an engaged and committed board of directors, on which youth serve with full membership.

During our first decade of operation, we saw a significant increase in the numbers of runaway and homeless youth. With increasingly complex and varied needs, it was clear that short-term crisis intervention services alone were not enough and that expansion of the services offered to youth was needed. Today Ozone House offers a full continuum of prevention and intervention services to runaway, homeless, and other high-risk youth ages 10 through 20 and their families, including:

- Individual assessment and intake
- 24-hour crisis intervention

- Intensive case management
- In-home and agency-based family counseling
- Individual and group counseling for youth
- Emergency youth shelter
- Miller House transitional living program
- Basic needs support, including meals, clothing, personal care items, work supplies, transportation assistance and educational support
- Permanent supportive housing
- Substance-free activities
- QueerZone: A group for LGBT and questioning youth
- A youth drop-in center
- Street outreach
- Health care through an on-site health clinic
- Youth leadership opportunities
- Community education and outreach

All of our services are provided with a commitment to best practices in the youth services field, including positive youth development and flexible, compassionate, comprehensive and responsive interventions.

We are located in Washtenaw County, a racially and economically diverse area that is home to 341,487 people, including almost 75,000 youth. The main population center of Ann Arbor, where we are headquartered, is home to 114,498 residents.⁵⁴³ Ypsilanti, the county's second most populous city, has 73,956 residents and is home to our drop-in center and street outreach program.⁵⁴⁴

Nearly 50 percent of the youth we serve come from the Ypsilanti area, the county's most economically distressed and underserved community. Just less than 26 percent of individuals live below the poverty level compared to 12.4 percent nationally in a city that was once a booming automobile manufacturing town.^{545,546} Ypsilanti is now a community struggling to regain economic stability. Young people living in Ypsilanti face major challenges and have very few resources. Substance abuse and related criminal and gang activity make many homes and neighborhoods unsafe. The high poverty rate and limited supply of affordable housing result in family conflicts taking place in overcrowded, overwhelmed and unstable households, leaving many young people with no safe haven when in crisis.

Another 30 percent of our youth come from Ann Arbor. Although better known for its universities and cultural attractions, Ann Arbor also has many distressed neighborhoods

543 U.S. Census Bureau. (2000). *Table DP-1. Profile of general demographic characteristics: 2000. Ann Arbor city, Michigan*. Author. Retrieved September 10, 2006, from <http://censtats.census.gov/data/MI/1602603000.pdf>

544 U.S. Census Bureau. (2000). *Table DP-1. Profile of general demographic characteristics: 2000. Ypsilanti city, Michigan*. Author. Retrieved September 10, 2006, from <http://censtats.census.gov/data/MI/1602689140.pdf>

545 Ibid.

546 U.S. Census Bureau. (2000). *State and County QuickFacts: Michigan*. Author. Retrieved September 10, 2006, from <http://quickfacts.census.gov/qfd/states/26000.html>



and pockets of poverty. Though the median family income is \$71,293, compared to \$50,046 nationally, the poverty rate is higher than the national average.^{547, 548} A few basic statistics about our youth will provide a useful picture of those with whom we are working. In 2004:

- 58 percent of youth served by Ozone House were female.
- 46 percent were youth of color (primarily African-American).
- 88 percent were from low- or very low-income families.

In addition to poverty, the difficulties presented by our clients included:

- Serious family conflict (98 percent).
- Parental substance abuse or mental illness (55 percent).
- Physical abuse or neglect (62 percent).
- Sexual abuse or assault (31 percent).
- Personal substance abuse (34 percent).
- Prior involvement with the child welfare system (nearly 30 percent of older youth).

Of the runaway and homeless youth that come to Ozone House, only a fraction leave home as a normative response to the conflicts brought on by adolescence. The majority come fleeing poverty or for more serious and often disturbing reasons. For instance, almost one-third are running from sexual abuse and two-thirds from physical assault or abuse. Two-thirds leave in order to bring attention to a parent's alcoholism or drug abuse problem, or to leave behind the adult responsibilities forced upon them by an absent or mentally ill parent. Many youth, however, have not chosen to leave but are "throw-aways"—kids who are kicked out by parents who often have abused and/or neglected them and see the young person as the cause of family conflict that will go away along with the youth. Many of these parents are also overwhelmed by the challenges of adolescence, a young person's drug use or abuse, or have rejected their child because of their sexual orientation, gender identity/expression or pregnancy.

These young people are in need of services that address the serious family, social, emotional, educational and economic conditions that impair their safety, development and future well-being. Ozone House has designed a unique, flexible and comprehensive array of services that set the highest-risk youth on a path to long-term safety, health and success.

SAFETY, SUPPORT AND AFFIRMATION: DEVELOPING AN AGENCY CULTURE FOR EFFECTIVE WORK WITH LGBT YOUTH

Since 1976, Ozone House has specifically tailored our services to be welcoming and sensitive to the needs presented by LGBT youth, adding a support group for LGBT and questioning youth, plus crisis intervention and counseling services designed to ensure a

547 U.S. Census Bureau. (2000).

548 U.S. Census Bureau. (2000). *Table DP.1. Profile of general demographic characteristics: 2000. United States*. Author. Retrieved September 10, 2006, from <http://censtats.census.gov/data/US/01000.pdf>

safe and affirming atmosphere to explore feelings, challenge internalized homophobia, and get vital support from other youth and informed adults.

The vast majority of youth seeking Ozone House services neither identify as LGBT nor present issues related to sexual orientation or gender identity/expression. So, why are we contributing to this publication's conversation about pro-LGBT service provision? The reality is that few agencies in the United States or elsewhere cater exclusively to LGBT clients. Therefore, it is critical that all agencies know how to effectively work with the LGBT youth they encounter. In order to be effective in our work with LGBT youth, we must create a safe place for them amidst "straight" youth who are not always immediately knowledgeable and understanding of issues related to their LGBT peers. These straight youth often present in crisis mode, with inadequate resources and a lack of physical safety, and they are full of the assumptions, homophobia and ignorance of the broader society around them.

Since few agencies cater exclusively to LGBT clients, it is critical that predominantly straight-serving agencies know how to effectively work with the LGBT youth they encounter.

We were asked to think about what an Ozone House contribution to this publication might usefully transmit with regard to our work as an agency working with predominantly straight youth. Several of our staff and clients were asked for their input. We decided to focus on the simple fact that Ozone House seeks to be a safe place for *all* youth. We do this by honoring and acknowledging the realities from which youth come, while allowing them the opportunity to envision and take steps to create their own path for the future. This truth led us to a natural conclusion: we should discuss what makes us welcoming or different from other organizations: namely, the culture that exists at Ozone House.

While it is difficult to pinpoint and articulate what that culture is, we can offer Ozone House's dedication to youth development, systems change, leadership development and specific strategies for working with youth as aspects that collectively work to foster this environment. In this section, we will focus on the strategies that Ozone House utilizes to develop our staff and volunteers to work effectively with LGBT youth. Most crucially, we do so with the firm conviction that any agency seriously seeking to work successfully with LGBT youth can adopt our philosophy and in turn help their clients feel safe, nurtured and respected.

Ozone House pioneered a gay and lesbian youth support group in 1976, the first of its kind in Michigan. Similar to elsewhere in the country, gay and lesbian youth in Ann Arbor faced higher rates of homelessness and running away than their heterosexual peers. As continues to be the case today, LGBT youth in 1976 were more likely to experience rejection by family, in schools, and from peers and to be at risk for harassment and discrimination.

At the time, we already had the reputation of being a radical, anti-establishment, youth-centered agency. The agency was created by the first wave of baby boomers, who reached adulthood and sought to help their younger cohorts escape the constraints of traditional social norms and authority. Though this reputation did not engender respect for the agency among most mainstream service providers, local funding bodies or parents, it did increase our credibility among the runaway, disconnected and marginalized young people we sought to reach. This included youth who identified, or struggled to identify themselves, as gay or lesbian.



What was then identified as a gay and lesbian youth support group was open to any young person who wanted to come. Youth who were receiving other types of support from Ozone House were encouraged to attend and to spread the word to other youth in the community. Over time, the group was attended mostly by Ann Arbor-area youth who sought connection to peers, affirmation from adults, and a safe place to explore what it meant to be LGBT in a straight world.

The group, which provided social support with adult facilitation, continued to exist relatively unchanged for over two decades. However, during the 1990s group attendance began to decline. Focus groups and feedback from youth who had historically attended the group indicated that Ann Arbor was becoming—relatively speaking—a community accepting of LGBT youth and increasingly sensitive to LGBT issues in general. Support groups were less relevant and activity-based groups were needed, especially because Ann Arbor youth had at least a few resources for LGBT youth. At the same time, youth from other areas of Washtenaw County continued to feel isolated and wanted a safe venue through which to explore their feelings and experiences as LGBT youth. Unlike Ann Arbor, other communities throughout the county continued to provide a dearth of activities and safe venues for LGBT youth.

As a result, we have reached out to other areas of the county where LGBT youth continue to feel and experience isolation. This expanded focus has succeeded in helping a broader segment of the community's youth access much-needed support. However, the lack of transportation and the lack of parental knowledge or acceptance made attending our Ann Arbor-based group difficult. This difficulty was especially pronounced for youth in Ypsilanti, the other major population center within Washtenaw County.

Ypsilanti has the county's highest concentration of African-Americans and a higher proportion of people living in poverty. Its origins are as a blue-collar, automobile and manufacturing town with less liberal social norms. In general, youth from Ypsilanti do not feel comfortable traveling to Ann Arbor, which is seen as too white, too rich, unwelcoming and, to some, "too gay."

Today, Ozone House is the host of QueerZone, a supportive social group. In order to maximize our ability to engage those LGBT youth who lack access to the resources offered in Ann Arbor, the group is convened at our youth drop-in center in Ypsilanti. In addition to a support group, the agency offers crisis intervention and other counseling services specifically geared to be welcoming and sensitive to the needs presented by LGBT youth. They are designed to ensure a safe and affirming atmosphere, explore feelings, challenge internalized homophobia and transphobia, and get vital support from other youth and informed adults. The support group from 30 years ago provided a foundation and launching point for our services to branch out into more structured and professionally supported programming.

APPROACH TO SERVICES

Our tag line at Ozone House is "there is a safe place." Living up to that message means committing to a space recognizably different from external discriminations. Being acknowledged as safe space for LGBT and straight young people has been a mark of

our success. To fulfill our mission of working with young people to help them lead safe, healthy and productive lives, our prevention and intervention services are designed with a positive youth development, empowerment, youth-focused and strength-based approach.

DEVELOPING YOUTH & CAPITALIZING ON THEIR STRENGTHS

Although we have not always used the term, Ozone House has always followed a “positive youth development” orientation in its design and delivery of services. This approach has two elements to it. The first element is the understanding that young people need care, encouragement, opportunities and protection from abuse in order to make a successful transition to adulthood and to reach their full potential for growth and happiness. The second element is to help youth build upon that potential. We have always firmly opposed a deficit model of service, in which clients are assessed and labeled in terms of their problems and weaknesses. Rather, we use a strength-based approach that focuses on a youth’s resilience, assets and capabilities.

EMPOWERMENT

Ozone House has a long history of providing services that help youth learn how to help themselves. When Ozone House was created, many traditional agencies denied youth the opportunity to take part in decisions regarding their own future. As an alternative community-based agency, we sought to ensure that a youth’s right to self-determination was respected and fostered. This philosophy has not only helped to give us credibility among youth, it has helped us to engage and work with families. Families, as well as youth, are considered partners in service rather than just recipients. As partners, they are treated as experts on their own situation and encouraged to take an active part in assessing and prioritizing their needs and choosing a course of action. This approach diverges from the more traditional “help” that most youth and families have received, where the worker—be it therapist, probation officer or social worker—is the expert, seeking to resolve the presented problems by directing and informing the family rather than enlisting them to identify and enact their own solutions.

RESPONSIVENESS

Partly fostered by our organizational culture, the staff has a unique dedication to delivering flexible and responsive services. We believe that without this dedication, high risk youth and families would not be adequately served. This commitment is demonstrated not only in the types of services that we provide but in the way they are provided. Staff members know and respect the clientele they are working for and are always encouraged to advocate on their behalf. All services are free, can be accessed any time of the day or night, and never require a referral from another agency or adult.

HOLISTIC APPROACH

It is imperative to take a holistic approach that will not only intervene in a crisis, but prevent future problems. To achieve this goal, Ozone House works to address the social, emotional and physical needs of youth at the individual, family and community levels.



STRATEGIES FOR ACHIEVING OUR MISSION

While not an LGBT-specific organization, Ozone House has a reputation as being a safe space for LGBT youth. We utilize a variety of strategies to create and maintain this reputation. Beyond these strategies, our distinctive history leaves us well positioned to manage the delicate balance of affirming LGBT youth while engaging straight—and often homophobic and transphobic—youth from throughout the community. The strategies utilized include:

COMMITTING TO AN ALTERNATIVE CULTURE

The leadership of Ozone House is committed to creating and maintaining an agency culture that is safe for all youth and adults. This simple commitment means that we acknowledge and work through the reality that Ozone House is, in some respects, a “false” environment that cannot currently be expected within most other areas of life and experience for the youth served. It also means that we face potential challenges related to funding and engagement of the straight community that currently come with being identified as a LGBT or LGBT-friendly organization.

ENSURING PHYSICAL MANIFESTATIONS OF SAFETY

LGBT youth know upon seeing Ozone House that they will be recognized and welcomed. Our windows and front entrance display rainbow and pink triangle stickers. Posters and artwork represent all varieties of young people, including LGBT youth, and postings about agency rules specifically prohibit homophobic, transphobic and anti-LGBT language. Even in a relatively liberal community such as Ann Arbor, such explicit references to and representations of LGBT youth are rare. In the broader community, especially in neighboring cities and more rural communities throughout the county, these symbols and what they represent are still taboo.

PROFESSIONAL DEVELOPMENT

We provide orientation and ongoing training, as well as other important professional development opportunities, to our staff and volunteers. An important piece of all of these activities involves examining and “unlearning” the personal bias and baggage we bring from the world into our work. In many ways—as it should be—the professional development undergone by staff is parallel to increased insights and personal growth undertaken by the youth we seek to help. The conceptualization and articulation of this “parallel process” helps to motivate staff and volunteers to grow as much as the vulnerable youth we serve.

FORMALIZED TRAINING

We provide formal training opportunities for staff and volunteers at all levels of the organization. These trainings are conducted individually and in small groups, both within and outside of the agency. Through workshops, expert consultants and presenters, published written materials, and video resources, staff and volunteers gain an understanding of how best to work with LGBT youth. The amount and sophistication of structured training and materials presented depends on the role of each staff member and volunteer within the agency; the more contact with youth, the more training. Training topics include:

- Queer youth at Ozone House: A history and overview.
- Decoding the LGBT alphabet: Basic terms and definitions associated with queerness.
- Normalizing: How to respond to a young person's experiences of experimentation and questioning.
- Offering support and affirmation: How to respond when a young person comes out.
- Stage theory (including LGBT identity development).
- What works: Finding out about serving queer youth through youth video and panel testimonials.
- Gender roles and expectations.
- Internalized racism and homophobia: Challenging our own assumptions and experiences.
- Hostile language: How to talk with straight youth about homophobic remarks.

EFFECTIVE SUPERVISION

Beyond a theoretical understanding of the many issues that come up in working with youth and the exposure and learning that occurs in structured learning activities, we help direct services staff and volunteers to apply what they have learned. Through weekly one-on-one clinical supervision meetings, direct service staff members are offered additional opportunities to examine how the “self they bring to work” impacts or is impacted by specific youth. These weekly meetings help to gain valuable insights, emotional support, and concrete ideas to improve practice with youth, including LGBT youth. In addition to weekly meetings, staff and volunteers have access to supervisory staff any time a need or question arises.

SOCIAL LEARNING

As in the broader society, social learning is the most powerful way to convey culture at Ozone House. Staff and volunteers have the benefit of numerous role models who understand and are competent in contributing to an agency that is safe and affirming of LGBT youth. These role models are both LGBT and straight, adult and youth, with varying degrees of experience in the agency.

TAKING THE LEAD FROM YOUTH

Another aspect to our services that sets us apart is that we are youth-centered. One of our social workers described one of her earlier placements working with adolescent populations as one in which people were funneled through an assembly line of service with a 40-minute intake followed by precisely timed 35-minute sessions no more than twice a week. It seemed that there was more invested in the process of administering the services provided to youth than in actually meeting their needs.

Here, staff and volunteers seek to ensure that all youth have substantive control over the services and activities in which they participate. Each youth's experience drives individualized assessment and service processes, including the frequency, type and scope of support offered. Agency staff and volunteers are trained to recognize, honor and capitalize on the strengths developed by youth in response to contexts in which they exist.

Further, we learn practice content from our clients and incorporate that knowledge into practice. For example, what better way to learn about resources in the community than



from the clients who use them? We learn which agencies and other area resources are perceived as homophobic and/or transphobic and unwelcoming and which are safe and accepting of LGBT youth.

MAXIMIZING TEACHABLE MOMENTS

Informality is woven into the fabric of the agency's culture, while maintaining professional expectations of our services. In our residential programs and our youth drop-in center, young people can hang out casually or participate in activities that create opportunities for discussions with other youth and with staff. These impromptu exchanges are often peppered with culturally prevalent comments like "that's gay" or "fag," and we treat these remarks as opportunities for staff and volunteers to challenge the language and thinking of youth.

We have an agencywide policy against hostile language; this policy protects against threats or unsafe situations and also holds an expectation of challenging discriminatory language that is commonplace in youth culture. Working with adolescents means that we cannot expect teens never to swear, act out or discriminate against each other. The difference is that when these situations happen, we challenge those statements with a supportive—not disciplinary—approach. We want to help young people think about how they want others to perceive them, how they want to perceive themselves, and how else they might be able to express their thoughts and views without degrading another youth or diminishing their contribution to our community.

RECRUITING LGBT STAFF AND VOLUNTEERS

Ozone House has LGBT staff and volunteers at all levels of our organization. Clients have articulated to us that this is a primary reason why they feel different at Ozone House. Clients report that, unlike many gay-straight alliances (GSAs), which are often led and populated by allies, we have achieved a balance between allied and LGBT staff and volunteers. Straight staff and volunteers certainly can and do play a crucial role in creating safety and support for LGBT youth. However, as with other marginalized populations, visibility and representation in personnel is one of the most crucial and immediate ways to convey a level of safety or comfort to our clients and their families.

While we do not ask people to disclose their identities, we do specifically ask questions on our applications for our volunteer and staff that probe for LGBT sensitivity. We simply do not hire people who indicate a lack of understanding and acceptance of LGBT youth. For example, statements including "sexual preference," "choice" or the "gay lifestyle," or discomfort saying the words "gay," "lesbian," "bisexual" or "transgender" raise red flags about the staff or volunteer candidate. We would not hire anyone who seemed to be a closet racist, and we apply the same principle regarding homophobia and transphobia. We expect and ask for better than what exists readily out in the rest of the world. Just because that is "how it is" externally by no means defines how it should be. We strive to create a community and environment worthy of our clients regardless of whether or not that is a reflection of the hegemonic culture.

The agency's board of directors is the governing body of Ozone House and is responsible for ensuring that agency policies and practices are responsive and effective. As in other volunteer roles, we intentionally recruit members who identify as LGBT or allies. All

We simply do not hire people who indicate a lack of understanding and acceptance of LGBT youth.

potential board members are provided with ample information about what Ozone House does, how we do it and whom we serve. LGBT youth are highlighted as one of the four youth populations that Ozone House makes special efforts to serve, and potential members of the board must indicate comfort with and support for all youth served.

ADVOCACY AND SYSTEMS CHANGE

When working with runaway, homeless, and at-risk youth, we are talking about working with a marginalized population and intersecting identities within it. Being able to navigate the agencies and institutions that exist for young people is essential in the social work environment. However, our staff is also prompted and challenged to be aware of the larger sociological systems that affect the youth we serve. This is part of the systems change perspective fostered throughout our agency.

We are not interested in creating more barriers for our clients. This means that we must be able to see, learn and acknowledge where they already exist. Structurally, as mentioned previously, there are gaps in the systems that youth need to access. The education, legal, health and foster systems are all designed with the expectation that an adult (usually a parent or guardian) will facilitate access when a youth needs these services. This is clearly a barrier for young people who have run away, are homeless, have parents that work more than one job, have parents who are emotionally unavailable or neglectful, or are otherwise on their own. We attempt to bridge these gaps by advocating for youth and also making services accessible to young people regardless of their situation.

Our space is intentionally void of some basic impediments to providing service. For example, youth are able to become clients on their own, with or without parental involvement. Our services are free, voluntary and confidential, which aids in maintaining accessibility for all clients. We also realize that though clients may self-identify as LGBT, their sexual orientation or gender identity may not be the presenting issue or concern for them. We have no need or desire to unnecessarily make their sexual orientation or gender identity the defining issue. Rather, we allow them to articulate the services they want or need.

Beyond the intrinsic barriers faced by all runaway and homeless youth is the added layer of societal oppression included in racism, sexism, homophobia and transphobia. These barriers take shape in not only the structural design of some services, but also in good old fashioned discrimination. Staff and volunteers at Ozone House are continually struck by the recounting of discriminatory experiences of the youth with whom they work every day. LGBT clients in particular have recounted several instances of maltreatment by other youth-serving agencies charged with providing support and protection. For example, at one residential placement, LGBT teens and those suspected of being LGBT were made to wear orange jumpsuits to alert staff and other residents. At another transitional housing placement, staff removed the bedroom door of an out gay youth, supposedly to ward off any homosexual behavior. The second bed in the room was left empty, with other residents warned that if they misbehaved they would have to share the room with the “gay kid.” As horrific as these two examples are, both took place at state-licensed and -funded child welfare agencies.

At one residential placement, LGBT teens and those suspected of being LGBT were made to wear orange jumpsuits to alert staff and other residents.



REDUCING AND ELIMINATING BARRIERS TO SERVICE

In addition to ensuring that Ozone House is responsive to the needs of LGBT youth, agency staff and volunteers work to reduce and eliminate barriers in other agencies and institutions with which youth interact. We do this through:

CASE-LEVEL ADVOCACY

Each day staff work with youth who are unfairly denied needed services like enrollment in school, mental health and substance abuse treatment, and protection from abuse and neglect. Therefore, much time is devoted to advocating with agencies and systems such as community mental health systems, Child Protective Services and area schools so that specific youth can access needed support. This advocacy comes through telephone calls, letters, and formal complaints and grievances and by accompanying youth to appointments, hearings and similar proceedings.

POLICY-LEVEL ADVOCACY

While advocating for change for individual youth is critical, we recognize that in order to effect lasting and consistent change for young people, the systems that have broken down must be changed. To this end, our administrators, service staff, and board of directors work with local and statewide policy-makers to change policies and systems that negatively impact youth.

AGENCY POLICIES & PROCEDURES

Institutionalizing a culture of openness in which every person feels safe and free to be themselves poses many challenges, even for a relatively small organization. We have developed policies and practice bodies to address issues of inclusion, emotional and physical safety, and cultural competence in order to transmit an expectation of appropriate and safe behaviors and relations. To this end, agency personnel and operating policies and procedures include specific language about and protections for those who identify as LGBT.

AN INCLUSIVE DEFINITION OF “FAMILY”

All agency literature, including our policies, uses inclusive language about families. We use the terms *partner* or *spouse* rather than *husband* or *wife* in our staff and volunteer policies. We ask youth to define family and their place in it rather than ascribing traditional roles and legal definitions. For staff, family leave is provided to care for a new child or an incapacitated family member—including a same-sex partner—regardless of legal relationship. Further, health benefits are provided to employees and their spouses. For straight staff this means that they must be married. For LGBT staff, who cannot legally marry a same-sex partner, this means registering for a domestic partnership certificate from the City of Ann Arbor, which extends this opportunity without regard to residency.

A HOSTILE LANGUAGE POLICY

Staff members distribute the Hostile Language Policy to all potential clients and require their written agreement to comply with the policy. Many young people do not formally become our clients. In other words, they do not seek ongoing services from Ozone House, but instead participate in youth development opportunities and supportive settings.

Nevertheless, we make every effort to familiarize all visitors to our facilities with the Hostile Language Policy by displaying it—or operational statements about it—prominently in our buildings. The policy reads:

We believe in the inherent worth and dignity of all people, and seek to ensure that youth experience Ozone House as a safe place, free from bigotry and injustice, and where each person is respected and affirmed. To this end, we commit ourselves to addressing hostile, discriminatory, and anti-social remarks and behavior that threaten the safety of youth, staff, and others. Like all our work with youth, we will address these behaviors in a caring, patient, and non-judgmental manner with the goal of creating internalized awareness and change.

Because derogatory terminology targeted at LGBT people is ubiquitous in the culture and in the community in which we are located, our staff generally spends a disproportionate amount of time addressing hostile language related to LGBT issues. All staff members are trained and expected to address inappropriate hostile language, regardless of their own sexual orientation or gender identity. Beyond addressing simply the vocabulary of prejudice, homophobia, transphobia and heterosexism, staff members spend time discussing the implications of violating the hostile language policy relative to maintaining a safe space for all youth. The staff's motivation, rather than strident rule enforcement, is always oriented toward providing opportunities for youth to develop their communication and social skills and preserving the integrity of the environment.

POLICY AND PRACTICE BODIES

We are committed to maintaining a diverse workplace in which differences are respected and appreciated. Having such an atmosphere helps to ensure that youth of all ethnic and racial backgrounds, socioeconomic backgrounds, sexual orientations and gender identities/expressions feel safe and receive high-quality services. This diversity is achieved through an aggressive Affirmative Action and Diversity Policy that guides employment practices; employee, board member and volunteer recruitment; training; service design and delivery; and the physical environment.

The Agency Committee on Affirmative Action & Diversity (ACAAD) is a standing policy committee that focuses on ensuring that Ozone House is diverse and culturally competent. The committee creates and monitors goals related to hiring and retention of diverse staff, works with the board to create similar goals for agency leadership, coordinates trainings for agency staff and volunteers to ensure that services are delivered in a culturally competent manner, and provides a forum for staff to grow personally and professionally through discussions and activities related to race, power, sexism, homophobia and transphobia. ACAAD addresses all aspects of structural racism, homophobia, transphobia, sexism, and classism in our services, as well as methods to navigate and advocate within systems characterized by institutional homophobia, transphobia and heterosexism. Often, youth must be involved with potentially hostile systems—such as law enforcement, juvenile detention or child welfare.

We are committed to both providing a counterpoint to those services and to advocating for systemic change within them. ACAAD focuses its work on four specific populations of



youth who seek opportunities, support and services: African-American youth, multiracial youth, economically disadvantaged youth and LGBT youth. ACAAD is also charged with ensuring that staff and volunteers receive training and other growth opportunities so that services are delivered in a culturally competent manner.

Diversity in Action (DIA) is a project- and action-oriented body with monthly meetings. Each meeting has a chosen diversity topic, and participants bring one item—reading, artwork, guideline, idea—that is representative of that topic. Information for each diversity topic will be distributed throughout the agency and all staff members are requested to incorporate the information into their work each month. DIA meetings, case reviews, team meetings, and supervision are venues in which each staff member is supported to address their own biases and learn new ways of working with youth and families of any background.

OUTCOMES AND EXPECTED RESULTS

All of these institutional norms promote a positive and healthy environment, but it is important that we are able to determine the extent to which we have been successful in reaching our goals. The following are the specific measurable outcomes we are constantly pursuing.

OUTCOME 1: SAFETY FOR RUNAWAY, HOMELESS AND HIGH-RISK YOUTH

Ozone House exists to ensure that runaway, homeless and other high-risk youth have access to needed protection, safety and support. This includes LGBT youth, who are overrepresented among the population of homeless youth nationally.

All agency efforts are aimed at assisting young people to achieve and maintain:

- Physical and emotional health.
- Stable employment.
- Safe, stable housing.
- Consistent, reciprocal support from people who care about them.

For LGBT youth who are homeless, have run away, or are at risk for these things, we offer support and assistance in all of the areas mentioned above through the provision of individual and family counseling, supportive housing and shelter, job support, and case management and advocacy.

We evaluate the effectiveness of these services by tracking the changes for youth from service entry to exit in the following areas:

- Maintenance of safe housing.
- Ability to manage relationships and settings where there is physical safety from harm.
- Ability to develop and maintain a reciprocal support network—including family when possible—in which emotional safety and caring exists.
- Maintenance of employment commensurate with financial need.

Impact is also measured after youth finish receiving our services by conducting follow-up interviews at 90, 180 and 365 days. These interviews track the youth's housing status, employment, legal system involvement, family relationships and general quality of life. In addition, we conduct focus groups and satisfaction surveys to gauge our effectiveness in engaging and supporting the youth with whom we work.

OUTCOME 2: EMOTIONAL SAFETY FOR LGBT AND QUESTIONING YOUTH

Beyond the aims described above, we utilize the implementation strategies described previously to ensure that LGBT youth feel safe, supported, and affirmed while in our care or space, and while working with agency staff and volunteers. Feedback on the effectiveness of our services to LGBT youth, including their level of comfort while at Ozone House, is gathered through satisfaction surveys and focus groups.

OUTCOME 3: CULTURAL COMPETENCE

The third expected outcome of our efforts to provide a safe place for LGBT youth is a part of the larger goal of creating a culturally competent staff and volunteer base and, through this process, a culturally competent organization.

By definition, cultural competence is a set of congruent behaviors, attitudes, structures and policies that come together to work effectively in intercultural situations.⁵⁴⁹ It requires that organizations and their personnel have the capacity to:

- Value diversity
- Conduct self-assessment
- Manage the dynamics of difference
- Acquire and institutionalize cultural knowledge
- Adapt to the diversity and cultural contexts of the individuals and communities served

At Ozone House, striving toward cultural competence is a difficult process. This is due in large part to our struggle with the assumption that a social work, youth development-based, “we do good work” kind of organization should not have issues related to internalized racism, classism, homophobia, fear or other cultural debris. We strive to work through these struggles by implementing the strategies discussed previously. We recognize that cultural competence is a developmental process that evolves over time and that we must continuously evaluate our progress to ensure that we are growing as an agency and as practitioners within it. We do this by:

- Completing a staff and board demographic survey that tracks the level of our success in hiring and retaining staff and volunteers who come from one of the population groups identified by ACAAD, including those who identify as LGBT.
- Completing the Agency Readiness Index: A Self-Assessment and Planning Guide to Gauge Agency Readiness to Work with LGBT Youth (ARI) developed by the National Network for Youth.⁵⁵⁰ This instrument challenges the agency to meet rigorous expect-

549 Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1989). *Towards a culturally competent system of care: A monograph on effective services for minority children who are severely emotionally disturbed.* (vols. 1) Washington, DC: Georgetown University Child Development Center.

550 For more information, see http://www.nn4youth.org/site/PageServer?pagename=publications_list



tations for readiness to work with LGBT Youth and is designed to be completed by everyone involved with Ozone House: youth, families, volunteers, staff and members of the board of directors as well as referral sources.

- Administering and analyzing training workshop evaluations and pre- and post-tests.
- Administering and analyzing an annual staff satisfaction survey that includes a variety of questions about agency culture, comfort of the agency for staff and ability to reach and serve youth of color, queer youth and other special populations.

CONCLUSION

As an agency that does not work exclusively with LGBT youth, we have embraced our responsibility to provide safe spaces, programming and services for all underserved youth in our community regardless of sexual orientation or gender identity/expression. Working in an immediate environment that is essentially liberal, but within a broader society that is far more conservative and hostile to all manner of “differences,” we endeavor to live up to our responsibility as protectors and promoters of the interests of *all* youth in need. We have achieved success in many ways and believe passionately that the right team of people can, with commitment and thoughtfulness, create an organizational culture that can help any organization do a better job serving LGBT youth.

Urban Peak: Working with homeless transgender youth in a shelter environment

BY SUSAN BOYLE

Urban Peak was founded in 1988 in response to growing concern among residents and businesspeople in the Capitol Hill neighborhood of Denver, Colorado about the increasing numbers of homeless youth. Since that time, we have dramatically expanded our services to meet the changing needs of homeless youth. What began as a drop-in center near the corner of East Colfax and Pennsylvania became a shelter in a church basement. In 1998, the agency constructed and opened a 40-bed shelter where youth are able to access a full continuum of services. That same year, the Urban Peak Housing Corporation was founded for the purpose of developing affordable housing options for youth. In late 2000, at the request of community providers in El Paso County, we opened Urban Peak Colorado Springs (UPCS). The entire community celebrated a long-time goal in December 2004 with the opening of the only adolescent shelter in El Paso County.

With the 2003 merger of Urban Peak and The Spot Youth Center, Urban Peak now provides an array of services for homeless and runaway as well as youth at risk of being homeless and has become a leader in youth services on the local, state and national levels. Urban Peak works with homeless and runaway youth between the ages of 14 and 24 in Denver and Colorado Springs, Colorado.

In the past year, 79 percent of the youth served were from the seven-county Denver metro area, with 41 percent of that number from the City and County of Denver. Other demographic information about the Urban Peak Denver client population over the past fiscal year include the following:

Fifty-six percent identified as male, 43 percent as female and 3 percent of youth identified as transgender.

Half of the youth were Caucasian, 16 percent were Latino/a, 19 percent were African-American, 11 percent identified as multiracial, 3 percent were Native American and 1 percent were Asian-American.

Urban Peak's mission is to help young people overcome homelessness and other life challenges by providing safety, respect, essential services and a supportive community, empowering them to become self-reliant adults. Our goal is for young people to acquire

We assist homeless and runaway youth to permanently exit street life and we provide at-risk urban youth with a safe place to be creative, to enjoy their youth and to mature into productive adults.



the abilities and confidence to become responsible, self-sufficient adults who are able to realize their full potential. We do so by offering outreach, safe shelter, transitional housing, education and employment programs, medical care, mental health and substance abuse counseling, creative outlets, and recreational and youth development activities. Urban Peak's primary objective is to build trusting relationships with youth in order to guide them to a better future. Of the 874 youth served at Urban Peak, 55 percent permanently left the streets.

INTRODUCTION & OVERVIEW: THE CHALLENGE OF MAKING SPACES SAFE FOR TRANSGENDER YOUTH

While many shelters are aware of the particular needs of gay and lesbian youth (the higher-profile portion of the population), far too few are working effectively with youth who identify as transgender. As much as 2 percent of the homeless youth population we serve self-identifies as transgender, but often the services available do not meet their needs. And, just as self-identification as gay or lesbian is underreported because individuals do not want to label their orientation or are fearful of the consequences of doing so, because of fear or uncertainty many transgender youth avoid coming out.

As much as 2 percent of the homeless youth population we serve self-identifies as transgender.

The goal of this chapter is to outline how to work with youth identifying as transgender in a youth shelter environment. The objectives are to educate programs on terminology, the intake process, the education needed for staff and clients, and how to implement an effective procedure to eliminate barriers to serving this population.

WORKING WITH TRANSGENDER YOUTH: BUILDING TRUST AND MAINTAINING A SAFE SPACE

Many youth identifying as transgender are rejected by their family, friends, schools and communities and ultimately end up on the streets. Because one needs identification to be employed and because transgender youth are unlikely to have ID that matches their name and gender identity or expression, they face discrimination in employment. Without employment, many youth resort to sex work in order to survive on the streets. Sex work puts them at further risk of exposure to sexually transmitted infections, HIV/AIDS and hepatitis. Many youth also engage in drug use in order to escape the pain they feel inside.

Transgender youth come to a shelter space with the hope that it will be different; that you and your staff will understand them and their needs, and that you will help them live openly, proudly and safely.

By the time they reach a shelter, transgender youth often have experienced abuse, neglect, substance use, mental health crises and discrimination by employers, and many have been asked to leave other facilities because of their actual or perceived sexual orientation and/or gender identity. Many have had negative interactions with adults and authority figures who deny them the right to live their lives as they feel they are. They may trust only themselves and those in similar situations.

The only way to serve these youth and to have successful outcomes is to ensure that they receive wholehearted support from agency staff. Anything less than a solid support system will hamper their ability to move forward with their lives. Building trust is essential.

Transgender youth come to a shelter space with the hope that it will be different; that you and your staff will understand them and their needs, and that you will help them live openly, proudly and safely. As service providers we must create an environment that is welcoming to all; an environment that accepts the youth for who they are. Transgender youth are looking for acceptance and understanding, for safety, and to be guided to independent living while being allowed to be who they feel they are.

Not allowing them to identify as who they are interferes with being able to enjoy their youth and to mature into productive adults.

Regardless of what type of services a shelter is providing, each shelter needs a policy on how to serve transgender youth, even if only a small minority of clients self-identify as transgender. Provision of street outreach, access to a drop-in center, emergency or transitional shelter, case management, employment and education advising, medical care, mental health counseling, housing, testing, food and basic needs support should not be dependent on a client's sexual orientation or gender identity.

Shelters should be classified as “safe zones” and have the potential to respond to the needs of every young person who needs and seeks out help. Safe zones must be places youth can access without worrying about their sexual orientation or gender identity, their race or their life experiences negatively impacting their chances of getting the help and support they need.

Regardless of what type of services a shelter is providing, each shelter needs a policy on how to serve transgender youth, even if only a small minority of clients self-identify as transgender.

SEX AND GENDER IDENTITY: TERMS AND DEFINITIONS

In order to work effectively with young people who identify as transgender, it is important to have a basic understanding of their communities and a knowledge of appropriate terms. This list provides some basic definitions,⁵⁵¹ clarifies some misconceptions and introduces important issues to remember when speaking with trans-identified people in English.

- **Transgender (trans):** An umbrella term for people whose gender identity, expression or behavior is different from those typically associated with their assigned sex at birth, including but not limited to transsexuals, cross-dressers, androgynous people, genderqueers and gender nonconforming people. Transgender is a broad term and is good for providers to use.
- **Gender identity:** A subjective, but continuous and persistent, sense of ourselves as male, female or another gender. For transgender people, birth-assigned sex and internal sense of gender identity or expression do not match. Since gender identity is internal, one's gender identity is not necessarily visible to others.
- **Gender expression:** How a person represents or expresses their gender identity to others, often through behavior, clothing, hairstyles, voice or body characteristics.

⁵⁵¹ Many of these definitions are based on or borrowed entirely from Mottet, L. & Ohle, J. M. (2003).



- **Two-spirit:** An individual who has a hold on two spirit worlds. This term is an English translation of a concept present in some Native American cultures that an individual can express or exist in both masculine and feminine realms.
- **Transition:** The period during which a person begins to live as their new gender. Transitioning may include changing one’s name, taking hormones, having surgery, or changing legal documents (e.g. driver’s license, Social Security number, birth certificate) to reflect their new gender. Too often, access to hormones is not covered by insurance, and coverage for gender reassignment surgery is even more rare.
- **Intersex:** People with intersex conditions are born with sex chromosomes, external genitalia, or an internal reproductive system that are not considered “standard” for either males or females. Doctors perform surgery on one or two babies per 1,000 births in a misguided effort to “correct” ambiguous genitalia. Although being intersex and being transgender are distinct, some intersex people identify as transgender if they were assigned one sex at birth but transition to the other later in life.
- **Cross-dresser:** Someone who dresses in clothing and affects mannerisms generally attributed to the opposite sex. However, cross-dressers do not necessarily identify differently than the gender they were assigned at birth.
- **Transphobia:** The fear or hatred of transgender, transsexual, or gender-nonconforming people.

Guidelines For Providing Shelter Services to Transgender People

The following guidelines were developed to assist shelters in Denver to serve transgender clients in a respectful and nondiscriminatory manner:

- Written policies and procedures that guide shelter staff will increase the likelihood that clients will be admitted appropriately each time a transgender person presents for shelter.
- Regular training for staff should be provided to maintain a safe environment for transgender residents.
- Transgender individuals should be accepted into established shelter services.
- Residents who identify as male or as female should be placed in the appropriate shelter space without further questioning about gender identity.
- Residents who identify themselves as transgender should be admitted to their preferred shelter space.
- Unisex bathrooms and private shower space can be helpful for transgender residents but are not required. Transgender residents should not be forced to use private bathroom and shower spaces.
- It is not acceptable to provide gender-appropriate services only to those transgender people who are post-operative and/or on hormones. This practice is economic discrimination because most people who are homeless cannot access hormones and surgery.
- Legal gender changes and identification cards cannot be relied upon for determining appropriate shelter space because in Colorado and many other states, it is not possible to obtain a legal gender change unless one is post-operative.

BASIC GUIDELINES FOR CREATING A TRANSGENDER YOUTH-FRIENDLY SHELTER

There are various actions that need to be undertaken to change the environment at a shelter to become transgender supportive. This can be conceptualized in two parts: developing a transgender supportive staff and developing proper procedures and policies.

DEVELOPING A SUPPORTIVE STAFF

To develop supportive staffs, an agency must focus on both hiring and training.

Ideally, the makeup of agency personnel reflects the population served in an organization. If an agency serves a wide array of youth, the agency should employ individuals that reflect the ethnicity, race, and sexual orientation and gender identity of the population served. Potential employees who express prejudice or discrimination should not be hired. Potential employees should when they walk in the door understand the basic array of concerns transgender youth have, and they should be open to learning more.

Some agencies have found it helpful to have a point person to work with youth who identify as LGBT and/or to serve as a resource for other staff members who are less familiar with LGBT youth. Recruiting employees with specific experience working with LGBT populations is essential. Agencies need to hire LGBT advocates who are familiar with resources in the community and with the struggles this population experiences in the world beyond the shelter's walls.

Agencies need to provide all staff members with ongoing trainings about established and emerging best practices related to working with youth identifying as LGBT. These opportunities provide outlets for employees to be provided with practical guidance as to how best to work with this population. Just as crucially, training provides an outlet for employees to engage in discussions about a topic that they might readily admit to being uncomfortable with and to provide a safe place for employees to ask questions without being judged. If the atmosphere is such that acknowledging uncertainty or discomfort about certain topics among the staff is not encouraged, then the likelihood of incomplete services and support being rendered to transgender youth increases.

DEVELOPING SUPPORTIVE POLICIES

The second aspect of creating a supportive shelter entails modifying existing policies and adding new policies relating to transgender clients. These policies must be written down and made accessible to all staff when a question arises, as they inevitably will even among very well-trained staff members.

As part of the commitment to fostering a safe and welcoming environment, each agency must be committed to supporting staff members in navigating challenging situations. Employees should feel encouraged to dialogue with their supervisor, the LGBT specialist or any other member of the management team if they are needing support or feedback with respect to the transgender youth policy.



POLICY OF RESPECT

Each agency must have a policy of inclusion and respect for the diversity of all people, including transgender people. The agency should celebrate the diversity of the youth they serve and be committed to fostering a safe and welcoming environment for every young person that walks through the doors. These ideals need to apply to both staff and youth at the agency.

The only policy that works is to respect the gender of each person as they self-identify and to let all residents know that they are expected to treat everyone in accordance with this policy. For example, if someone says she is a girl, she is a girl. A person's gender does not depend on whether or not he or she has had surgery or other medical treatments.

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INTAKE PROCESS

It is important to make sure that the first conversation a young person has with a staff member is welcoming, informative, and not judgmental. Based on the questions an agency asks upon intake, young people identifying as transgender may make assumptions about how they will be treated. If an agency acknowledges youth identifying as transgender, they will feel more comfortable discussing their gender identity. Acknowledging that an agency is open to working with transgender youth is simple. Identifying the agency as a safe zone is crucial. Ensure that your agency stays abreast of the changing terminology and engages not just adults or "experts" but also youth in this process. Young people are the ones defining their own gender and norms and it is likely that they have knowledge to impart and will feel respected as contributors to the shelter's programming and policies. Make sure intake forms are appropriately updated. Do not assume that a youth who does not say that he or she is transgender is actually not.

Part of the intake process is educating all incoming youth about what they can expect at the shelter and what is expected of them. Youth should be told that the program they are accessing is a safe place and there is zero tolerance for inappropriate behaviors, racial comments, or negative comments targeted at certain groups. This provides an opportunity for youth to ask questions and be provided with answers or explanations. They may be learning new information during this process, giving them the ability to grow and experience new situations that they will later see in the world beyond the shelter. Building a level of understanding among all youth about how to respect transgender people at the shelter creates a cohort of transgender allies outside the shelter.

Building a level of understanding about how to respect transgender people at the shelter amongst all youth creates a cohort of transgender allies outside the shelter.

All incoming residents should be educated about these policies:

- The agency respects transgender residents.
- Private information, such as medical information and information about whether or not a person is transgender, is kept confidential unless the resident wishes to share this information of his or her own accord.
- Harassment of other residents is not tolerated and can lead to termination of services.

- The agency has a grievance policy, should an issue arise involving being treated disrespectfully. This policy should be explained to all clients.

If a resident reveals to staff that he or she is transgender, the intake conversation should include the following additional topics:

- Sleeping arrangements, including the availability of beds close to direct care staff if the resident prefers to be in eyeshot/earshot of staff;
- Shower and bathroom placement, including whether and how there is privacy for changing and showering;
- Name and pronouns to be used at the agency; it may be necessary to use a legal name on some forms, but this does not negate the option of a client’s chosen name being used by staff and residents.

This information and plan should be communicated to all relevant staff and included in the communications log, voicemail, and e-mail as appropriate.

HOUSING AND SEX-SEGREGATED FACILITIES

People who identify as men should sleep in the men’s dorm and use the men’s showers and bathrooms, provided that feels safe to them. People who identify as women should sleep in the women’s dorm and use the women’s showers and bathrooms, provided that feels safe to them. People who do not identify as male or female, or are fearful of their emotional or physical safety, should sleep in the dorm of their choosing and use the bathroom in which they feel safest. Other arrangements may also be made to increase the feeling of safety, such as offering the ability to choose a transgender-friendly roommate.

Transgender clients and others with increased safety needs should be offered bed space closest to the direct care staff so that if there is a problem, they may contact staff quickly for help. This also allows the staff to more closely monitor the client to ensure their safety. In addition, the option of sleeping in a private room should be explored with a transgender client if there are special circumstances such as safety concerns or if the client is in transition. Private rooms should not be used to isolate transgender clients.

If the placement raises concerns among other residents, staff should patiently explain to those residents that the person is not a threat to them and that his or her gender identify should be respected. Staff members should be encouraged to seek out support from other staff members to facilitate this dialogue and underscore agency policies and procedures regarding respect for others. Residents concerned about privacy should be reminded that all showers are single occupancy and that the bathrooms in the facility allow for bodily privacy.

If the placement raises concerns among other residents, staff should patiently explain to those residents that the person is not a threat to them and that his or her gender identify should be respected.

HARASSMENT

Youth can be especially cruel to peers they deem different in some “bad” way. This is often a defense mechanism related to personal issues and insecurities. However, translating internal fears into attacks on others serves only as a cruel deflection of attention to another young person who is likely no more equipped to respond positively.



It must be absolutely clear that harassment of any kind is prohibited and can lead to termination of services for any client who creates an unsafe and/or unwelcoming environment at the agency. If clients are harassing a transgender client, staff must approach the harassing clients, follow the service restriction policy, and ensure that the threats stop immediately.

CONCLUSION

Urban Peak is committed to serving all youth, including youth identifying as transgender. Youth identifying as transgender can be served effectively in a shelter environment if the appropriate staffing and education are in place. It is essential that a shelter environment is identified as a safe place for all individuals who access services. Youth identifying as transgender continue to look for accepting places and look for assistance from those individuals and agencies that support them for who they are. Regardless of the size of the population identifying as transgender, Urban Peak will continue to reach out to those in need and anticipates that other agencies will do likewise.

Waltham House: Training models to improve interactions with LGBT out-of-home youth

BY COLBY BERGER, ED.M.

The Home for Little Wanderers (the Home) is a nationally renowned, private, nonprofit child and family service agency providing services to thousands of children, youth and families each year through 20 programs. Our mission is to ensure the healthy emotional, mental and social development of at-risk children and their families and communities. We do this through an integrated system of prevention, advocacy, research, and direct care services.

With over 700 employees and 20 programs, the Home's services include:

- Prevention and early intervention;
- Adoption and foster care;
- Clinical and family support;
- Residential care;
- Special education; and
- Case management.

The Home continues its tradition of providing critical prevention and intervention services. First we create or support safe and nurturing environments so that children and families can use the wide variety of specialized services we provide to meet their needs. Second, we offer a commitment to the hard work, risk-taking and innovation necessary to not only address problems but also help the community learn how to prevent them.

In the Home's more than 200-year history, it has weathered significant changes in our nation and has adapted its services and practice to address the impact of those changes on the lives of children and families. This ability to act quickly upon the findings of the latest scientific research in the field of child welfare has been central to the Home's past successes and remains the cornerstone of its forward-looking plans. The Home's current strategic plan (2006–2010) is structured around the need to narrow the gap between what we know and what we do, again underscoring the importance of incorporating solid research into its programs and services.

The key operating principles for our strategic plan are:

- Operating a best-in-class practice model that reflects the most current scientific knowledge



- Identifying unmet or underserved client needs and creating sustainable and innovative programmatic responses
- Maintaining a diverse workforce that reflects the multicultural backgrounds of its clients while providing an inclusive and caring environment in which all associates can achieve their full potential
- Performing constant vigilant oversight to ensure effective and efficient allocation of resources to client services, infrastructure support and future development
- Being a significant driving force for change in the child welfare world through its comprehensive public policy and advocacy agenda

In all of these key drivers of the strategic plan, the Home will continually measure results against appropriate indices, assess progress and implement findings in order to answer the questions “*Are we helping?*” and “*How do we know?*”

Our mission recognizes that in order to experience healthy growth, children depend upon a nurturing environment specifically from their families and the communities in which they live. We pursue this mission through an integrated system of prevention, advocacy, research, and a continuum of direct services.

The Home’s has a longstanding history of serving LGBT populations. For over a decade the agency has provided adoption services to same-sex couple families and LGBT individuals. The Child and Family Counseling Center is staffed by clinicians who are trained to provide LGBT-friendly therapeutic services. The Home also has run peer programs in which LGBT youth are hired to conduct outreach to their peers about issues ranging from tobacco cessation to teen pregnancy prevention and HIV/AIDS education. The most recent and momentous LGBT programming was the opening of Waltham House, a group home for LGBT youth.

Waltham House is the first residential group home designed specifically for LGBT youth in New England and was only the third program of its kind in the nation when it opened its doors in October 2002. It was founded on the principles of responsibility, respect and pride, with the belief that all young people deserve to live in an environment in which they feel safe, respected, supported and cared for. The program offers 24-hour staffing and is housed in a large, comfortable, federal-style home with an expansive tree-lined back yard in the suburban neighborhood of Waltham, Massachusetts.⁵⁵²

This relatively new facility is designed to provide a safe and nurturing living environment for up to 12 LGBT youth ages 14 through 18. The program also serves youth who may be questioning their sexual orientation and/or gender identity/expression. Many young people who have previously experienced difficulty due to their sexual orientation or gender identity/expression have found Waltham House to be a welcoming environment in which to prepare for a successful transition to adulthood and cementing permanent family and lifelong connections. Waltham House is staffed by 12 to 18 direct care workers (a four-to-one ratio of clients to staff members), a clinical coordinator, clinical and non-clinical interns, a part-time nurse, a milieu director and a program director. The program also benefits from the compassion and generosity of many volunteers who provide one-on-one mentoring, academic tutoring, life skills development, financial planning assistance, bike trips, cooking, landscaping, movie nights and much more.

⁵⁵² To learn more about Waltham House, please contact us at (781) 647-9976 or visit us on the web at www.thehome.org

Demographic information was collected from residents of Waltham House between October 2002 and October 2005 (n=27). Not all residents were included, but these data appear to be a representative sample. Discharged youth not included in the sample were likely to be emergency discharges or at the program during times of turnover in the clinical staff. The mean length of stay for the 27 Waltham House residents surveyed was 332 days (10 to 11 months) and the median was 324 days.

Forty-eight percent of the youth were white, 22 percent African-American, 7 percent biracial, 4 percent Asian-American and 19 percent “other.”⁵⁵³ All youth were aged 18 or under, with one-third of clients 17 years old and four-tenths 18 years old. We had a significant majority of male clients (59 percent). Fifteen percent of clients identified as male-to-female (MTF) transgender and 7 percent identified as female-to-male transgender (FTM). The remaining 19 percent identified as female. Nineteen percent of these youth identified as heterosexual, while 51 percent were gay men, 11 percent lesbian, and 19 percent identified as bisexual.

WORKING WITH THE STATE OF MASSACHUSETTS

The Home, collaborating with the Massachusetts Department of Social Services (DSS) and using generous funding from the TIDES Foundation,⁵⁵⁴ has set a national training precedent. According to the Child Welfare League of America, this partnership providing statewide training on serving LGBT youth is the first of its kind in the nation.⁵⁵⁵ Close to two thousand DSS employees from across the Commonwealth of Massachusetts have participated in this training.

In the course of this chapter we lay out how we came to secure this grant. By discussing in some detail the process of implementing the program, we hope to provide guidance to other well-equipped agencies who might seek to conduct similar critical work in their home states. The Massachusetts DSS is, for many youth, the primary agency with which they and their families interact. Therefore, the importance of their staff being culturally competent and able to treat all of their clients equally and fairly cannot be overstated.

In June 2003, the Home received a grant from the Tides Foundation to provide LGBT awareness training for state child welfare workers. By August of 2004, we had completed 42 trainings with great success. Training was given to intake workers, social workers, family resource coordinators, management, legal staff and volunteer liaisons within the DSS.

The training curriculum included providing participants with appropriate terminology and definitions, youth statistics, case studies, perspectives from LGBT youth who are currently in the child welfare system, video clips, concrete resources and an action planning tool. Staff members from DSS were engaged participants, both willing to learn and eager to share their knowledge and experience. Many DSS staff shared examples from their caseload regarding their work with LGBT youth and families.

553 There was no category for Hispanic in the demographic data collection.

554 The Tides Foundation partners with donors to increase and organize resources for positive social change. The foundation facilitates effective grant-making programs, creates opportunities for learning and builds community among donors and grantees. Their method is to strengthen community-based nonprofit organizations and the progressive movement by providing an innovative and cost-effective framework for philanthropy. For more information about the Tides Foundation, visit www.tidesfoundation.org.

555 Confirmed in a personal conversation between Colby Berger and Rob Woronoff of the Child Welfare League of America.



The Home's former director of training summed up the project:

Overall the training initiative was very well received. I believe that the training raised awareness, provided resources, caused staff to pause and reconsider their daily practices with youth, and the training increased their knowledge and skills in serving LGBT clients.

Included in this section are a history and overview of the training initiative, a description of the training's implementation plan, a summary of the training curriculum and a reporting of the outcomes that resulted from the Home's LGBT training initiative.

HISTORY AND OVERVIEW OF THE INITIATIVE

As A.D. Martin (1982) writes:

Although oftentimes their existence has been denied, the fact is that there have always been gay [and] lesbian young people in U.S. and Canadian out-of-home settings. It has often been difficult to discern their existence for two reasons: (1) many of them did not fit the gender nonconforming stereotypes that most practitioners thought signaled a gay or lesbian identity, and (2) gay and lesbian youth are socialized to 'hide' their orientation.⁵⁵⁶

Gerald Mallon (1997) elaborates:

Recognition of these marginalized young people is further impaired by the individual moral attitudes many child welfare professionals have that express contempt for homosexual orientation and by an almost complete lack of knowledge most professionals have about normal gay and lesbian adolescent development.⁵⁵⁷

LGBT youth remain invisible in out-of-home care primarily because adults who are charged with making significant decisions on their behalf have not been adequately trained.

Clearly, there are many underlying causes that impact the lives and systems of care for LGBT youth: lack of professional development opportunities related to LGBT youth, lack of academic training, and lack of organizational attention dedicated to this population. As Mallon points out, LGBT youth remain invisible in out-of-home care primarily because adults who are charged with making significant decisions on their behalf have not been adequately trained. The Home's training initiative sought to bolster our child welfare community's understanding of the issues faced by LGBT youth involved with the DSS so that professionals would be better equipped to attend to their out-of-home care needs. This is a nationwide problem, and we hope that similar efforts to ours will be made nationwide. This possibility is already being explored in Detroit, where the Ruth Ellis Center, another contributing agency to this report, has done some work with their state child welfare agency.

The experience of feeling unequal, oppressed and discriminated against, both in society at large and in various forms of care, is commonplace for LGBT youth. Martin notes that

556 Martin, A. D. (1982). Learning to hide: The socialization of the gay adolescent. *Adolescent Psychology*, 10.

557 Mallon, G. P. (1997). Toward a competent child welfare service delivery system for gay and lesbian adolescents and their families. *Journal of Multicultural Social Work*, 5(3/4).

as a part of social development, every child learns about the different social identities he or she may be a part of and which identity groups our culture casts out. For LGBT young people, a significant part of adolescence is about coming to terms with membership in a group that is not only seen as “less than” but may be deemed as despised:

[Sexual minority youth] are forced to deal with the possibility that part of their actual social identity contradicts most of the other social identities to which they have believed they are entitled. As this realization becomes more pressing, they are faced with three possible choices: they can hide, they can attempt to change the stigma, or they can accept it.⁵⁵⁸

The purpose of the awareness training we conducted was to openly address the ways in which LGBT people are stigmatized, while teaching professionals who work with youth living in out-of-home settings the enormous impact that stigmatization can have on young people. In addition, we dealt with the homophobia and transphobia young people face and a myriad of other challenges in their families, schools and treatment facilities.

The only way to eliminate the resulting pain and damage is to change the basis for the stigmatization process, the prejudice of homophobia. Stigmatization of the gay adolescent has evolved from centuries of misinformation and fear. Education through direct teaching and the example of role models will be the best way to attack discrimination at its root.⁵⁵⁹

Data from the Massachusetts Youth Risk Behavior Survey (MYRBS), a biannual statewide survey administered to students in grades 9–12 by the Massachusetts Department of Education, demonstrate that students who identify as lesbian, gay or bisexual (LGB) or who are perceived to be LGB face increased risks.⁵⁶⁰ The data from 1999 (when we submitted a grant proposal to the Tides Foundation) revealed that LGB students are more than twice as likely as non-LGB youth to be involved in a fight at school, more than three times as likely to be threatened with a weapon at school, and more than three times as likely to skip school because they feel unsafe. As a result, LGB youth are much more likely than their non-LGB peers to feel afraid, sad, hopeless and depressed and to attempt suicide. According to the 1999 MYRBS data, LGB youth feel sad or hopeless nearly twice as often as non-LGB youth, make a plan for suicide more than twice as often, and attempt suicide more than four times as often. As former Director of Training Carol Grady has noted, “The MYRBS data reinforce the critical need for training to agencies and professionals who are dedicated to serving all youth.”⁵⁶¹

LGB youth are much more likely than their non-LGB peers to feel afraid, sad, hopeless and depressed and to attempt suicide.

There is a problematic lack of training opportunities on LGBT issues made available to professionals in the fields of psychology, sociology, criminal justice and education. As a result, it is common that workers have never been exposed to the issues faced by LGBT youth, let alone have an awareness of best practices about how to address them. One lesbian youth in our care summed up her experience bluntly;

558 Martin, A. D. (1982).

559 Martin, A. D. (1982).

560 The MYRSB does not currently ask respondents whether they identify as transgender or questioning. Therefore, accurate reference in this instance can only be made to LGB respondents.

561 The Home for Little Wanderers. (2006). *Fall 2004 eNewsletter: Other headlines*. Author. Retrieved September 7, 2006, from http://www.thehome.org/site/content/newsletter/2004_fall/other_headlines.asp



[My therapist] never once talked about LGBT people or issues. This made me think that it was outside the realm of possibility to him. I decided not to come out to him and never made any progress with him because I never felt safe enough to be honest about what was really going on.⁵⁶²

Even the most well-intentioned professionals in human service fields admit that they do not know what language to use or what to say when a young person comes out to them and are therefore at a loss when it comes to providing services or finding appropriate placements for LGBT youth. The Home has always been committed to being a leader in children's services and recognized the need to address this gap in professional development.

Having a good knowledge of the risk factors that LGBT youth face, in addition to the factors that compound risk and lack of safety for LGBT youth in out-of-home care, we expected that upon opening Waltham House, the program would be flooded with referrals. What happened in the fall of 2002 was quite the opposite. The program opened with the arrival of four teens, and the remaining eight beds went unoccupied for several months. Three of these four youth were referred by a single social worker. This lack of referrals baffled the program and agency staff, especially when we considered stories we heard from former clients who had moved on to other programs and subsequently come out.

These former clients recounted stories of being kicked out by other agencies or care providers when they revealed their sexual orientation or gender identity. Worse still, too many of them said that the risks inherent in living in any space that was not protecting them as an LGBT person meant that they were better off having unsafe sex and contracting HIV because they would then be eligible for specific housing funds reserved for that community. This is a frightening thought, but also clearly a painful reality for some of our youth.

After numerous attempts at outreach to the program's referral sources (primarily DSS), we started asking social workers about their impression of the situation and learned that professionals in the field did not have the language to initiate discussions with their clients about sexual orientation and gender identity, and therefore were not sure what an appropriate referral to Waltham House would entail. Furthermore, they had not had much, if any, training about LGBT identity and did not know how to identify clients on their caseloads who might be struggling with issues of sexual orientation or gender identity.

In response to *Youth in the Margins*,⁵⁶³ a publication about LGBT youth within child welfare systems across the United States, DSS convened a working group of providers serving LGBT youth in Massachusetts.⁵⁶⁴ This working group made numerous recommendations for supportive initiatives that sought to ensure the safety and quality of care not only for LGBT youth within the DSS system of care but also for employees and foster

Some homeless youth said that the risks inherent in living in a space that was not protecting them as an LGBT person meant that they were better off contracting HIV because they would then be eligible for specific housing funds reserved for that community.

562 This comment was made by a former resident of Waltham House.

563 Lambda Legal Defense and Education Fund. (2001). *Youth in the margins*. New York: Lambda Legal Defense and Education Fund.

564 *Youth in the Margins* does not make any reference to questioning youth, so we refer only to LGBT youth in this instance.

parents. In addition, the group urged the department to develop best practices models to address the needs of its LGBT staff and clients and to ensure that staff at all levels were trained on LGBT issues and services for LGBT youth.

During this same period, several DSS area offices held LGBT trainings for staff. In one office, the training that was conducted by the Home's director of LGBT services was so successful that the DSS area director requested additional training for DSS assessment/intake staff. A yearlong training initiative followed, with one session per month. Other DSS offices took advantage of trainings funded by the Department of Public Health. All of these trainings were intended as pilot programs for later replication within the larger DSS system.

When the Home approached the DSS to find out whether they would be interested in training their entire statewide staff about LGBT youth issues, they were enthusiastic but noted that they did not have the funding to implement such an initiative. The Home's director of LGBT services proposed that the Home seek external funding to cover all costs associated with providing the training to DSS. The Department agreed to the proposal and wrote a letter of support to accompany the application that the Home subsequently submitted to the Tides Foundation.

We provide this history because we are sure that regardless of overall LGBT friendliness on the part of a particular state welfare agency, there are always connections to be made and there is always networking to be done between LGBT-supportive staff and state officials. It may take time, but development of networks will help groups to identify receptive bureaucrats who would potentially have the power to impact decision making if they can be brought on board with the idea of a training program such as ours. Furthermore, in a day and age when government funding for even the most essential social services faces drastic cuts in most states, securing support from potential financial backers preempts an easy "out" that some reluctant public officials might deem an acceptable excuse for not addressing this issue—namely, a lack of funds.

IMPLEMENTATION OF THE TRAINING PROGRAM

Once funding was approved, a series of meetings took place between DSS and staff here at the Home to plan the details of the training initiative. The process of establishing expectations for the trainers and trainees, assigning responsibilities, determining the logistics of the timetable, and communicating with various levels of leadership in both agencies was not easy. The amount of energy and preparation that went into the pre-training process of this initiative cannot be overstated. It was an enormous undertaking to organize the 42 training sessions across the Commonwealth, connect with the multiple individuals at DSS who were responsible for various aspects of setting up training logistics, hire the trainers and curriculum developers to devise and conduct the sessions, create the training materials for each of three different curricula, develop the training assessment tools to be utilized and ensure the quality of each training session.

The amount of energy and preparation that went into the pre-training process of this initiative cannot be overstated. It was an enormous undertaking.



In all, 10 people from the Home and allied agencies were hired as trainers for the initiative. A subset of this group of trainers collaborated to develop the specific curricula for each of three different offerings: a four-hour training for statewide managers, a standard two-and-a-half-hour training for all staff from DSS offices, and a follow-up three-hour volunteer liaison training. This structure was intended not just to ensure top-to-bottom familiarity with the issues, which is obviously crucial, but also to ensure that each DSS office had a supportive staff person as the “go-to ‘expert’” on this issue going forward. With an LGBT ally in each office, it should prove harder for reluctant staff to argue that they do not have access to the necessary information or skills to adequately serve their LGBT clients.

We devised a strategy that aimed to build support for the training initiative at all levels of DSS. Decision makers agreed that in order to convey the importance of the initiative and the Department’s commitment to the training, there would need to be initial outreach to the DSS leadership. Therefore, the first session was prepared for delivery to the upper level managers. It was the hope of the implementation team that a unique session for statewide managers would allow the leadership of DSS to get an overview of the initiative, understand the pressing need for such training, and experience the training curriculum firsthand before they were asked to commit their teams to attending. The statewide managers’ session was a four-hour training. In addition to much of the standard curriculum and exercises, this session also included two LGBT youth speakers who told their gut-wrenching stories of growing up in state custody. That session set the tone for the remainder of the initiative and achieved the goal of garnering support for the project from the DSS leadership.

The standard two-and-a-half-hour curriculum focused on educating the human service professionals who interact most often with LGBT youth in out-of-home care and whose capacity to understand and work with these youth provided the most opportunity to improve the youth’s experience in the system. The four goals of the standard training were to:

1. Create an environment in which the needs of out-of-home LGBT youth are recognized, valued and engaged by practitioners in a respectful and competent manner.
2. Increase the practitioners’ understanding and skills related to reducing the level of hopelessness, depression, isolation and self-injurious behaviors among LGBT youth.
3. Assist professionals in recognizing and developing skills that promote resiliency among LGBT youth.
4. Increase the knowledge and skill of professionals in making placement decisions and clinical assessments for LGBT youth in care.

Activities conducted during the trainings were purposely designed to be hands on, interactive and skills-based. Lecturing alone is far less effective a teaching tool and makes disengagement too easy for attendees. These activities involved lectures, videos, group activities, small group discussions, case studies and action planning. The strategy was to engage each participant on five levels:

1. Individual self-reflective process
2. Individual assessment of skills and competencies
3. Identification of barriers and needed resources

4. Organizational and agency assessment
5. Action planning to better meet the needs of LGBT youth in care

In addition to the statewide managers' training and the standard DSS staff training, the Home's training included special outreach to and skills building for a newly formed group of LGBT volunteer liaisons. These DSS staff members each volunteered to be the LGBT resources representative for their area office or region. The liaisons serve as collegial resources within DSS and as "go-to people" regarding issues, needs and concerns related to serving LGBT youth and their families. The liaisons also met together for support and guidance and for discussions on clinical practice and agency policy. The liaisons participated in the standard training, and after all standard trainings were complete they were invited back to take part in an additional three-hour training where they met their allied peers in other offices and were offered more resources and training pertaining to working with colleagues within their own offices.

The volunteer liaison group was felt to be an important aspect of the initiative, as practitioners working on behalf of LGBT youth and families often report that such work can feel isolating and that there are few opportunities to find peers who can provide support. This was a group, some of whom identified as LGBT, who were likely to be asked additional questions about LGBT issues by their peers, who might be able to influence placement decisions for youth and who could have an impact on the ongoing work at DSS from the inside. We wanted to ensure that these individuals were equipped with additional resources and opportunities to practice skills around having difficult conversations with colleagues and families that other staff who had just a basic understanding of LGBT issues might not have.

Additionally, it was imperative that volunteer liaisons be connected with the leadership within DSS so that they were aware of the support they could rely on at the upper levels of the DSS when questions of policy or challenging cases arose. The commissioner of the Department of Social Services took the initiative to attend a volunteer liaison training, which sent a powerful message about his commitment to supporting the work of this group.

THE TRAINING CURRICULUM

What follows is an overview of the standard two-and-one-half hour training that was offered to all DSS employees (caseworkers, family stabilization units, lawyers, supervisors, administrators, policy-makers, etc.).⁵⁶⁵ Note that prior to the standard training, a longer four-hour training was offered to statewide managers in order to ensure that the upper level management of the DSS shared a basic level of knowledge about both LGBT youth issues and the vision for the training initiative over the coming year. To reinforce the importance of this work as well as the impact each manager could have, we had LGBT youth in the system attend these trainings to speak directly with the major decision makers in DSS. We also discussed how each one of them could play a critical role in ensuring that as many staff as possible benefited from the training, ideally by making attendance mandatory.

⁵⁶⁵ For further information regarding curriculum development and implementation within other organizations or to learn more about the Home for Little Wanderers' LGBT training and consultation services, please contact Colby Berger, Ed.M. via e-mail at cberger@thehome.org or by calling (617)-469-8581.



An additional training was offered to a select group of volunteer liaisons after all of the standard trainings were completed. Each DSS area office director was asked to choose one or two volunteer liaisons who would receive an additional three hours of training beyond the standard two-and-a-half hour session and who would then be utilized as an officewide resource to colleagues and clients. This session included information on how to work effectively with colleagues who ask for help or support or with youth who might not be receiving the help they needed from their assigned case worker.

Standard 2.5-hour training agenda

Pre-training evaluations: Staff members were asked to self-assess their prior knowledge of issues facing LGBT youth. It was important to collect these preliminary data in order to draw comparisons to the post-training assessments (with the same questions) that participants completed at the conclusion of each training, allowing trainers to determine the effectiveness of the program.

Introductions and overview of training initiative: Trainers (two per training) introduced themselves to the group and briefly described the history of the initiative and the purpose of the grant and curriculum.

Opening interactive exercise: Trainers asked participants to indicate their knowledge or experience with various elements of LGBT culture and identity.

Terms and definitions: A basic understanding of terms, definitions, distinctions, the power of language, and the importance of using correct and inclusive language was the focus of this section of the training. Participants were given a list of terms, and trainers highlighted the terms most commonly heard/used by clients and families. This section additionally addressed some of the complex lines between stigmatization and stereotypes, low sense of self-worth, isolation and high-risk behaviors.

Quotes from youth: Statements made by LGBT youth in out-of-home care were shared. Participants heard the first person voices of LGBT youth as they described their experiences in schools, residential placements and foster care.

Exercise on identity and expression: Trainers asked participants to examine various aspects of identity and reflect upon how people express elements of identity and what the effects of identity suppression are. Trainers made the link to LGBT youth and showed that messages about suppressing elements of identity or identity expression can lead to risk-taking behavior among LGBT youth.

Research and data: Trainers reviewed statistics about LGBT youth and data that connects stigmatization to risk taking. Emphasis was placed on participants' understanding that LGBT youth suffer higher rates of depression, suicidal ideation and other forms of high-risk and self-injurious behaviors not because they are LGBT, but as a direct result of the high levels of rejection and stigmatization they experience on a daily basis from family members, peers and community members. Conversely, trainers pointed out the impact of LGBT safe spaces for youth and that when levels of anti-LGBT harassment are lower, suicide attempts are also lower.

Viewing of video segment and debrief: A short film clip depicting a gay teen's struggle with his family's homophobia was shown. In a discussion after the film, participants were asked to answer questions in small groups about the impact of the family's homophobia and how DSS involvement might have impacted the situation.

Case studies: Participants were divided into small groups and were asked to read and respond to a short case study. A debrief with the entire group followed, and DSS workers were given opportunities to raise issues related to cases on which they were working.

Action planning: Trainers guided participants in identifying attainable goals related to increasing safety and support for LGBT youth and families.

Resources and wrap up: A list of available resources was provided to all participants, including: social/support groups, school-based gay-straight alliances (GSAs), LGBT-competent mental health support services, help lines, written materials, phone numbers and Web sites. Participants also shared knowledge of additional local resources and allies in partner agencies.

Post-training evaluations: Participants responded in writing to the same questions that they were asked on the pre-training knowledge assessment in order for the Home to gather data about the impact of the training.

It should be clear at this point that while the time involved in coordinating this wide scale training was significant, the materials used and the structure adopted could readily be adapted to any geographic location where suitably motivated staff and volunteers reside. The results we now turn to should also serve as a motivator for those of you considering embarking on a similar mission.

After the training at her office, Joy Cochran, DSS Family Resource Specialist in the Central Office Foster Care and Adoption Unit, noted that she

...heard from staff who wanted to discuss placement options for LGBT youth and to obtain resources for youth and their families. While this occurred prior to the training, the rise in staff awareness and the resulting skills to speak with our youth will lead to greater safety and improved service provision to LGBT youth and their families. The agency wide training on LGBT opened the doors even further to a better understanding of the issues confronting our LGBT youth at home, in the community and at school.⁵⁶⁶

TRAINING SESSION OUTCOMES AND HIGHLIGHTS

“These training opportunities are rare, critical to human services, and critical for LGBT youth.”

—DSS Social Worker

“I always thought that I’d be able to pretty much tell which of the clients I work with are LGBT, but after learning about the lengths that people go to in order to protect themselves from harassment and pretend that they’re straight, I’m re-thinking the ways that I interact with my clients. I need to stop assuming that all youth are automatically heterosexual.”

—DSS Case Manager

“All I have to say is, it’s about time! As a queer social worker, I’m often approached by my peers as the only one who can deal with gay kids. Today’s training made it all of our responsibilities as

⁵⁶⁶ Personal communication between author and Joy Cochran.



professionals to have the skills and resources to work effectively with an underserved population that has been silenced for too long.”
—DSS Volunteer Liaison

As the above comments make clear, our efforts were not only warmly received but also provided very practical knowledge for attendees to take away and apply immediately to their day-to-day work. This training initiative met the primary goal of the Home for Little Wanderers and DSS: to expand capacity to address a broad range of cultural issues and concerns among the youth in the system. Recognizing that issues of sexuality and gender identity/expression do not arise in isolation of other issues (such as race, class, ethnicity, and immigration status) and enhancing child welfare professionals in their ability to best meet the needs of LGBT youth is but one facet of a larger strategic initiative. We are proud of our partnership with DSS and the continued effort to best serve the youth and families of Massachusetts.

The following statistics provide a glimpse into the scale of change we tried to effect through the development and implementation of this novel training arrangement:

- 60 statewide managers attended a four-hour training session.
- 1685 DSS staff completed a 2.5-hour training session.
- 63 volunteer liaisons came back for a follow-up three-hour training session.
- A total of 1808 DSS staff were trained on LGBT youth issues.

To help us determine the efficacy of our program, we asked attendees to complete pre- and post-training assessments. We found that:

- 91 percent of DSS participants found the training to be helpful or very helpful.
- DSS staff members feel they have more resources as a result of the training.
- Trainees demonstrated an increased ability to evaluate appropriate programs and placements for LGBT youth.
- DSS staff members subsequently have a better understanding of issues facing LGBT youth.

Trainers in the LGBT trainings were shocked not only at the limited knowledge, skills and resources that workers admitted to having about LGBT youth, but moreover at some of the current harmful practices DSS workers acknowledged as a result of their lack of education. As evidenced by the post-training surveys that were collected after the first round of trainings, adults who had been trained to work with LGBT youth reported not only that they appreciate the opportunity to learn about a population which is often invisible throughout their traditional job training, but also that they feel better prepared and have more resources after undergoing a simple 2.5-hour training.

A number of comments made by training participants were instructive to us as trainers both in shaping our thoughts about how effective we had been and in reaffirming that the extraordinary effort of our entire team had indeed borne fruit. We hope they will also encourage others to engage in similar efforts. According to one DSS caseworker,

I have been working with LGBT clients for years but had never had a chance to really learn the “do’s and don’ts” of how I could be respectful and effective with them. I wish I had gotten to do this training earlier in my career. Unfortunately I made

some mistakes with some of the kids on my caseload—I just didn’t know about what language to use and how to talk to them about sexual orientation. I assumed that they would know that I’d accept them, but I didn’t ever make that explicit. One adolescent who I worked with told me that he thought I wouldn’t understand him because I had never given him any indication that I was gay-friendly. All the while, I thought it was obvious. Now I have tools I can use to open up conversations and be more visible in my support for LGBT people.

A DSS supervisor who participated noted,

I had no idea that LGBT youth were up against so many challenges. I knew that there were statistics about suicide risks and substance abuse that these kids face, but I didn’t realize that it was so related to the homophobia they endure and the lack of trained professionals in their lives. Knowing what I know now, I can give them a place to feel safe and be an adult ally.

The need for this work is evident and the impact that such training can make on child welfare, education and juvenile justice systems is enormous. The young people who reside at Waltham House testify to the importance of giving adults tools to utilize in working with LGBT youth. In training we teach the importance of breaking the silence and helping adults to feel comfortable raising LGBT issues with youth. One young man who identified as gay said,

I was terrified to tell anyone about the feelings that I had been having for another guy. I felt like there was something very wrong with me because of everything I had ever learned. [My clinician] though, just made it clear to me, over and over, that no matter what I said about my feelings, it was okay. I ended up coming out to her and spending three years coming to terms with who I am. This therapist saved my life by letting me find self acceptance.

By educating professionals about LGBT issues, we help adults find the best ways to send messages of compassion and acceptance to young people. Another resident at Waltham House reported,

When my social worker asked me about my social life, he didn’t just assume that I was straight. He asked me if there was “anyone special” in my life and if I was dating girls, boys or both. It meant so much to me because I could openly and honestly talk about my feelings and come to my own conclusion about my identity.

Challenging heterosexist assumptions and teaching skills about opening dialogue about sexuality can make the difference between building superficial relationships with clients and providing effective, sometimes lifesaving services.

CONCLUSION

One of the outcomes of the training initiative was an increase in the number and types of referrals that Waltham House received. After suffering from a dearth of referrals due to the lack of awareness of LGBT youth within the system, Waltham House saw a spike in referrals as more and more DSS workers participated in LGBT training. Social workers were better able to identify LGBT young people on their caseloads and better equipped to



have conversations with their clients about sexual orientation and gender identity/expression. As a result, more youth were given the option to consider Waltham House as a placement option and Waltham House received referrals that were more appropriate to the group home level of care the program offered.

The Home is now seeking to extend this training to professionals outside the DSS who work with out-of-home youth. This includes caregivers at non-government social service organizations, the Department of Mental Health, the Department of Youth Services, health care providers at clinics frequented by out-of-home youth, and members of the juvenile court system. Based on the success of the 2003–2004 Tides Foundation-funded training, we are encouraged and inspired to continue this work. We have always known the need existed, and now we have data to support the positive outcomes that training can have for practitioners and, ultimately, LGBT youth. The Home has moved forward in committing both philosophically and financially to continue work in support of LGBT youth.

In May of 2005, the Home created the full-time position of LGBT Training Manager in order to respond to the need to provide professional development opportunities for social and human service providers both locally and nationally. Our LGBT Training Manager has a wide range of duties, but among them is the critical charge of offering training and consultation on LGBT youth issues and to assist external agencies with enhancing the services they provide to youth and families.

Conclusion and policy recommendations

LGBT youth experience homelessness at a grossly disproportionate rate. Our analysis of the available research suggests that between 20 percent and 40 percent of all homeless youth identify as lesbian, gay, bisexual or transgender (LGBT).⁵⁶⁷ Because of a lack of understanding of their particular needs and in many instances a lack of knowledge of their very existence, homeless youth also experience negative social service outcomes. On so many measures, we can look to the behavioral, health, emotional and other risks facing straight homeless youth and see evidence that those same risks are inflated for their LGBT counterparts. When thousands of youth experiencing homelessness each year go without access to basic drop-in center services or space in a transitional living program, it is not simply because they are straight or LGBT that they miss out. It is because for far too long these much needed services have been grossly underfunded.

While our focus in this publication and in these policy recommendations is to address LGBT-specific concerns, we believe that homelessness is not an issue that can be tackled piecemeal. Wholesale improvement is needed, and that is what we propose. Some of our recommendations address flaws in federal funding, programs or planning. Others address shortcomings at the state, individual agency or professional training levels. Instead of presuming to know what specific problems exist and how exactly they might best be addressed, we have approached this process as a collaborative effort.

Developing these recommendations has been a collaborative effort. Our publishing partners at the National Coalition for the Homeless have been particularly helpful in putting together this series of recommendations. We have also talked with and/or analyzed the policy recommendations of the Child Welfare League of America, the National Network for Youth, the National Youth Advocacy Coalition, the ACLU's LGBT Rights Project, the Evan B. Donaldson Adoption Institute and the Sexual Minority Youth Assistance League. The result is a series of recommendations that reflect the problems identified by our review of the available research and which are in line with the views of nationally recognized experts in public policy related to youth homelessness.

Homelessness is not an issue that can be tackled piecemeal. Wholesale improvement is needed, and that is what we propose.

⁵⁶⁷ See pages 11 to 14 of the full report for a more detailed summary of the available research.



Our recommendations are not intended to be an exhaustive list of every policy change that would make the experience of homeless youth better. Rather, we highlight some of the crucial problem areas where policy change is needed and reasonably possible. While each recommendation has the potential to impact the process of caring for homeless LGBT youth from the federal level down to local agencies, we have separated our recommendations into three categories. We begin with a discussion of those recommendations that should be addressed from the federal level, then turn to state- and local-level recommendations before concluding with a number of recommendations specifically targeted at practitioners.

FEDERAL-LEVEL RECOMMENDATIONS

1. Reauthorize and increase appropriations for federal Runaway and Homeless Youth Act (RHYA) programs.

Increased funding for RHYA programs is a critical first step in the process of moving all youth off the streets, LGBT or straight. President George W. Bush's FY 2007 budget request included \$103 million for RHYA programs, the same level as the FY 2006 appropriation (\$88 million for the consolidated account and \$15 million for the prevention account). This is a *decline* in actual dollars over two years ago and a greater reduction in available funding when accounting for inflation.⁵⁶⁸

The U.S. Department of Health and Human Services reported in FY 2005 that 2,064 youth were turned away from RHYA basic centers and 2,555 youth were turned away from RHYA transitional living projects due to lack of capacity to house them.⁵⁶⁹ This equates to a capacity shortfall of at least 11 basic centers and at least 15 transitional living projects. For the purposes of this report, we avoid making specific funding recommendations because such recommendations will be out of date quickly. A more comprehensive explanation of the variety of factors affecting RHYA funding is available from the National Network for Youth (NN4Y) at www.nn4youth.org.

2. Permit minor youth, especially unaccompanied minors, to receive primary and specialty health care services without the consent of a parent or guardian.

Many homeless youth living on the streets and leaving foster care prior to legal adulthood encounter challenges accessing primary and specialty medical care. Many homeless youth do not understand how to navigate the complex healthcare system of the uninsured. Because no guardian is available to consent to medical care, legislation is needed to grant unaccompanied minors health coverage regardless of parental or guardian permission.⁵⁷⁰

568 At press time the Congress had not acted upon the President's budget request. The data provided here is only to provide the reader with some context as to recent funding levels. Further discussion of historical trends is contained in the "The Federal Response to Homelessness" section of this report.

569 Cited in National Network for Youth. (2006, March 30). *Statement for the record of the National Network for Youth on FY 2007 Labor-HHS-Education-related agencies appropriations before the Subcommittee on Labor-Health and Human Services-Education-related agencies. Committee on Appropriations. U.S. House of Representatives.* Author. Retrieved September 11, 2006, from http://appropriations.house.gov/_files/AnitaFriedmanTestimony.pdf#search=%22HHS%20capacity%20of%20basic%20center%20program%22

570 For more information visit the website of the Center for Adolescent Health and the Law at www.cahl.org

3. Develop a national estimate of the incidence and prevalence of youth homelessness, gathering data that aids in the provision of appropriate services.

Reasons to overcome the methodological and political barriers to obtaining a more accurate estimate of the population of homeless youth nationwide include:

- Obtaining a more accurate idea of how many youth, and with what experiences and needs, are experiencing homelessness
- Aiding in the most efficient and appropriate allocation of scarce resources
- Providing crucial data that will teach us much about this community and provide direction for additional research to further inform decision making in this area

4. Authorize and appropriate adequate federal funds for developmental, preventive and intervention programs targeted to LGBT youth.

Drop-in centers, funded through current federal homeless youth programs and often connected to street outreach programs, are crucial to helping LGBT youth who have run away or are experiencing homelessness for many reasons. These reasons include peer bonding, recreation, safety, public health and youth development. Such centers might work with housed youth as well as those experiencing homelessness.⁵⁷¹

5. Raise federal and state minimum wages to an appropriate level.

The federal minimum wage rate, which has not been increased in almost 10 years and stands today at \$5.15 per hour, should be increased. At the current rate, a full-time employee on minimum wage earns only \$10,712 per year. This is far short of the \$28,500 increase in salary that members of Congress have received since the last change in the federal minimum wage in 1997,⁵⁷² and barely above the official poverty level for a single person, \$9,800. If this person has even one child, then they will fall thousands of dollars below the official poverty level.⁵⁷³ Raising the federal minimum wage would significantly help homeless people trying to find a way off the streets or into independent housing.

State minimum wage rates should be increased over and above the federally mandated minimum to make a considerable difference in the quality of life of minimum wage-earning employees. Some states have taken similar steps; Alaska's minimum wage is \$7.15 per hour and Michigan's increased to \$6.95 per hour effective October 1, 2006. Oregon (\$7.50 per hour) and Washington state (\$7.63 per hour) have gone one step further by index-linking their state minimum wage so on the first of every year it is increased in line with inflation.⁵⁷⁴ The city of Los Angeles, Calif., has taken action separately from the state and increased its minimum wage to \$10.03 per hour, or \$8.78 per hour if an employer makes a minimum \$1.25 per hour contribution towards health benefits, paid vacation and unpaid leave.⁵⁷⁵

571 Many youth-specific and general LGBT community centers offer programming for LGBT youth, but the mechanics of funding such programs can be haphazard. For example, in Tucson, Ariz., the Eon youth program is a collaboration of Wingspan, Southern Arizona's LGBT Community Center, Pima County Health Department and the Southern Arizona AIDS Foundation. A single stream of federal funds that enabled groups like Eon to cover the basic operations of an LGBT youth center would make things far simpler.

572 Samuel, T. (2005, March 13). Victims of minimum wage. *CBS News*. Retrieved June 28, 2005, from <http://www.cbsnews.com/stories/2005/03/11/opinion/main679698.shtml>

573 U.S. Department of Health and Human Services. (2006, January 24). The 2006 HHS poverty guidelines. Author. Retrieved October 31, 2006, from <http://aspe.hhs.gov/poverty/06poverty.shtml>

574 AFL-CIO data cited at www.infoplease.com. (2006). State minimum wage rates. Author. Retrieved September 11, 2006, from <http://www.infoplease.com/ipa/A0930886.html>

575 Ibid.



Increasing the minimum wage is one way to help the poorest of American workers, but adopting a living wage would make a substantially greater difference. A living wage program considers the real, localized cost of living based on accepted minimal norms and standards. It would ensure that each person would pay no more than 30 percent of their income to cover housing costs.⁵⁷⁶

6. Broaden the U.S. Department of Housing and Urban Development’s definition of “homeless individual” to include additional living arrangements common to homeless youth.

Inconsistencies and incompleteness in counts of homeless people contribute to the difficult task homeless advocates have in seeking more funds from the federal government and others. What constitutes “homeless” for one agency is merely “sleeping on a friend’s couch” for another.

The U.S. Department of Housing and Urban Development’s (HUD) definition of homeless individuals should be broadened to encompass the diverse living arrangements of people in homeless situations. The definition of “homeless individual” in the McKinney-Vento statute restricts the meaning of that term to persons living on the street, emergency shelters, and other locations “not fit for human habitation.” Excluded from this definition—and thus from federal homeless assistance—are individuals and families living in doubled-up arrangements, transitional housing, and motels and hotels when there is no suitable alternative. The generosity of a friend providing a couch to sleep on should not constitute being adequately housed.

These are the very living arrangements commonly deployed by unaccompanied youth. Consequently, the exclusion of these living arrangements from the McKinney-Vento definition of homeless individuals renders HUD and other federal homeless assistance programs inaccessible to thousands of homeless youth and young adults. We recommend that appropriate federal legislation include a revised definition of “homelessness” that includes individuals and families living in doubled-up arrangements, transitional housing, and motels and hotels when there is no suitable alternative.⁵⁷⁷

STATE- AND LOCAL-LEVEL RECOMMENDATIONS

1. Establish funding streams to provide housing options for all homeless youth. Require that recipients of these funds are committed to the safe and appropriate treatment of LGBT homeless youth, with penalties for noncompliance including the loss of government funding. These funds would supplement federal appropriations.

In addition to funding allocated to them from federal programs, more than a dozen states have developed their own funding streams to provide runaway and homeless youth service providers with a pool of money for prevention, outreach, emergency shelter and transitional housing services. Some of the existing state programs are competitive, inviting agencies to apply for funds, while others are managed and distributed by the states in a non-competitive process. Since the needs of homeless youth exceed the funds from any

⁵⁷⁶ For more information about living wage programs, see www.universallivingwage.org

⁵⁷⁷ See www.npach.org for extensive documentation on the HUD definition of homeless individual and the call for a different definition.

one source, we strongly encourage all states to research the possibilities for creating state- and local-level funding complementary to RHY funds.

For example, in Berkeley, Calif., the city council has set aside increased funding for programs to meet the needs of homeless youth. Young people are flocking to Berkeley because of its liberal politics and temperate climate and they need a safe place to sleep that is youth-specific. As a member of the city's homeless commission noted, "Young people often avoid adult shelters because they... don't want to be associated with the older homeless crowd."⁵⁷⁸

In 2002, the city provided the Youth Emergency Assistance Hostel (YEAH!) program \$5,000 of public funds towards a total budget of \$22,000 to run a 20-week winter shelter.⁵⁷⁹ By 2004–2005 the city's contribution had risen to approximately \$40,000 of an \$119,000 annual operating budget, a clear sign of the city's commitment to helping an underserved population.⁵⁸⁰

Other cities have also made commitments to youth homeless programs. In New York City, the city council in 2006 approved \$1.2 million of funding specifically for LGBT youth.⁵⁸¹ These funds have been allocated to three agencies so they can secure the necessary licenses to expand the services they can offer to this population. Licensing is obviously a crucial requirement to ensure that all youth are being cared for in appropriate spaces by appropriately qualified staff. However, the process can be time-consuming and expensive, rendering it almost impossible for smaller agencies to qualify to receive funds that might enable them to increase their efforts working with LGBT or other homeless youth.

2. Permit dedicated shelter and housing for LGBT youth

Theoretically, all shelter space should be safe for LGBT youth, but this is not the case. The absence of sufficient safe space for LGBT homeless youth has resulted in the creation of LGBT-only facilities to accommodate the immediate need for shelter housing options. We strongly encourage grant-making child welfare agencies to approve funding for programs that specialize in serving LGBT runaway and homeless youth.

It is important to acknowledge that LGBT-specific housing is not necessarily a useful or desired option for *all* LGBT youth. In fact, some youth may not want to live in a space that identifies them as LGBT. Further, the creation of LGBT-specific spaces is not intended to shift responsibility away from mainstream providers. The end goal is for both mainstream and LGBT providers to have the capacity and knowledge to effectively and compassionately serve LGBT youth.

3. Repeal existing laws and policies that prevent single and partnered LGBT individuals serving as adoptive and foster parents.

The federal government has documented the vast number of children who are awaiting adoption: 119,000 as of 2003.⁵⁸² In addition, many youth are not formally

578 Bhattacharjee, R. (2006, February 28). Program aims to remove homeless youth from the streets of Berkeley. *Berkeley Daily Planet*. Retrieved August 19, 2006, from http://www.yeah-berkeley.org/Berkeley_Daily_Planet_28Feb06.pdf

579 Hoge, P. (2004, February 6). Home for the night: Alameda County's new shelters for young adults open many doors. *San Francisco Chronicle*. Retrieved August 19, 2006, from http://www.yeah-berkeley.org/SF_chronicle_6Feb04.pdf

580 Youth Emergency Assistance Hostel. (2006). Our program. Author. Retrieved August 19, 2006, from <http://www.yeah-berkeley.org/page2.php>

581 Siciliano, C. (2006, March 2). At long last, progress on homeless LGBT youth. *Gay City News*. Retrieved August 19, 2006, from http://www.gaycitynews.com/gcn_509/atlonglastprogress.html

582 U.S. Children's Bureau. (2005). *The AFCARS report*. Washington, DC: Administration on Children, Youth and Families.



in the child welfare system but would nevertheless benefit from a stable and “permanent, loving home.”⁵⁸³

Same-sex couples and LGBT individuals should not be restricted from helping to meet this need solely because of their sexual orientation or gender identity. Unfortunately, as of July 2006, six states restrict adoption and/or foster care by LGB people and/or same-sex couples.⁵⁸⁴ Additionally, only 24 states and the District of Columbia permit second parent adoption by a same-sex partner.⁵⁸⁵ Many youth awaiting placement in foster or adoptive homes are older, ill, or suffering from the consequences of physical or mental abuse. There is a growing body of evidence that LGBT people are adopting these children, who often are placed with LGBT families when social workers determine to turn a blind eye to official regulations.⁵⁸⁶ There are already a great many children with one or more gay or lesbian parents, with estimates ranging from 1.6 million to 14 million.⁵⁸⁷ The 2000 Census confirmed that more than one quarter of the nation’s same-sex couple households are raising at least one child under the age of 18.

Among the authors who have analyzed parenting by same-sex couples and LGBT individuals is Leslie Cooper of the ACLU’s LGBT Rights Project. In her recently published thorough review of the available academic literature, she finds nothing to suggest that LGBT people cannot be equally effective as parents as their heterosexual counterparts.^{588,589} The nonpartisan, academically affiliated Evan B. Donaldson Adoption Institute also conducted a review of the existing literature on adoption by gay and lesbian parents. They proposed a number of policy changes that we endorse as partial solutions to the complex problem of how to best house and support homeless LGBT youth:

- Move to end de facto and legal restrictions on adoption by LGBT people. We need uniformity of policies that reflect sound scientific evidence to avoid “decisions about waiting children [being] made at the discretion of individual workers and placement agencies.”^{590, 591}
- Bring honesty into the adoption process by abolishing often-unwritten “don’t ask, don’t tell” policies that bring fear and potentially dishonesty into the adoption process.
- Require and enforce appropriate training for all social service workers involved in placing youth so they are truly able to judge what is in the child’s best interests.

583 The Evan B. Donaldson Adoption Institute. (2006, March). *Expanding resources for children: Is adoption by gays and lesbians part of the answer for boys and girls who need homes?* New York, NY: The Evan B. Donaldson Adoption Institute.

584 See National Gay and Lesbian Task Force. (2006, July). Foster care regulations in U.S. Author. Retrieved September 13, 2006, from http://www.thetaskforce.org/downloads/FosteringMap_06.pdf and National Gay and Lesbian Task Force. (2006, July). Adoption laws in the US. Author. Retrieved September 13, 2006, from http://www.thetaskforce.org/downloads/adoption_laws_06.pdf

585 National Gay and Lesbian Task Force. (2005, January). Second parent adoption in the U.S. Author. Retrieved September 13, 2006, from <http://www.thetaskforce.org/downloads/secondparentadoptionmap.pdf>

586 Sullivan, R. T. (1994).

587 Patterson, C. J. & Freil, L. V. (2000). Sexual orientation and fertility. In Bentley, G. & Mascie-Taylor, N., *Infertility in the modern world: Biosocial perspectives*. Cambridge, England: Cambridge University Press.

588 Cooper, L. & Cates, P. (2006). *Too high a price: The case against restricting gay parenting*. (2nd ed.) New York, NY: American Civil Liberties Union Foundation.

589 The American Academy of Pediatrics (AAP), the American Academy of Family Physicians, the Child Welfare League of America, the National Association of Social Workers, and the American Psychological Association all recognize that gay and lesbian parents are just as good as heterosexual parents and that children thrive in gay- and lesbian-headed families. For example, see: Patterson, C. J. (1995). *Lesbian and gay parenting: A resource for psychologists*. Retrieved, from <http://www.apa.org/pi/parent.html>

590 The Evan B. Donaldson Adoption Institute. (2006, March). p.10.

591 Ryan, S. D. (2000). Examining social workers’ placement recommendations of children with gay and lesbian adoptive parents. *Families in Society*, 81(5).

- Explicitly permit same-sex second-parent adoptions.
 - Promote additional research in this area that informs the public discourse, addresses some of the methodological criticisms made by opponents of adoption by LGBT people and provides support to new LGBT-led families.
 - While no state law explicitly forbids foster parenting by LGBT persons, there are places where the practice is strongly against placing youth in LGBT homes. Instead, a better policy is that of New Jersey, which expressly forbids staff from discriminating against potential foster parents based on sexual orientation.
- 4. Discourage the criminalization of homelessness and the activities inherent to the daily lives of people experiencing homelessness.**

The National Coalition for the Homeless and the National Law Center on Homelessness and Poverty⁵⁹² have reported on the criminalization of many life sustaining activities associated with homelessness nationwide.⁵⁹³ Many cities and towns are being creative in their efforts to force homeless people, including youth, out of the public eye. Criminalization efforts are directed at people experiencing homelessness via laws against sleeping, sitting or laying down under certain conditions in certain parts of a town or city, and more subtly, by permitting selective enforcement of other ordinances or even targeting people who feed the homeless in public spaces.⁵⁹⁴ Pushing people away from downtown areas and into the suburbs takes them away from needed services and serves only to deny the existence of a critical social problem. Often, the result is involvement with the criminal justice system, and ultimately being further away from escaping the streets altogether. These approaches do not address the problems that lead to homelessness, nor are they likely to achieve long-term success in moving everyone into safe, affordable housing.

5. Expand the availability of comprehensive health insurance and services through the age of 24 to all low-income youth via Medicaid.

Homeless youth, straight and LGBT, face inadequate access to medical care provision, increased exposure to a wide variety of health risks versus their housed counterparts, and a patchwork of services across the country. While evidence demonstrates that LGBT youth specifically face increased risks of certain health problems, access to health care is crucial for all young people, LGBT or straight. If they are to grow up healthy, optimize educational opportunities, and not lose income because they are unable to work due to an illness or other health condition, access to health care is necessary.

The federal Foster Care Independence Act grants states the right to extend Medicaid coverage to people exiting the foster care system, and we propose that this option become a mandate for the states. Some states already extend coverage, though to different ages, and consistency is what is needed. Different federal legislative initiatives that impact the homeless youth population use different age limits to define when a person stops being a youth, and this is part of the problem.

The Ryan White Act defines youth as ages 13 to 24 and the Workforce Investment Act

592 For more information, see www.nlchp.org

593 The National Coalition for the Homeless & The National Law Center on Homelessness and Poverty. (2006d). *A dream denied: The criminalization of homelessness in U.S. cities*. Washington, DC: The National Coalition for the Homeless & The National Law Center on Homelessness and Poverty. See also The National Coalition for the Homeless. (2004).

594 Ibid. p.9.



ages youth out of eligibility for its programs at age 24 as well. There is precedence for this age range being used in future adjustments to legislation that assists homeless youth. Youth should not be denied access to basic health care because their family disowned them or because they are escaping sexual or emotional abuse and trying to find a way off the streets or in the child welfare system.

PRACTITIONER-LEVEL RECOMMENDATIONS

- 1. Require all agencies that seek government funding and licensure to serve homeless youth to demonstrate awareness and cultural competency of LGBT issues and populations at the institutional level and to adopt nondiscrimination policies for LGBT youth.**

Licensure alone is not sufficient to ensure culturally competent treatment for LGBT homeless youth. At one Michigan residential placement facility, LGBT teens or those suspected of being gay were made to wear orange jumpsuits to alert staff and other residents. At another transitional housing placement, staff removed the bedroom door of an out gay youth, supposedly to ward off any homosexual behavior. The second bed in the room was left empty, with other residents warned that if they misbehaved they would have to share the room with the “gay kid.”⁵⁹⁵

As part of the initial licensing process that any facility must go through and the renewal of that license in subsequent years, we recommend that state agencies regulating facilities that care for youth mandate the following:

- Private and nonprofit entities seeking a license to care for youth must demonstrate that administrators and staff have completed appropriate cultural competency training regarding the provision of safe spaces for LGBT youth prior to issuance of the license.
 - Agencies must agree to adopt, post and enforce, a state-mandated nondiscrimination policy including sexual orientation and gender identity/expression prior to being licensed to care for youth, with in-service training on the policy available annually. Training should be provided not only to staff but also to all prospective clients during the intake process.
 - Related to this provision in the licensing process, a nondiscrimination performance standard should be established. Such a standard would ensure that ongoing measurement of each agency’s performance would include consideration of their demonstrated capacity to provide fair and equal access to and treatment of LGBT youth.
- 2. Mandate individual-level LGBT awareness training and demonstrated cultural competency as part of the professional licensing process of all health and social service professions.**

Staff employed by organizations providing care and support to youth must meet certain educational and licensing standards. There is also an ethical aspect to this recommenda-

⁵⁹⁵ Both examples were confirmed in personal conversations between the author and social service agency staff who had either worked at the offending agencies or worked with youth who had resided at those agencies.

tion, because “[t]he social work code of ethics mandates that social workers must not undertake a social service unless we have the competence or can acquire the competence to provide that service.”⁵⁹⁶ In many instances, the solution to this dilemma is to deny adequate service rather than to secure the necessary training.

States must ensure that LGBT homeless youth are accessing services not just in a space where their safety and equal treatment is directly related to the licensing process, but where individual staff cannot let their personal biases translate into unfair treatment of any clients. Specifically, as part of their licensing examinations, states should test a potential social worker or other counseling staff person’s awareness of the specific needs of LGBT youth and the challenges they face in the social welfare system and beyond.

States must work with in-state education establishments that train the workers they hire to ensure that their relevant programs not only incorporate LGBT issues into the variety of classes that make up an MSW program, for example, but also engage those programs in the development of coursework that is specific to the experiences of LGBT youth in the child welfare system. If schools know that their graduates will be tested on these issues as part of their licensing exams, then they will have an incentive to make any necessary curricular changes. Students will also know that ignorance of the issues will only hinder their performance on exams that ultimately dictate their ability to secure a job.

Voluntary certification programs for “paraprofessional” youth workers should also include an LGBT awareness component.⁵⁹⁷

3. Mandate LGBT cultural competency training for all state agency staff who work in child welfare or juvenile justice divisions.

Many state child welfare or juvenile justice staff are undereducated about the existence of LGBT clients and their particular issues. While potentially supportive of LGBT youth, many do not know how to raise or discuss LGBT issues with their clients. Cultural competency training is important to promote clear and open communication and to help staff recognize how to create a safe space for all the youth they work with.

CONCLUSION

Once implemented, these policy recommendations will help not only LGBT homeless youth, but all youth abandoned by their family or forced to leave home. In this report, we have extensively reviewed the academic and professional literature on the myriad challenges faced by LGBT homeless youth. Despite these challenges, the research also shows that many of these youth are remarkably resilient and that they have benefited from programs like those outlined in our model practice chapters that are designed to help them feel safe, welcome and supported. Regardless of sexual orientation or gender identity, every young person deserves a safe and nurturing environment in which to grow and learn. It is our hope that this report will bring renewed attention to an issue that has been inadequately addressed for far too long.

⁵⁹⁶ Dame, L. (2004).

⁵⁹⁷ Paraprofessionals include youth outreach workers, youth developers, health education and risk reduction specialists and case managers.



Addendum

ESTIMATES OF THE PERCENT OF HOMELESS YOUTH IDENTIFYING AS LGBT

This addendum provides a detailed summary of the peer-reviewed, academic journal articles, monographs, newspaper articles and statements from service providers related to the proportion of lesbian, gay or bisexual youth in the total homeless youth population. There is little research on the proportion of these youth who specifically identify as transgender, but we include them in our overall estimation based on statements from service providers and youth, which indicate that transgender youth are also disproportionately impacted by homelessness.

There has been no national, representative count of homeless youth who identify as lesbian, gay, bisexual or transgender (LGBT). This is why we recommend a comprehensive and appropriately-funded national count. This count will permit researchers and policy analysts to gather more accurate information about exactly which youth are homeless, where and why, and what their experiences are on the streets or with out-of-home-care service providers.

PEER-REVIEWED JOURNALS AND OTHER ACADEMIC SOURCES (ALPHABETICAL ORDER BY AUTHOR'S LAST NAME)

1. Cochran, B. N., Stewart, A. J., Ginzler, J. A. & Cauce, A. M. (2002). Challenges faced by homeless sexual minorities: Comparison of gay, lesbian, bisexual, and transgender homeless adolescents with their heterosexual counterparts. *American Journal of Public Health*, 92(5). pp.773-776.

“It’s difficult to estimate the proportion of GLBT youths in the street population. The National Network of Runaway and Youth Services estimates that about 6% of homeless adolescents are gay or lesbian. However, the few studies assessing sexual orientations of homeless adolescents have revealed rates ranging from 11% to 35%.” (p. 773).

2. Dame, L. (2004). Queer youth in care in Manitoba: An examination of their experiences through their voices. *The Canadian Online Journal of Queer Studies in Education*, 1(1).

“Clatts et. Al (1998) reported that thirty five percent of homeless and/or street-involved youth self-identified as lesbian, gay, or bisexual. That percentage rose to approximately fifty percent when the same author studied street youth in central Manhattan and hypothesized that this larger percentages was a more accurate reflec-

tion in larger cities. Similarly Mallon et. Al. (2002) reported a thirty percent rate.”

3. Johnson, T. P. & Graf, I. (2005, December). *Unaccompanied homeless youth in Illinois: 2005*. Chicago, IL: Survey Research Laboratory - University of Illinois Chicago.

“Most [homeless] youth interviewed indicated that they had a heterosexual orientation (85.2%). About 5% considered themselves gay or lesbian (5.3%) and 4.7% considered themselves to be bisexual. The proportion who were currently questioning their sexuality was 3.0%, and 1.8% identified their sexuality as ‘something else.’ There were fewer proportions of heterosexuals among the youth interviewed in Cook County (77.6%) and the City of Chicago (76.9%) [NOTE: This means that 22.4% in Cook County and 24.1% in the City of Chicago identified as gay, lesbian, bisexual or “something else”], compared to the southern Illinois (94.1%) and central Illinois (90.9%), and northern Illinois (83.3%) regions.” (p. 46).

4. Kennedy, M. R. (1991). Homeless and runaway youth mental health issues: No access to the system. *Journal of Adolescent Health, 12*(7). pp.576-579.

“21% identified as gay, lesbian, bisexual or undecided (of the 100 respondents in this study).” (p. 578).

5. Kruks, G. (1991). Gay and lesbian homeless/street youth: Special issues and concerns. *Journal of Adolescent Health, 12*(7). pp.515-518.

“For example, in Los Angeles an estimated 25-35% of street youths are gay and in Seattle an estimated 40%.” (p. 516).

6. Martin, S. R. (1996). A child’s right to be gay: Addressing the emotional maltreatment of queer youth. *Hastings Law Journal, 48*(1). pp167-182.

“Studies suggest that approximately one out of every four queer youth are forced out of their homes because of conflicts with families over their sexual orientation or gender identity. Consequently, queer youth comprise a drastically disproportionate number of the homeless youth in this country. Gary Remafedi found that nearly one half of bisexual and gay young men in one study had run away from home at least once. Yates, et al., conducted a survey that determined that about 13% of the 620 homeless youth that they interviewed were gay, lesbian, bisexual or undecided. Gibson found that as many as 25% of all youth living on the streets in this country are gay or lesbian. However, this figure varies, and is especially higher in urban settings. Abby Abinati, in an interview with the Larkin Street Youth Center in San Francisco, found that of 2,000 homeless teenagers who had contact with the Center, approximately half were gay or lesbian. In Seattle, it is estimated that 40% of street youths are gay, lesbian or bisexual, and in Los Angeles the estimate is 30%.” (p. 176).

7. Clatts, M. C., Davis, W. R., Sotheran, J. L. & Aylin, A. (1998). Correlates and distribution of HIV risk behaviors among homeless youths in New York City: Implications for prevention and policy. *Child Welfare, 77*(2). pp.195-207.

“Demographic and Behavioral Profile: The majority (74%) of the youths in the sample were male [Clatts & Davis 1993]. Two-thirds identified as ethnic minorities, primarily African American (29%) or Hispanic (30%). One-third (35%) self-identified as gay, lesbian, or bisexual.” (p. 199).



8. Nolan, T. (2006). Outcomes for a transitional living program serving LGBTQ youth in New York City. *Child Welfare*, 85(2). pp.385-406.

“In New York City alone, an estimated 32,000 youth are homeless. One study finds that approximately 25% to 40% of them identify as LGBTQ, while another finds the percentage is close to half.” (p. 388).

9. Ryan, C. & Futterman, D. (1998). *Lesbian and gay youth: Care and counseling*. New York: Columbia University Press.

“Although the actual number of lesbian/gay runaways and ‘throw-aways’ is not known, some estimates suggest that 1 in 4 street youth may be lesbian or gay. Local estimates are even higher. Agencies serving street youth in Los Angeles estimate that 25-35% of homeless youth are lesbian or gay, and in Seattle, 40% of homeless youth are estimated to be gay.” (p. 25).

10. Savin-Williams, R. C. (1994). Verbal and physical abuse as stressors in the lives of lesbian, gay male, and bisexual youths: Association with school problems, running away, substance abuse, prostitution and suicide. *Journal of Consulting and Clinical Psychology*, 62(2). pp.261-269.

“The National Network of Runaway and Youth Services (1991) reported that 6% of all runaways identified themselves as gay or lesbian. Among 12- to 17-year-old African-American and Hispanic male runaways in New York City, 6% considered themselves gay or bisexual. According to the U.S. General Accounting Office, 2% to 3% of homeless and runaway youths who sought services or assistance were reported by shelter staff to be lesbian, gay male and bisexual youths. Another group, street youths who make money from prostitution, were not counted in this 2%-to-3% range. As I note later, many of these youths are likely to be gay male, lesbian, and bisexual teenagers.

“These percentages are probably a gross underestimation because few youths are likely to tell authorities and staff their sexual identity. Indeed, investigations of runaways in specific locales have revealed that a much larger percentage of runaway and homeless youths are gay, lesbian, or bisexual. For example, 40% of street youths in Seattle and 30% of the runaway youths in Los Angeles identified themselves as lesbian, bisexual, or gay.

“When the directionality of the question is reversed and these youths are asked if they have ever run away from home, the percentages are considerably higher. For example, nearly one half of bisexual and gay male youths in one study had run away at least once; many, repeatedly. Many of the youths seeking the assistance of the Los Angeles Gay and Lesbian Community Services Center are runaways and throwaways (youths thrown out of the home by parents) who have had arguments and fights with their parents.” (p. 264).

11. Schaffner, L. (1999). Violence and female delinquency: Gender transgressions and gender invisibility. *Berkley Women’s Law Journal*, 14. pp.40-65.

“Some agencies estimate that, nationally, as high as twenty to forty percent of the runaway and street youth population surviving in the street economy may be gay or lesbian.” (p. 61).

12. Tenner, A. D., Trevithick, L. A., Wagner, V. & Burch, R. (1998). Seattle YouthCare's prevention, intervention and education program. *Journal of Adolescent Health, 23*(2). pp.96-106.

"...three waves of quantitative data were collected (n=272). The data collected gave YouthCare insight into the characteristics, behaviors and attitudes of street-involved, homeless and sexual minority youth. In the surveys, for example, 37% identified as gay, lesbian, or bisexual." (pp. 102-103).

13. Unger, J. B., Kipke, M. D., Simon, T. R., Montgomery, S. B. & Johnson, C. J. (1997). Homeless youths and young adults in Los Angeles: Prevalence of mental health problems and the relationship between mental health and substance use disorders. *American Journal of Community Psychology, 25*(3). pp.371-394.

"The chart on page 383 shows that in a study of 342 homeless youths recruited both on the street and at agencies, 18.1% self-identified as gay or bisexual." (p. 383).

14. Van Leeuwen, J. M., Boyle, S., Salomonsen-Sautel, S., Baker, D. N., Garcia, J. T., Hoffman, A., Hopfer, C. J. (2006). Lesbian, gay, and bisexual homeless youth: An eight-city public health perspective. *Child Welfare, 85*(2). pp.151-170.

"Of the 670 youth participants [NOTE: ages 14-24], 150 (22.4%) identified as LGB. LGB youth and non-LGB youth had a similar mean age of 19, although more LGB youth were female than non-LGB youth." (p. 159).

15. Wardenski, J. J. (2005). A minor exception?: The impact of Lawrence v. Texas on LGBT youth. *Journal of Criminal Law and Criminal Justice, 95*(4). pp.1363-1410.

"In our nation's cities, ten of thousands of teenagers live on the streets. In major urban centers like New York, San Francisco, and Chicago, up to half of all these teens may self-identify as lesbian, gay, bisexual, or transgender (LGBT). Nationally, between eleven and forty percent of homeless youth are thought to be LGBT." (pp. 1363-1364.)

16. Whitbeck, L. B., Chen, X., Hoyt, D. R., Tyler, K. A. & Johnson, K. D. (2004). Mental disorder, subsistence strategies, and victimization among gay, lesbian, and bisexual homeless and runaway adolescents. *The Journal of Sex Research, 41*(4). pp.329-342.

"There are no nationally representative studies of homeless and runaway adolescents on which to base estimates of GLB adolescents.... Numbers from systematic studies are somewhat lower and vary by region. In their Hollywood study, Unger, Kipke, Simon, Montgomery, and Johnson (1997) reported that 18% (n=60) self-identified as gay or bisexual. Cochran et al. (2002) reported 22% of their Seattle area sample of 374 homeless and runaway adolescents identified themselves as bisexual, gay, lesbian or transgender. Kennedy (1991) found that 21% of a sample of 100 street youth from the Larkin Street Youth Center in San Francisco self-reported same-sex sexual orientation. Whitbeck & Hoyt (1999) reported that only about 6% self-identified as bisexual, gay or lesbian in a sample of 602 homeless and runaway youth from small and medium-sized cities in four Midwestern states. This lower percentage could reflect geographical location.... Regardless of sample differences, there appears to be a general agreement across studies that about 20% of homeless and runaway adolescents are gay, lesbian, or bisexual in larger magnet cities (e.g. Los Angeles, San Francisco, Seattle) with perhaps a slightly lower proportion in smaller, non-magnet cities." (pp. 329-330).



OTHER SOURCES (ALPHABETICAL ORDER BY AUTHOR'S LAST NAME)

17. Dylan, N. (2004). City enters partnership to assist lesbian and gay homeless youth. *Nation's Cities Weekly*, 27(10). p.8.

“The National Network of Runaway and Youth Services has estimated that 20-40% of youths who become homeless each year are lesbian, gay, or bisexual. For example, the Seattle Commission on Children and Youth found that approximately 40% of homeless youth identified as gay, lesbian, or bisexual.”

18. Feinstein, R., Greenblatt, A., Hass, L., Kohn, S., & Rana, J. (2001). *Justice for all: A report on lesbian, gay, bisexual, and transgendered youth in the New York juvenile justice system*. Urban Justice Center. Retrieved September 1, 2006, from <http://www.urbanjustice.org/pdf/publications/lesbianandgay/justiceforallreport.pdf>

“One study found that nearly half of bisexual and gay young men had run away from home at least once. Nationally, as few as 25 percent and as many of 40 percent of homeless youth are thought to be LGBT. Such figures are estimated to be even higher in New York City.” (pp. 17-18).

19. Galst, L. (1992, December 29). Throwaway Kids. *The Advocate*. p.55.

“The National Network of Runaway and Youth Services has estimated that 20% to 40% of the 1.3 million kids who become homeless each year are gay, lesbian, and bisexual youth.”

20. Gibson, P. (2006). *Gay male and lesbian suicide*. Lambda GLBT Community Services. Retrieved September 12, 2006, from http://www.lambda.org/youth_suicide.htm

“Gay male, lesbian, bisexual, and transsexual youth comprise as many as 25 percent of all youth living on the streets in this country.”

21. Krisberg, K. (2002). Oregon clinic increases health care access for homeless youth. *Nation's Health*, 32(7). p.12.

“Gay, lesbian, bisexual, and transgender youth, who, according to (John) Duke, compose about 30 percent of the homeless youth population in Portland.”

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False Promises

HOW THE RIGHT DEPLOYS
HOMOPHOBIA TO WIN SUPPORT
FROM AFRICAN-AMERICANS

by Nicholas Ray

False Promises highlights Republican attempts to bring African-Americans “back home” to the Republican Party by focusing on so-called “moral values” issues, specifically the supposed threat of same-sex marriage. Within the context of this strategy to attract black voters, we analyze the voting behavior of key conservative members of Congress. We find that the strongest advocates of a “morals values” agenda are the members of Congress least likely to support issues of real significance to the African-American community.

April 2006

Youth in the Crosshairs

THE THIRD WAVE OF
EX-GAY ACTIVISM

by Jason Cianciotto and Sean Cahill

Youth in the Crosshairs examines the ex-gay movement’s new tactic of targeting lesbian, gay and bisexual youth for “conversion therapy” and “preventive” measures for its own political gain. It reveals how groups such as Exodus International and Focus on the Family promote widely discredited theories on homosexuality and recommend treatments for children as young as five years old despite the growing body of research that shows these treatments to be ineffective and extremely harmful for many participants.

March 2006

Hispanic and Latino Same-Sex Couple Households in the United States

A REPORT FROM THE 2000 CENSUS

by Jason Cianciotto

Post the success of anti-same-sex marriage ballot measures in the 2004 election, anti-LGBT political and religious leaders are supporting the next wave of anti-marriage and anti-parenting laws and ballot measures in a number of states with large Hispanic populations, including California and Florida. This study sheds light on the over 105,000 Hispanic same-sex couple households counted in the 2000 Census, nearly half with children, who are disproportionately harmed by such anti-LGBT legislation.

November 2005

Selling Us Short

HOW SOCIAL SECURITY
PRIVATIZATION WILL AFFECT
LESBIAN, GAY, BISEXUAL AND
TRANSGENDER AMERICANS

by Mandy Hu

Selling Us Short highlights the disproportionate impact of President Bush’s plan to privatize Social Security on LGBT Americans. LGBT Americans, on average, have lower incomes than their heterosexual counterparts, and they are less able to keep what they earn. This translates into lower Social Security payments in retirement. This report also explains how the cuts in retirement benefits for all but the poorest workers inherent to Bush’s plan will disproportionately hurt LGBT elders.

August 2004

A REPORT FROM “Love Won Out: Addressing, Understanding, and Preventing Homosexuality”

by Cynthia Burack and Jyl J. Josephson

This report provides a first-hand account of an “ex-gay” conference sponsored by the evangelical Christian group Focus on the Family. The report’s authors detail the theories and world views espoused by the presenters and “ex-gay” leaders who spoke at the conference, one of at least four sponsored annually by Focus on the Family around the country. It also provides information and analysis about the “Love Won Out” ministry, and concludes with some political implications of the “ex-gay” movement for LGBT people.

May 2004

Transitioning our Shelters

A GUIDE FOR MAKING
HOMELESS SHELTERS SAFE
FOR TRANSGENDER PEOPLE

by Lisa Mottet and John M. Ohle

The problem of unsafe shelters for transgender people is pervasive. *Transitioning our Shelters* is a guide designed for shelters that want to provide safe shelter for transgender people but are not sure how to do so. A joint publication of the Task Force and the National Coalition for the Homeless, the Guide provides many answers to concerns about safety and privacy for transgender residents based on successes at real shelters across the country, the bulk of which are addressed without monetary expenditures.

January 2004

www.theTaskForce.org

The National Gay and Lesbian Task Force would like to thank the **Johnson Family Foundation** for its generous support, which enabled the printing and distribution of this publication, as well as its commitment to ensuring that lesbian, gay, bisexual and transgender homeless youth nationwide have access to the services they need in a safe, secure and nurturing environment.



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Housing Status and HIV Risk Behaviors among Transgender Women in Los Angeles

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Abstract

Due to social stigma, lack of social support, and minimal legal employment opportunities, transgender women (transwomen) face elevated rates of unstable housing. This study examined the association between housing status and HIV risk behaviors among 517 transwomen encountered through street outreach. Seven variables (including sociodemographics, HIV status, housing status, and sexual partner type) were used to estimate partial associations during multivariable analyses; housing status was coded trichotomously (housed, marginally housed, and homeless) for these analyses. Results demonstrated that homeless and marginally housed transwomen engaged in significantly higher rates of illicit drug use than housed transwomen; however, marginally housed and housed transwomen engaged in significantly higher rates of illegal hormone injections than homeless transwomen. Rates of sex work were high in the sample as a whole, though sex with an exchange partner was most common among the marginally housed transwomen. Multivariate logistic regression revealed that unstable housing moderated the association between HIV status and engagement in unprotected serodiscordant anal intercourse. The marginally housed transwomen exhibited the greatest risk profile for HIV acquisition or transmission.

Keywords

transgender women; HIV; homelessness; substance use; sex work

Introduction

Male-to-female transgender women (hereafter transwomen) experience elevated rates of stigma, discrimination, and prejudice (Grant et al., 2011; Lombardi, Wilchins, Priesing, & Malouf, 2001; Sugano, Nemoto, & Operario, 2006). Such social stigmatization can lead to reduced social support (Gagné, Tewksbury, & McGaughey, 1997; Garofalo, Osmer, Sullivan, Doll, & Harper, 2007), barriers to educational attainment (Kosciw, Greytak, & Diaz, 2009; Ryan & Rivers, 2003), and employment discrimination (Grant et al., 2011; Nemoto, Hsueh, Steerman, McCree, & Horne, 2007), each of which can lead to financial

hardship and increased rates of unstable housing. Poverty and unstable housing may also lead some transwomen to engagement in the street economy (Hartzell, Frazer, Wertz, & Davis, 2009), including sex work, substance use, and the use of illegal and unmonitored hormone injections. The interrelationships between these elements are complex, as engagement in high-risk behaviors may also precede and contribute to unstable housing and economic hardship. Health and economic disparities facing transwomen (e.g., homelessness, substance use, sex work, illegal hormone injections) are likely reciprocally and syndemically related (Operario & Nemoto, 2010; Wolf & Dew, 2012), working in concert to increase a transwoman's risk for either HIV acquisition or transmission.

Transwomen Face Elevated Rates of Poverty and Unstable Housing

Acquiring and sustaining legal employment can be difficult for transwomen due to pervasive discrimination (Grant et al., 2011; Wilson et al., 2009; Xavier, 2000; Xavier, Bobbin, Singer, & Budd, 2005). Nationally, a transgender person is twice as likely to be unemployed as a non-transgender person and rates of employment discrimination are further increased among transwomen (relative to female-to-male transgender individuals or “transmen”), especially ethnic minority transwomen (Grant et al., 2011). Such trends are mirrored in California, where employment discrimination against transwomen has led to widespread unemployment; the rate of unemployment among the transgender population is twice the state-wide average and transwomen exhibit twice the rate of unemployment as transmen (Hartzell et al., 2009). Partially as a result of these institutional inequalities (Albiston, 2010), transwomen are more likely to live in poverty or extreme poverty both nationally (Grant et al., 2011) and in California (Hartzell et al., 2009), placing them at increased risk for unstable housing (National Coalition for the Homeless, 2010).

Unstable Housing and Health Consequences among Transwomen

Rates of current homelessness are doubled among transgender individuals compared to the United States general population. When comparing transgender individuals, transwomen have been shown to be more likely to be evicted, more likely to have to move out of their homes due to discrimination, and more likely to engage in sex work to afford housing than transmen (Grant et al., 2011). One California study found that 41% of transwomen experienced unstable housing in the previous year (Sevelius, Reznick, Hart, & Schwarcz, 2009), while a street-encountered Los Angeles County sample revealed that 55.3% reported unstable housing in the previous 30 days (Bowers, Branson, Fletcher, & Reback, 2011). Both of these results were derived from samples of high-risk urban transwomen and, therefore, these findings cannot be generalized to other populations of transwomen. This limitation is most likely true of many studies with transwomen and it is, thus, an important stipulation for all results summarized or reported here. Such a stipulation does not, however, obviate the fact that urban transwomen are a group disproportionately affected by public health issues such as poverty, unstable housing, and risk for HIV transmission.

Homelessness and unstable housing are associated with suboptimal physical and mental health outcomes regardless of one's gender identity (Hwang, Tolomiczenko, Kouyoumdjian, & Garner, 2005; O'Campo et al., 2009). Transwomen, however, are faced with additional hardships associated with homelessness as many are exposed to increased levels of physical,

sexual, emotional, and psychological injury due to the increased exposure to transphobia while living in public or while attempting to access services for the unstably housed (Kushel, Evans, Perry, Robertson, & Moss, 2003; Sakamoto, Chin, Chapra, & Ricciardi, 2009). More than half of all transgender persons attempting to access homeless shelter services report harassment by shelter staff and/or residents, almost a third report having been turned away or refused services, and over 20% report having been sexually assaulted by shelter staff and/or residents (Grant et al., 2011). Where data are available, rates of such discrimination and harassment are elevated for transwomen, relative to transmen (Grant et al., 2011). These factors lead many transwomen to avoid accessing social services designed to alleviate housing insecurity (Sakamoto et al., 2009). In an effort to leave the streets and acquire more stable and secure housing, and in the absence of social support/services, minimal educational attainment, and legal employment opportunities, many transwomen turn to sex work in exchange for money, drugs, shelter, food or other necessities (Reback, Lombardi, Simon, & Frye, 2005; Sevelius et al., 2009; Wilson et al., 2009).

Transwomen and Sex Work

Rates of sex work among transwomen are high. Although some transwomen report engagement in sex work for pleasure (Almeida, 2011) or as a means of gender affirmation or to gain status within a broader transgender community (Sausa, Keatley, & Operario, 2007), many transwomen enter into sex work as a means of basic economic survival (Hwahng & Nuttbrock, 2007). A meta-analysis estimated proportional engagement in sex work among transwomen to be 41.5% (Herbst et al., 2008), with rates of sex work being even higher among unstably housed transwomen (Wilson et al., 2009). Substance use during sex is common among transwomen and sex work amplifies this association (Herbst et al., 2008; Melendez & Pinto, 2007; Sausa et al., 2007).

Meta-analytic data suggest that the highest rates of unprotected anal intercourse among transwomen occur with exchange sex partners (Herbst et al., 2008) and transwomen often report engaging in riskier, often unprotected, sexual encounters for increased pay (Sausa et al., 2007). Sex work among transwomen has been associated with hormone misuse and gender enhancing medical procedures (Sevelius et al., 2009), as many choose to enhance their gender presentation both to affirm their gender identity and as a means of procuring more customers at higher prices. Hormone injections performed illegally, or outside the supervision and direction of a medical professional, can be physically damaging and may create an additional avenue for HIV transmission through the use of improperly sterilized needles and the sharing of needles at “pumping parties” (Sanchez, Sanchez, & Danoff, 2009). Partially as a result of these accompanying risk factors (i.e., increased substance use, inconsistent condom use, and hormone misuse), transwomen who engage in sex work are at significantly higher risk for HIV infection than both non-transgender male and non-transgender female sex workers (Operario, Soma, & Underhill, 2008). Thus, as transwomen face elevated rates of poverty, unstable housing, sex work, and substance abuse, they are confronted with multiple potential pathways to HIV infection.

Transwomen and HIV

HIV prevalence rates for transwomen have not always been captured in assessment instruments and, therefore, accurate reports are limited. One meta-analysis estimated HIV prevalence in transwomen living in the United States to be between 24.8 and 30.6% (95% CI; Herbst et al., 2008) while another estimated the rate to be between 18.4% and 25.1% (95% CI; Baral et al., 2013). Rates in California appear to be near the expected range of national estimates, with a sample of transwomen in San Francisco revealing an HIV prevalence rate of 35% (Clements-Nolle, Marx, Guzman, & Katz, 2001) and a sample of transwomen in a community-based harm reduction program in Los Angeles exhibiting a prevalence rate of 28% (Reback & Lombardi, 2001).

In an attempt to escape poverty and unstable housing (Sevelius et al., 2009; Wilson et al., 2009), many transwomen engage in HIV risk behaviors, including sex work, substance use, and illegal hormone injections. In response to prior studies (e.g., Sevelius et al., 2009) that suggest a shift in focus toward research that examines the effects of external, structural factors influencing health risks among transwomen, such as institutionalized unemployment/housing discrimination resulting in reduced housing (Grant et al., 2011), this study sought to better understand the association between housing status and HIV risk in this extremely high-risk population. Given current literature, it was hypothesized that unstable housing would lead to greater HIV transmission risk among transwomen.

Methods

Participants

Participants were transwomen (N = 517) who attended a community-based, low-intensity, health education/risk reduction HIV prevention program (*TransAction*) serving transwomen in the Hollywood/West Hollywood area of Los Angeles County. Any person who believed her male biological sex assigned at birth was in conflict with her gender identity as a transwoman was eligible to participate in the *TransAction* program.

Procedure

Data collection occurred over a seven-year period, from March 2005 through March 2012. Procedures and intervention designs have been reported elsewhere (Bowers et al., 2011). Recruitment and intervention activities were carried out by trained indigenous paraprofessional staff. Enrollment occurred when an eligible individual attended at least one individual-level or group-level intervention at the research institute's community site. The *TransAction* program consisted of a multi-tiered, culturally appropriate continuum of services including outreach encounters, individual-level interventions, and group-level interventions (skills building groups, support groups, and transitional life skills groups) designed to reduce high-risk sexual and substance use behaviors. All program activities focused on the specific sociocultural circumstances of high-risk transwomen. All program materials were approved by the funding agency.

Measures

Using a unique identifier to ensure anonymity, staff recorded participant responses on a paper behavioral risk assessment instrument that was subsequently scanned into an electronic database. The behavioral risk assessment was designed by the senior author and records data on participants' sociodemographic characteristics (e.g., gender identity, sexual identity, age, race/ethnicity, HIV status, educational attainment, housing status), alcohol and injection/non-injection drug use in the previous 30 days, number and type of sexual partners in the previous 30 days (main, casual, exchange; a standardized definition for “main,” “casual,” and “exchange” [i.e., sex work] sexual partners were provided to staff and participants), and details about the participants' three most recent sexual encounters (partner type, HIV status of partner(s), sexual activities during the encounter); there were 72 questions on the behavioral risk assessment. Though participants were potentially allowed to recall sexual encounters from the previous 12 months, 79% of the sexual encounters reported and analyzed occurred within the previous 30 days and over 90% occurred within the previous 90 days, reducing concern of telescopic recall bias. Only baseline assessments were included for analysis. Unstable housing was assessed along with participant sociodemographics and was coded according to three exhaustive and mutually exclusive housing status categories: housed (e.g., participant owns/rents house/apartment/condo); marginally housed (e.g., participant is staying with friends/family, living in hotel/motel, or is in a recovery or sober living house); or homeless (e.g., participant is living on the streets, an abandoned building or in a car). This trichotomous coding scheme has been used in prior studies assessing transgender homelessness (e.g., Marshall et al., 2009).

Statistical Analysis

Descriptive statistics are provided for participant sociodemographics, substance use, and sexual partnering. Tests for associations between nominal outcomes were carried out using chi-square or Fisher's exact analyses, while tests for the difference between means were carried out using ANOVAs.

The sexual behavior attended by the highest risk for HIV transmission was defined as unprotected serodiscordant receptive or insertive anal intercourse. Serodiscordance was defined as any difference between the HIV serostatus of the participant and the HIV serostatus of the sexual partner (e.g., positive/negative or don't know). Three (one for each partner type: main, casual, and exchange) clustered multivariate logistic analyses regressed self-reported engagement in unprotected serodiscordant anal intercourse on participant housing status, HIV status, and the interaction between housing/HIV status while controlling for participant sociodemographics. Clustered multivariate logistic regression analyses allow correlated errors when estimating the variance/covariance regression matrices, thereby overcoming the problem of intraclass correlation arising from the inclusion of multiple cases of the same individual (in this instance, the participants' three most recent sexual encounters). All sociodemographic variables that were found to be divergent across groups at baseline were included as covariates in the multivariate analyses. Given the complex nature of interpreting interaction effects in a clustered multivariate logistic regression, adjusted probabilities of engaging in unprotected serodiscordant anal intercourse are provided; these adjusted probabilities hold all control variables artificially at their mean. As

such, confidence intervals are provided for these probabilities simply to give indication of the reliability and specificity of these estimates; overlapping confidence intervals are not necessarily indicative of a lack of statistical contrast across groups and should not be interpreted in this way. Significance was indicated through flagged coefficient estimates in the multivariate logistic regression analyses. All analyses employed “housed” participants as the reference category. Reported sexual encounters that included more than one partner type ($n = 75$ encounters, 4.8% of total) were not included in the multivariate analyses, so as to maintain partner type exclusivity across tests and allow for proper estimation of the effect of partner type on unprotected serodiscordant anal intercourse. Sexual identities were self-reported. All significance tests were two-tailed and all analyses were carried out using Stata v13.

Results

Sociodemographics

As shown in Table 1, slightly less than half (42.8%) of the participants reported being housed, 22.4% reported being marginally housed, and 34.8% reported being homeless. Among those participants who identified a primary racial/ethnic category ($n = 483$), most participants were Hispanic/Latina (48.0%), with African American/black and Caucasian/white being the next two most common racial/ethnic categories (25.1% and 17.6%, respectively). Hispanics/Latinas were underrepresented in the homeless category while Caucasians/whites, African Americans/blacks, and Native Americans were overrepresented. Differences in sexual identity across housing groups did not reach statistical significance ($p = .095$) though the differences were pronounced enough to warrant inclusion as a statistical covariate in the multivariate analyses (reference category: heterosexual). Differences in HIV prevalence across the groups narrowly missed significance ($p = .083$), with the marginally housed participants exhibiting the highest rate of HIV sero-positivity (31.9%) relative to housed (21.3%) and homeless (22.8%) participants. There were significant differences in the mean ages across housing statuses ($F_{2, 512} = 18.7, p < .001$), with housed participants being the oldest. There were no significant differences in educational attainment across groups, with 43% of the sample as a whole having less than a high school education.

Substance Use

Homeless and marginally housed transwomen reported significantly higher rates of crack, methamphetamine, and marijuana use than housed participants (Table 2). Only homeless transwomen reported heroin use. Housed and marginally housed transwomen reported significantly higher rates of illegal hormone injections than homeless transwomen (10.0% and 9.5% vs. 3.3%; $p = .030$). Housed and marginally housed transwomen also reported significantly higher rates of lifetime injection drug use (including illegal hormone injections) than homeless participants (75.1% and 75.9% vs. 58.3%; $p < .001$).

Sexual Partners

Less than one-third (31.0%) of the sample reported sex with a main partner in the previous 30 days and 26.5% reported sex with a casual partner during the same recall period (Table 3). Sex with an exchange partner was more common, with nearly half (48.6%) of the sample

reporting recent engagement in sex work. Marginally housed transwomen reported significantly higher rates of sex with an exchange partner than the homeless transwomen (59.5% vs. 41.1%; $p = .002$), with housed participants displaying an intermediate rate (48.9%).

Multivariable Analyses

Table 4 estimates the likelihoods of engagement in unprotected serodiscordant anal intercourse during the participants' three most recent sexual encounters. The table contains three separate analyses, one for each partner type. As shown in the top analysis, 137 transwomen reported engaging in any anal intercourse with a main partner during one of their three most recent sexual encounters; a total of 234 such sexual encounters were reported by these 137 transwomen. Unadjusted rates of recent engagement in unprotected serodiscordant anal intercourse with main partners varied by housing status ($p_{\text{housed}} = 6.0\%$; $p_{\text{marginal}} = 11.5\%$; $p_{\text{homeless}} = 18.0\%$). After adjusting for sociodemographics and covariates, homeless transwomen were estimated to be nine times (AOR = 9.21; $p = .016$) more likely to report engagement in unprotected serodiscordant anal intercourse with a main partner than housed transwomen (the reference category). Thus, while housed transwomen were estimated to have a 3%-11% probability of engagement in serodiscordant anal intercourse with a main partner (depending on their HIV status), homeless transwomen were estimated to have a 17%-21% probability of engagement in unprotected serodiscordant anal intercourse with a main partner. Marginally housed transwomen exhibited an intermediate rate, though the general pattern of the finding was similar to that of the housed transwomen.

Fewer transwomen reported any anal intercourse with casual partners ($n = 91$, 143 such sexual encounters) than with either main or exchange partners. Rates of engagement in unprotected serodiscordant anal intercourse during these sexual encounters was elevated relative to main or exchange partners, and varied by housing status ($p_{\text{housed}} = 16.0\%$; $p_{\text{marginal}} = 17.2\%$; $p_{\text{homeless}} = 23.1\%$). When adjusting for statistical controls, participant HIV status was associated with engagement in unprotected serodiscordant anal intercourse, with HIV-positive transwomen estimated to be over 6.5 times (AOR = 6.7; $p = .044$) more likely to engage in unprotected serodiscordant anal intercourse with casual partners than HIV-negative transwomen. Though the finding was only trending towards significance ($p = .064$), marginal housing may have moderated the association between HIV status and engagement in unprotected serodiscordant anal intercourse. Examination of the adjusted probability estimates revealed that HIV-negative housed and homeless transwomen were predicted to have rates of engagement in unprotected serodiscordant anal intercourse with casual partners only one-fourth to one-fifth as large as their HIV-positive counterparts ($p_{\text{HIV}^-} = 7\%$ vs. $p_{\text{HIV}^+} = 33\%$ and $p_{\text{HIV}^-} = 13\%$ vs. $p_{\text{HIV}^+} = 42\%$, respectively). In direct contrast, HIV-negative marginally housed transwomen were estimated to have nearly double the probability of engagement in unprotected serodiscordant anal intercourse than HIV-positive marginally housed transwomen ($p_{\text{HIV}^-} = 23\%$ vs. $p_{\text{HIV}^+} = 12\%$).

Anal intercourse with an exchange partner was reported by 138 transwomen during one of their three most recent sexual encounters; a total of 242 such sexual encounters were reported by these 138 transwomen. Unadjusted rates of engagement in unprotected

serodiscordant anal intercourse varied by housing status ($p_{\text{housed}} = 6.3\%$; $p_{\text{marginally}} = 8.1\%$; $p_{\text{homeless}} = 11.5\%$) and were lower overall than that observed with either main or casual partners. After adjusting for controls, participant HIV-positive status was associated with an estimated 16 times increase in the likelihood of engagement in unprotected serodiscordant anal intercourse with an exchange partner (AOR = 16.29; $p < .01$) though this main effect was significantly moderated by participant homelessness (AOR = .04; $p = .039$). Thus, whereas the HIV-negative housed ($p_{\text{HIV-}} = 3\%$ vs. $p_{\text{HIV+}} = 33\%$) and marginally housed ($p_{\text{HIV-}} = 2\%$ vs. $p_{\text{HIV+}} = 24\%$) transwomen were estimated to be much less likely to engage in unprotected serodiscordant anal intercourse than their HIV-positive counterparts, homeless transwomen were estimated to show nearly equal rates of engagement regardless of HIV-status ($p_{\text{HIV-}} = 8\%$ vs. $p_{\text{HIV+}} = 6\%$).

Discussion

Sociodemographics

Homeless and marginally housed participants comprised 57.2% of the sample, though homelessness was not equally common across racial/ethnic categories; Hispanics/Latinas were underrepresented in the homeless category relative to Caucasian/white and African American/black participants. This reflects national patterns, in which Hispanic-identified individuals are underrepresented among those accessing housing and shelter services (Paquette, 2011).

Average age in the sample increased as participants went from homeless to marginally housed to housed. Many transwomen are rejected by their family of origin (Spicer, 2010) and are forced into unstable housing at an early age. As a result, many transwomen “age out” of homelessness, living out their young adulthood on the streets and regaining stable housing only after significant exposure to HIV and other health risks. In addition to rejection by family members, transgender youth are often bullied or otherwise victimized in school during their teenage years (Kosciw, Greytak, Bartkiewicz, Boesen, & Palmer, 2012), leading to higher rates of school drop-out and lower rates of postsecondary education. Educational attainment was similarly limited in the sample, with “less than high school” being the most common educational attainment category. Each subsequent higher educational category was also sharply less common, implying increasing obstacles at each higher level of education.

Overall HIV prevalence in the sample was high (24%; estimated prevalence in U.S. general population: 0.3% - 0.4%; Centers for Disease Control and Prevention, 2013), but consistent with other studies with transwomen both nationally and in Los Angeles County (Baral et al., 2013; Reback et al., 2005). There were no statistically significant differences in HIV prevalence by housing status, though marginally housed transwomen displayed an elevated rate.

Substance Use

The homeless and marginally housed transwomen reported significantly more street drug use (i.e., crack, methamphetamine, marijuana) than the housed transwomen. Chronic homelessness has been shown to lead to sharply elevated rates of substance use in both non-

transgender males and non-transgender females (Edens, Mares, & Rosenheck, 2011). Rates of methamphetamine use were high, particularly among the marginally housed (34.5%) and homeless (37.8%) transwomen, with rates similar to those found among samples of men who have sex with men (Bowers et al., 2011; Carey et al., 2009; Wohl, Frye, & Johnson, 2008). Risk of HIV acquisition or transmission is often increased among methamphetamine users, generally as a result of concomitant high-risk sexual behaviors (Bowers, Branson, Fletcher, & Reback, 2012; Drumright, Patterson, & Strathdee, 2006; Koblin et al., 2006; Mimiaga et al., 2010; Reback & Shoptaw, 2011; Reback et al., 2012). Inconsistent condom use and substance use during sex (a known predictor of unprotected anal intercourse among transwomen) (Nemoto, Operario, Keatley, Han, & Soma, 2004) have both been associated with stimulant use and unstable housing among transwomen (Sevelius et al., 2009).

Marginally housed and housed transwomen displayed elevated rates of hormone misuse, relative to homeless transwomen. Data on legal, prescribed hormones were not gathered, as monitored use is not attended by the same expected increase in HIV risk. Although many transwomen seek hormone therapy and other gender enhancing procedures to acquire a physical appearance that coincides with their gender identity, it is nevertheless important to note that the housed and marginally housed transwomen also exhibited significantly higher rates of exchange sexual partners than their homeless counterparts. Given the known associations between sex work and gender enhancing procedures among transwomen (Sevelius et al., 2009), it may be that the transwomen best able to augment their gender presentation through hormone injections were also those most likely to acquire exchange partners.

HIV Transmission Risk

Many transwomen turn to sex work to afford the basic costs of living (Clements-Nolle, Wilkinson, Kitano, & Marx, 2001; Kammerer, Mason, Connors, & Durkee, 2001; Kenagy, 2005; Sausa et al. 2007). Reflecting this tendency, exchange partners were the most commonly reported partner type for the sample as a whole, with approximately 60% of all marginally housed transwomen and nearly half (49%) of all housed transwomen reporting sex with an exchange partner in the previous 30 days. Homeless transwomen reported the fewest number of exchange sex partners. Though the cause of this finding is unknown, the homeless transwomen (being younger and potentially earlier in their gender transition) may have had a harder time attracting clients than the transwomen further along in their gender transition and/or with some form of housing.

Multivariable logistic regression analyses provided adjusted probabilities of transwomen engaging in the highest risk sexual behavior: unprotected receptive or insertive serodiscordant anal intercourse. Findings revealed that when adjusting for controls and the shared influence of the covariates, homeless transwomen were estimated to be significantly more likely to engage in unprotected serodiscordant anal intercourse with a main partner than the housed transwomen. Unprotected anal intercourse with a main partner has been shown to be a means of expressing intimacy and trust among transwomen (Carballo-Diéguez et al., 2011) and may provide a means of confirming one's gender identity with their primary partner. Homeless transwomen, being the youngest and most vulnerable group,

may have felt the greatest need to confirm their gender identity with these partners and/or may have had the least leverage to negotiate consistent condom use. These factors manifest themselves as increased engagement in unprotected serodiscordant anal intercourse regardless of HIV-status, placing either the transwoman or her partner at increased risk for HIV acquisition or transmission.

Unstable housing moderated the association between HIV status and engagement in HIV sexual risk for both casual and exchange partners. Thus, while HIV-positive housed and homeless transwomen were estimated to be more likely to engage in unprotected serodiscordant anal intercourse with casual partners than their HIV-negative counterparts, marginally housed transwomen reversed this association and were estimated to be more likely to engage in unprotected serodiscordant anal intercourse with casual partners if they were HIV-negative. These results indicated that marginally housed transwomen were at elevated risk for HIV acquisition with casual partners. In contrast, housed and homeless transwomen appear to mitigate HIV acquisition risk with casual partners, instead revealing patterns of elevated transmission risk.

With exchange partners, HIV-positive housed and marginally housed transwomen were estimated to be over 16 times more likely to engage in unprotected serodiscordant anal intercourse than their HIV-negative counterparts. This association was moderated by participant housing status; however, homeless transwomen reversed this trend by exhibiting nearly equal, intermediate rates of engagement in serodiscordant anal intercourse with exchange partners regardless of HIV-status. These results indicate elevated risk for HIV transmission during sex with an exchange partner, highlighting the need for effective behavioral interventions to reduce engagement in high-risk sexual behaviors, as well as biobehavioral (e.g., post-exposure prophylaxis, pre-exposure prophylaxis) interventions to reduce community viral load.

Averaging across partner types, average adjusted rates of engagement in serodiscordant anal intercourse by HIV-negative transwomen during their three most recent sexual encounters were estimated at 4.3% for housed transwomen, 10.0% for marginally housed transwomen, and 14.0% for homeless transwomen. For HIV-positive transwomen, these estimates rose to 25.7% for housed transwomen, 17.3% for marginally housed transwomen, and 21.3% for homeless transwomen. Broadly, results demonstrated that engagement in unprotected serodiscordant anal intercourse was more common for HIV-positive transwomen than HIV-negative transwomen, perhaps because some transwomen did not engage in safer sex practices after learning of their HIV-positive serostatus. This highlights the importance of linking and retaining HIV-positive transwomen in HIV care, as antiretroviral medication adherence and viral load suppression is critical in reducing transmission. In Los Angeles County, transwomen have been highlighted as one of the primary groups that systematically fails to be linked into proper HIV care (Perez, 2011), leading to high levels of unsuppressed viral load.

This overall association between HIV-status and HIV risk behaviors was reversed, however, for marginally housed transwomen with their casual partners or for homeless transwomen with their main or exchange partners. In light of such varying risk profiles, HIV-prevention

efforts involving transwomen should be aware of the effects of housing status on HIV risk-taking, and should tailor their education and prevention efforts accordingly. A summary of the archetypal HIV risk profiles for housed, marginally housed, and homeless transwomen is shown in Table 5.

In sum, marginally housed transwomen displayed a risk profile burdened by multiple risk factors, including elevated rates of street drug use, illegal hormone injections, and risk for HIV infection or transmission through inconsistent condom use. This may provide some indication as to why the marginally housed transwomen displayed a rate of HIV infection higher than the housed or homeless transwomen and may give insight into some of the difficulties faced by transwomen as they try to move off the streets.

Limitations and Conclusions

These data were limited by their self-report nature (which can lead to recall bias and/or misreporting), the lack of biomarkers to confirm recent substance use and HIV status, the lack of an available sampling frame (which can bias the use of inferential statistics), the lack of a comparison group, and the highly specialized sample (i.e., urban high-risk transwomen recruited from a HIV prevention program). Additionally, there have been significant increases in the cost of rental properties in the Hollywood/West Hollywood area of Los Angeles County in the time encompassing the reporting period. Rental costs in this area reached their highest levels ever recorded in the fourth fiscal quarter of 2007 and have stayed elevated, ending in 2011 at 94% of that historic high (USC Lusk Center, 2012). Given that many transwomen disproportionately rely on low-cost rental properties for housing, the uniquely high rental costs in Los Angeles County during the reporting period may render data collected un-generalizable to transwomen living in other geographical locations at other times. Additionally, although a nuanced examination of variation within the marginally housed category responses is beyond the scope of these analyses, future research should attempt to isolate meaningful patterns of HIV risk within samples of marginally housed participants (e.g., Do transwomen living in a sober living facility have different risk behaviors than those living in a homeless shelter?).

Multivariable analyses were limited by the relatively low rates of engagement in unprotected serodiscordant anal intercourse during participants' three most recent sexual encounters with main ($n = 28/234$ encounters, 12.0%), casual ($n = 26/143$ encounters, 18.2%), and exchange ($n = 19/242$ encounters, 7.9%) partners. Although a limitation in the multivariate statistical analyses, this low rate of engagement in unprotected serodiscordant anal intercourse may be evidence for successful risk-reduction strategies utilized by these high-risk transgender women. Finally, associations revealed here can only imply correlation and not causality. However, even with these limitations, these findings suggest a new narrative surrounding transwomen, unstable housing, and HIV risk behaviors.

Findings presented here reveal that, among high-risk transwomen, stable and marginal housing statuses were attended by HIV risk factors (e.g., elevated rates of hormone misuse, sex work) different from those associated with homelessness. Given the different constellations of risk factors faced by housed, marginally housed, and homeless transwomen, HIV prevention programs should tailor their services to distinguish between

transwomen with various levels of housing status. A single one-size-fits-all intervention that fails to distinguish between transwomen who are or are not in a socioeconomic position to secure stable housing could fail to adequately address the needs of this highly vulnerable population.

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Table 1

Sociodemographic characteristics (N = 517)

Characteristic	Housed (n = 221) N (%) or Mean (SD)	Marginally housed (n = 116) N (%) or Mean (SD)	Homeless (n = 180) N (%) or Mean (SD)	Total (N = 517) N (%) or Mean (SD)	<i>p</i>
Race/ethnicity^a					
Caucasian/white	34 (16.0%)	14 (13.2%)	37 (22.6%)	85 (17.6%)	<i>p</i> < .001
African American/black	42 (19.7%)	29 (27.4%)	50 (30.5%)	121 (25.1%)	
Hispanic/Latina	125 (58.7%)	53 (50%)	54 (32.9%)	232 (48.0%)	
Native American/Alaskan	6 (2.8%)	6 (5.7%)	17 (10.4%)	29 (6%)	
Multiracial/other	6 (2.8%)	4 (3.8%)	6 (3.7%)	16 (3.3%)	
Sexual identity					
Heterosexual	163 (73.8%)	84 (72.4%)	120 (66.7%)	367 (71.0%)	<i>p</i> = .095
Gay	15 (6.8%)	17 (14.7%)	19 (10.6%)	51 (9.9%)	
Bisexual	35 (15.8%)	11 (9.5%)	36 (20.0%)	82 (15.9%)	
Lesbian	8 (3.6%)	4 (3.5%)	5 (2.8%)	17 (3.3%)	
Sexual orientation					
Androphilic	163 (73.8%)	84 (72.4%)	120 (66.7%)	367 (71.0%)	<i>p</i> = .095
Gynephilic	8 (3.6%)	4 (3.5%)	5 (2.8%)	17 (3.3%)	
Bisexual	35 (15.8%)	11 (9.5%)	36 (20.0%)	82 (15.9%)	
Unknown/unclear	15 (6.8%)	17 (14.7%)	19 (10.6%)	51 (9.9%)	
HIV status					
HIV+	47 (21.3%)	37 (31.9%)	41 (22.8%)	125 (24.2%)	<i>p</i> = .083
HIV-	167 (75.6%)	76 (65.5%)	134 (74.4%)	377 (72.9%)	
Don't Know/Refuse	7 (3.2%)	3 (2.6%)	5 (2.8%)	15 (2.9%)	

Characteristic	Housed (n = 221) N (%) or Mean (SD)	Marginally housed (n = 116) N (%) or Mean (SD)	Homeless (n = 180) N (%) or Mean (SD)	Total (N = 517) N (%) or Mean (SD)	p
Age ^a Years	36.9 (10.5)	32.8 (10.5)	30.7 (10.1)	33.8 (10.7)	p < .001
Educational attainment ^b					
Less than HS	94 (42.5%)	52 (45.2%)	75 (41.9%)	221 (42.9%)	p = .423
HS graduate	64 (29.0%)	40 (34.8%)	67 (37.4%)	171 (33.2%)	
Some college	46 (20.8%)	17 (14.8%)	28 (15.6%)	91 (17.7%)	
College graduate	17 (7.7%)	6 (5.2%)	9 (5.0%)	32 (6.2%)	

^an = 483

^bn = 515

Table 2

Substance use in the previous 30 days

Substance	Housed (n = 221)		Marginally housed (n = 116)		Homeless (n = 180)		Total (N = 517)		p
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	
Cocaine	8 (3.6%)	6 (5.2%)	12 (6.7%)	12 (6.7%)	26 (5.0%)	26 (5.0%)	26 (5.0%)	p = .380	
Crack	4 (1.8%)	9 (7.8%)	12 (6.7%)	12 (6.7%)	25 (4.8%)	25 (4.8%)	25 (4.8%)	p = .020	
Methamphetamine	28 (12.7%)	40 (34.5%)	68 (37.8%)	68 (37.8%)	136 (26.3%)	136 (26.3%)	136 (26.3%)	p < .001	
Heroin	0 (0%)	0 (0%)	5 (2.8%)	5 (2.8%)	5 (1%)	5 (1%)	5 (1%)	p = .020	
Marijuana	33 (14.9%)	35 (30.2%)	70 (38.9%)	70 (38.9%)	138 (26.7%)	138 (26.7%)	138 (26.7%)	p < .001	
Hormones	22 (10.0%)	11 (9.5%)	6 (3.3%)	6 (3.3%)	39 (7.5%)	39 (7.5%)	39 (7.5%)	p = .030	

Table 3
Bivariate associations between housing status and sexual partner type(s) in the previous 30 days

Partner type	Housed (n = 221)		Marginally housed (n = 116)		Homeless (n = 180)		Total (N = 517)		p
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)		
Main partner	70 (31.7%)	42 (36.2%)	48 (26.7%)	160 (31.0%)				p = .212	
Casual partner	61 (27.6%)	29 (25.0%)	47 (26.1%)	137 (26.5%)				p = .867	
Exchange partner	108 (48.9%)	69 (59.5%)	74 (41.1%)	251 (48.6%)				p = .014	

Table 4
Multivariate logistic regression of unprotected receptive or insertive serodiscordant anal intercourse on housing status, HIV status, and sociodemographics

Partner type	Predictor	AOR (SE)	Probability of engaging in unprotected SdAI	
			HIV- transwomen	HIV+ transwomen
Main partner(s) (n = 137; 234 acts of anal intercourse)			<i>p</i> (95% CI)	<i>p</i> (95% CI)
	Housed	Ref. Cat.	3% (1 - 12%)	11% (1 - 61%)
	Marginally housed	1.87 (2.0)	5% (1 - 19%)	16% (4 - 47%)
	Homeless	9.21 (8.5) [*]	21% (9 - 40%)	17% (5 - 44%)
	Transwoman is HIV+	4.37 (6.2)	-	-
	Marginally housed × HIV+	0.83 (1.4)	-	-
	Homeless × HIV+	0.19 (.3)	-	-
Casual partner(s) (n = 91; 143 acts of anal intercourse)				
	Housed	Ref. Cat.	7% (2 - 20%)	33% (12 - 65%)
	Marginally housed	4.07 (3.7)	23% (8 - 50%)	12% (2 - 51%)
	Homeless	2.06 (1.8)	13% (4 - 35%)	42% (13 - 78%)
	Transwoman is HIV+	6.73 (6.4) [*]	-	-
	Marginally housed × HIV+	0.07 (.1) [†]	-	-
	Homeless × HIV+	0.72 (1.0)	-	-
Sex work partner(s) (n = 138; 242 acts of anal intercourse)				
	Housed	Ref. Cat.	3% (1 - 9%)	33% (12 - 65%)
	Marginally housed	0.69 (0.8)	2% (0 - 12%)	24% (8 - 54%)
	Homeless	3.01 (2.4)	8% (3 - 23%)	6% (1 - 29%)
	Transwoman is HIV+	16.29 (14.4) ^{**}	-	-
	Marginally housed × HIV+	0.82 (1.2)	-	-
	Homeless × HIV+	0.04 (0.1) [*]	-	-

Note: Statistical controls are race/ethnicity, age, and sexual identity.

^{*}*p* .05;

^{**}*p* .01; all significance tests 2-tailed

[†]*p* = .064

Table 5
Summary of HIV risk behaviors by housing status

HIV risk behaviors	Housed	Marginally housed	Homeless	Total (out of 9)
Street drug use	Low/moderate (1.5)	High (3)	High (3)	7.5
Hormone injections	High (3)	High (3)	Low (1)	7
Sex work	High (3)	High (3)	Moderate (2)	8
Sexual risk: HIV acquisition	Low (1)	High (3)	High (3)	7
Sexual risk: HIV transmission	High (3)	High (3)	High (3)	9
<i>Total (out of 15)</i>	11.5	15	12	



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Out on the Street: A Public Health and Policy Agenda for Lesbian, Gay, Bisexual, and Transgender Youth Who Are Homeless

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Abstract

A disproportionate number of lesbian, gay, bisexual and transgender (LGBT) youth experience homelessness each year in the United States. LGBT youth who are homeless have particularly high rates of mental health and substance use problems, suicidal acts, violent victimization, and a range of HIV risk behaviors. Given the intense needs of LGBT youth experiencing homelessness, it is imperative that we understand their unique experiences and develop responsive practices and policies. The range and severity of health risks vary across subgroups of all homeless LGBT youth, and since the population is nonhomogeneous their particular needs must be identified and addressed. Thus the purpose of this article is to review the causes of homelessness among LGBT youth, discuss the mental health and victimization risks faced by this population, address differences among homeless LGBT subgroups, and recommend effective interventions and best practices. We conclude by discussing promising future research and public policy directions.

Keywords

LGBT youth; homelessness; HIV risk behaviors; depression; substance use; sexual abuse; violent victimization; suicide; unprotected sex; survival sex

A disproportionate number of lesbian, gay, bisexual and transgender (LGBT) persons experience homelessness each year in the United States, although the exact number is unknown. Among these persons are approximately 320,000 to 400,000 youth (Quintana, Rosenthal, & Kehely, 2010).¹ For example, in Massachusetts public high schools more than one-third of homeless students have either a minority sexual orientation or are unsure of

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¹This number is likely an underestimate since it assumed that only 20% of the 1.6 to 2 million youth facing homelessness in the United States are lesbian, gay, bisexual or transgender (Quintana et al., 2010).

their sexual orientation (Corliss, Goodenow, Nichols, & Austin, 2011). It has also been documented that LGBT youth comprise approximately 30–45% of clients served by homeless youth agencies, drop-in centers, outreach, and housing programs (Durso & Gates, 2012).

LGBT youth who are homeless have particularly high rates of mental health and substance use problems, suicidal acts, violent victimization, and a range of HIV risk behaviors (Cochran, Stewart, Ginzler & Cauce, 2002; Tyler, 2013; Whitbeck, Chen, Hoyt, Tyler & Johnson, 2004). Many have histories of academic difficulties and high rates of school dropout. Despite the size of this population and the concomitant risks, little is known about the causes, correlates and consequences of homelessness among youth who are LGBT. Promising practices are beginning to emerge, but evidence-based interventions and strategies for working with LGBT subpopulations remain very limited.

The issue of homelessness among LGBT youth in the United States has remained largely unacknowledged until recently when this subgroup became part of a broader national conversation about how to prevent and end homelessness. In 2010, the United States Interagency Council on Homelessness (USICH), representing 10 federal agencies, including the cabinet secretaries, published *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness* (United States Interagency Council on Homelessness [USICH], 2010). Up until this time, federal policies were focused on ending chronic homelessness among single adult individuals. *Opening Doors* expanded the Federal agenda, setting a goal of ten years to end homelessness for youth, children and families, and veterans (USICH, 2010, p. 7). The plan specifically mentions LGBT youth facing homelessness, referring rather guardedly to studies that suggest “youth who are gay, lesbian, bisexual, transgender, and questioning represent a larger proportion when compared to the overall population” (USICH, 2010, p. 15). *Opening Doors* also cites “gay, lesbian, bisexual and transgender populations” as a focus in its efforts to make information about how to work with special populations readily available (USICH, 2010, p. 34). As part of this federal initiative, attention is now being spotlighted on developing best practices and improving outcomes for LGBT youth experiencing homelessness.

Given the intense needs of LGBT youth who are homeless, it is imperative that we understand their unique experiences and develop responsive practices and policies. The range and severity of health risks vary across subgroups of all homeless LGBT youth, and since the population is nonhomogeneous their particular needs must be identified and addressed. Thus the purpose of this article is to review the causes of homelessness among LGBT youth, discuss mental health and victimization risks faced by this population, address differences among homeless LGBT subgroups, and recommend effective interventions and best practices. We conclude by discussing promising research and policy directions.

Background

High Rates of Homelessness

The literature on homelessness among LGBT youth varies considerably in the age parameters used to recruit participants, with some studies setting one end of this age range

as low as 10 years (Walls & Bell, 2011) and others as high as 28 years (Clatts, Goldsamt, Yi & Gwads, 2005). Depending on the age of the study sample, developmental needs and the reported experience of homelessness vary dramatically. The most commonly cited reason among LGBT youth for becoming homeless is running away from families who reject them due to sexual orientation or gender identity (Durso & Gates, 2012). The second most commonly cited reason is being forced out by their family, despite preferring to stay at home, after disclosing their sexual orientation or gender identity. Another common reason for becoming homeless is aging out of or running away from the foster care system, where harassment and violence of LGBT youth frequently occur (Durso & Gates, 2012; Mallon 1997a; Mallon 1997b; Ray 2007).

Among lesbian, gay and bisexual youth, the mean age of becoming homeless for the first time is 14 years, and many of these youth do not disclose their sexual identity to another person until after becoming homeless (Rosario, Schrimshaw & Hunter, 2012b). This suggests that running away from home may be a coping strategy during the stressful process of lesbian, gay, and bisexual identity development in early adolescence, and that these teenagers may be evicted by caretakers who reject them for gender-nonconforming behaviors even before they have verbally disclosed their sexual identity to another person (Rosario et al., 2012b).

The long-term trajectory of homelessness from youth into adulthood for LGBT individuals remains largely unknown. Risk factors influencing whether homelessness among transitional age LGBT youth evolves into chronic homelessness in adulthood are poorly understood, and prospective studies of homeless LGBT adolescents transitioning into adulthood are mostly lacking.

Increased Mental Health Risks

Lesbian, gay or bisexual homeless adolescents are more likely than homeless heterosexual adolescents to have a current major depressive episode (41.3% versus 28.5%), PTSD (47.6% versus 33.4%), suicidal ideation (73% versus 53.2%), and have made at least one suicide attempt (57.1% versus 33.7%) (Whitbeck et al., 2004). Lesbian adolescents are more likely than heterosexual females to meet criteria for alcohol abuse (61.4% versus 35.5%) and drugs (47.7% versus 32.5%). LGBT homeless youth 13 to 21 years are more likely than non-LGBT homeless youth to use cocaine, crack or methamphetamines and to report depressive symptoms (Cochran et al., 2002).

Even after controlling for childhood sexual abuse and early sexual orientation development in lesbian, gay and bisexual youth, becoming homeless is related to future depressive symptoms, anxiety symptoms, disorderly conduct, and substance use disorders (Rosario, Scrimshaw & Hunter, 2012a). The association between homelessness and psychiatric symptoms is mediated by stressful life events, negative social relationships, and lack of social support from friends. LGBT status in runaway and homeless youth is a significant predictor of recent stress, and LGBT youth are more likely to engage in self-harm and attempt suicide over a 3-month period (Moskowitz, Stein & Lightfoot, 2012). In adolescent runaways between the ages of 12 and 19 years, identifying as gay predicts suicidality (Leslie, Stein & Rotheram-Borus, 2002). Lesbian-, gay-, bisexual-identified and unsure

homeless youth 13 to 20 years are more likely to have been in a locked mental health treatment facility, used amphetamines and intravenous drugs, and reported recent depression and suicidal ideation (Noell & Ochs, 2001). While lesbian, gay and bisexual youth initiate alcohol and illicit drug use earlier than heterosexual youth, substance use behavior most often begins after becoming homeless, suggesting that substance abuse may be a coping strategy for the numerous stressors of adolescent homelessness (Rosario et al., 2012b).

Increased Survival Sex and Sexual Victimization

LGBT homeless adolescents have increased rates of high-risk survival strategies, such as survival sex. They also are at greater risk of being physically or sexually victimized on the streets. Homeless lesbian, gay, and bisexual youth between the ages of 10 and 25 years are 70% more likely than homeless heterosexual youth to engage in survival sex (Walls & Bell, 2011). Similarly, LGBT homeless youth 13 to 21 years are more likely than non-LGBT homeless youth to experience physical or sexual victimization, have a greater number of perpetrators, and have unprotected sexual intercourse (Cochran et al., 2002).

In the Los Angeles Unified School District, compared with heterosexual students, the location of homelessness for LGBT or unsure students is less likely to be a homeless shelter (Rice et al., 2013) and greater than three times as likely to be a stranger's home (14.5% versus 4.2%, $P < 0.001$; Rice et al., 2012), which may indicate higher rates of sexual exploitation among these youth (Rice et al., 2013). LGBT homeless youth are more likely than their heterosexual counterparts to trade sex with a stranger, have more than 10 sexual partners who are strangers, have sex with a stranger who uses IV drugs, have anal sex with a stranger, have unprotected sex with a stranger, and have sex with a stranger after using drugs (Tyler, 2013).

Differences Among Subpopulations

Existing research and direct service programs often group lesbian, gay, bisexual and transgender youth together into a single, homogeneous category. In reality, LGBT subpopulations have unique challenges, experiences and needs depending upon age, sex, ethnicity, geographic region, sexual behavior, self-identified sexual orientation, and gender identity. For example, more homeless male youth self-identify as homosexual and more homeless female youth self-identify as bisexual (Rew, Whittaker, Taylor-Seehafer & Smith, 2005). Efforts to distinguish these subpopulations from one another have identified striking differences in their experiences.

Differences in violent victimization—Homeless youth between 16 and 20 years who self-identify as gay and lesbian are more likely to report a history of sexual abuse, and either being tested or treated for HIV, than bisexual youth (Rew et al., 2005). Lesbian runaways are more likely than heterosexual runaways to have been physically abused by caretakers, and lesbian, gay, and bisexual runaways are more likely than heterosexual runaways to have been sexually abused by caretakers (Whitbeck et al., 2004).

Moreover, the types of violence experienced among homeless male and female LGBT youth differ. Among homeless and LGBT youth, 35% of females and 65% of males report a

history of violence (Marsiglia, Nieri, Valdez, Gurrola & Mars, 2009). Among homeless/LGBT males, family violence and stranger violence are more commonly experienced than partner violence, while partner violence and stranger violence are more common than family violence among homeless/LGBT women.

Differences in substance use behaviors—Lesbian, gay and bisexual homeless subpopulations exhibit distinct substance use patterns. Among homeless or unstably housed HIV-seropositive individuals 18 years or older, gay and bisexual males are more likely to engage in speed/methamphetamine and alcohol use than females (Friedman et al., 2009). Use of two drugs, powder cocaine, heroin, speed/methamphetamine, and alcohol are each correlated with increased sexual risk behaviors only among gay/bisexual males.

High-risk behaviors among young men who have sex with men—Another distinct homeless subpopulation with specific health risks and needs consists of young men who have sex with men (MSM), defined as males with one or more male sexual partner(s) regardless of whether they identify as gay/bisexual or heterosexual. Research that focuses on participants' sexual behavior without asking how they self-identify cannot distinguish MSM in the sample who are also gay- or bisexual-identified. Homelessness is consistently a significant risk factor among young MSM for HIV-risk behaviors. Homelessness among young MSM between 17 and 28 years is highly correlated with an increased likelihood of lifetime and current exposure to high-risk drug use and sexual behavior (Clatts et al., 2005). Onset of these high-risk exposures is earlier in young MSM with a history of unstable housing compared with those who have no history of homelessness; in most cases drug use did not occur prior to becoming homeless.

Differences in patterns and rates of high-risk substance use and sexual behaviors exist among runaway compared to non-runaway homeless young MSM. Runaway MSM between the ages of 15 and 22 years first experience oral and anal sex one year younger than non-runaway MSM (LaLota, Kwan, Waters, Hernandez & Liberti, 2005). Runaways, who are significantly younger when they first “come out,” report a greater number of male or female partners throughout their lifetime, are more likely to experience forced sexual contact or be diagnosed with an STD, and are more likely to ever have used drugs, including intravenous drugs. Runaways have 3.3 times the risk of HIV infection compared to non-runaways and are more likely to have unprotected vaginal or anal sex with female partners. Thus runaway MSM require focused care to help reduce HIV risk behaviors.

Transgender persons—Homeless transgender youth are among the most vulnerable of LGBT subpopulations. The unique challenges encountered by homeless female-to-male and male-to-female transgender youth are understudied and often unaddressed. Transgender youth often initially identify as gay or lesbian before identifying as transgender, resulting in an even more complex developmental process (Ryan, 2003; Wilber, Ryan & Marksamer, 2010). These youth face higher victimization rates in school than nontransgender gay and lesbian youth (Gay, Lesbian, and Straight Education Network, 2009). Issues for homeless transgender youth include the humiliation and physical or sexual victimization that occur at shelters, where transgender clients are most often obliged to stay in quarters and use bathrooms or showers based on birth sex among people of a gender with which they do not

identify (Mottet & Ohle, 2010). Often, they are not even welcomed into a shelter in the first place (Mottet & Ohle, 2010; Quintana et al., 2010). Additionally, homeless transgender youth transitioning to the gender with which they identify often face health complications from unmonitored hormone and silicone injections obtained from street suppliers.

Recommendations

Standardized Assessment

Programs providing care for homeless youth should conduct basic standardized assessments to identify LGBT individuals and their associated mental health, substance use, and HIV risks. Standardized assessments should include questions for all homeless youth regarding their sexual behavior, sexual orientation, and gender identity. LGBT homeless youth should then be carefully screened for risk of developing depression and anxiety, PTSD, substance use disorders, suicidal ideation, suicide attempts, violent victimization, and HIV risk behaviors. This assessment and screening should be conducted by staff who have undergone sensitivity training in order to be attuned to the needs of these youth.

Best Practices for Serving LGBT Homeless Youth

In 2009, a coalition of organizations supporting LGBT homeless youth published a set of guidelines entitled, “National Recommended Best Practices for Serving LGBT Homeless Youth” (National Alliance to End Homelessness, 2009). They recommend that employees serving homeless LGBT youth should:

- Treat them respectfully and ensure their safety;
- Appropriately address LGBT identity during the intake process;
- Support their access to education, medical care, and mental health care;
- Support transgender and gender-nonconforming youth participants;
- *Inform LGBT youth participants about local LGBT programs and services.* (p. 4–7).

The guidelines suggest improving organizational culture by recommending that program administrators and supervisors:

- Create a safe and inclusive environment;
- Adopt and implement written nondiscrimination policies;
- Adopt confidentiality policies;
- Provide LGBT competency training to all agency employees and volunteers;
- Establish sound recruitment and hiring policies regarding LGBT competency;
- Develop agency connections to LGBT organizations and the LGBT community;
- *Collect and evaluate data on the numbers of LGBT youth accessing services to educate key decision makers and guide programmatic expansion* (p. 8–11).

Finally, the coalition's outlined best practices include recommendations for administrators and youth workers to improve residential services by ensuring safety in shelters and other residential settings (National Alliance to End Homelessness, 2009, p.12).

These recommended best practices should be expanded and adapted to accommodate the unique challenges and needs of specific subpopulations of LGBT homeless youth based on sex, ethnicity, geographic region, sexual behavior, self-identified sexual orientation, and gender identity. While more research is needed to adequately characterize subgroup-specific concerns in order to configure best practices that reflect the diversity of their experiences, areas where there are already compelling data include: gender differences among homeless LGBT youth in the experience of interpersonal violence, patterns of substance abuse in HIV-positive homeless gay/bisexual males, and high-risk substance use and sexual behavior in runaway MSM. The lack of research about the needs of specific high-risk subgroups, particularly homeless transgender persons and minority youth, is notable.

Best Practices for Integrating Mental Health Services

Mental health services for LGBT youth who are homeless would ideally be age-, gender- and culture-specific, grounded in principles of trauma-informed care (Roberts, Rosario, Corliss, Koenen & Austin, 2012; Roberts, Austin, Corliss, Vandermorris & Koenin, 2010; Hopper, Bassuk & Olivet, 2010), and integrated across housing, medical, substance use and social services (Drake, Mueser, Brunett & McHugo, 2004). Given the reality of limited services and resources for homeless youth, it is imperative that at the very least a minimum care package of mental health services be adopted for LGBT youth experiencing homelessness. This would include focused evaluation, and, depending on the availability of mental health training and expertise among staff, referrals for counseling, psycho-education, psychotherapy, and psychopharmacology for mood disorders, trauma and PTSD, and substance use disorders, as well as behavioral interventions such as case management for HIV risk behavior reduction.

Promoting HIV Testing and Condom Use

For youth, ongoing promotion of HIV testing is likely to reduce HIV risk. Among sexually active homeless youth aged 13 to 24 years, being gay is directly associated with increased HIV/STI testing in the past three months (Ober, Martino, Ewing & Tucker, 2012). Thus existing HIV prevention efforts and promotion of testing among homeless gay youth may help to increase their perception of susceptibility to HIV.

HIV education/prevention efforts targeting homeless LGBT youth between 18 and 26 years have engendered more consistent use of condoms (Ream, Barnhart & Lotz, 2012). However, these youth still report that depression, grief, poor self-esteem, purposelessness and social isolation in the context of homelessness can diminish their ability to enforce boundaries related to condom use. Homelessness has been found to indirectly decrease condom use in this population because of the pervasiveness of depressed and anxious feelings.

Additionally, condom use is commonly decreased with primary partners despite the pervasive belief among HIV- and HCV-infected homeless LGBT youth that they acquired infections from their long-term partners (Ream et al., 2012). Thereofre, programs should

focus on both HIV risk in the context of long-term romantic relationships and the provision of mental health services that treat anxiety, depression and other negative mood states.

Internet-Based Initiatives

Internet-based initiatives aimed at reducing HIV risk behaviors are an important educational strategy and potentially a treatment vehicle for LGBT homeless youth. Among homeless adolescents and young adults aged 13 to 24 years, gay males search for sexual health information online with significantly greater frequency than other participants (Barman-Adhikari & Rice, 2011). Homeless youth who are actively in touch with their parents on the Internet are more likely to search for HIV/STI information online, and homeless youth to whom health information is delivered online are more likely to seek HIV and HIV-testing information on their own (Barman-Adhikari & Rice, 2011).

Promising Research Directions

Future research should focus on the unique challenges and risks that arise among homeless youth through the interaction of LGBT identity with other aspects of life experience. For example, evidence exists among sexual minority male youth indicating that greater isolation, less connectedness, and lower status within a social network are linked to depressive symptoms, and the correlation between social isolation and depression in this population is stronger than for non-sexual minority youth (Hatzenbuehler, McLaughlin & Xuan, 2012). Thus additional research should be conducted that investigates whether the combination of social isolation and homelessness in a sexual minority intensifies mental health risks among these youth. It is also essential that an accurate national count of LGBT youth who are homeless in the United States be conducted so that much-needed federal funding and crucial clinical services are provided (Ray, 2007).

Understudied populations—Understanding the interplay of LGBT experience with other meaningful identity-related factors, such as aging into adulthood and ethno-cultural identity, has the potential to reveal opportunities for better serving a range of LGBT youth subpopulations that are homeless.

Transition into adulthood: Researchers should assess the differential impact of acute, episodic, and chronic homelessness, as well as the impact of various life milestones, such as high school graduation, on limiting future choices for LGBT youth experiencing homelessness. Additional longitudinal research would assist in developing interventions to mitigate the risk of homelessness among transitional age LGBT youth and then prevent it from progressing into a long-term condition in adulthood.

More studies are also needed to investigate the longitudinal experiences and needs of older LGBT adults experiencing homelessness, given that existing efforts have more often focused on youth. Little is known about LGBT homeless adults, despite the fact that they are also at high risk of mental health problems, substance abuse, HIV, and violent victimization (Newman, Rhodes & Weiss, 2004; Ober, Shoptaw, Wang, Gorbach & Weiss, 2009; Reback, Shoptaw & Downing, 2012; Fuqua et al., 2012).

Ethnic and racial minorities: Given that African Americans and Latino Americans are overrepresented among homeless persons in the United States (estimated at 42% and 13%, respectively) (The United States Conference of Mayors [US Mayors], 2007; US Mayors, 2006; National Coalition for the Homeless, 2009), additional research is needed that focuses on the complex interplay of sexuality, gender, and both ethnic and racial identity. One example of the value of this research is in Arizona, where a community-based study of 32 homeless and/or LGBT youth in a multi-ethnic, majority Latino sample found that higher ethnic identification and linguistic acculturation may be protective against HIV risk among homeless and/or LGBT youth (Marsiglia et al., 2009).

Critical Policy Directions

To our knowledge, an explicitly articulated federal health policy agenda does not yet exist to address homelessness among LGBT youth in the United States. The Center for American Progress (CAP), a leading public policy research and advocacy organization in Washington, D.C., has recommended that federal governmental agencies involved in addressing homelessness specifically recognize LGBT youth who are homeless as a special needs population (Quintana et al., 2010). CAP has also suggested prohibiting discrimination against these youth by all federal agencies.

The Runaway and Homeless Youth Act (RHYA) (Administration for Children and Families, 2008) is the existing federal legislation that funds street outreach programs, drop-in centers, basic needs such as food and clothing, and counseling services for homeless youth. The CAP proposal includes a possible reauthorization of RHYA with nondiscrimination policies for sexual orientation and gender identity, as well as congressional hearings focused on the issue of homelessness among LGBT youth. Future RHYA-funded program development could reflect the caveat from USCIH's *Opening Doors* proposal, that "in many cases, youth have become homeless because of hostile and dangerous conditions at home and that reunification with families may not be appropriate for [...] many gay, lesbian, bisexual and transgender youth" (USICH, 2010, p. 16).

The CAP recommendations include the option for USICH to develop policies focused specifically on LGBT youth that could be informed by research evidence as well as input from service providers, LGBT community leaders and actual LGBT youth who are homeless. New USICH policies might include nondiscrimination initiatives as well as cultural competency training for service providers focused on sexual and gender identity, and their interaction with ethnicity and race. These initiatives might be financed under RHYA. Finally, the CAP proposal advocates for new research funding, possibly through RHYA, to study the incidence and prevalence of LGBT homeless youth, as well as their diverse service needs, in order to tailor programs accordingly.

Conclusions

LGBT youth are disproportionately represented among homeless persons in the United States and are at high risk for mental health and substance use problems, HIV, and violent victimization. LGBT youth subpopulations have varying needs depending upon age, sex, ethnicity, geographic region, sexual behavior, self-identified sexual orientation, and gender

identity. Transgender youth are at particularly high risk. Interventions targeting well-defined LGBT youth subgroups are effective in decreasing behavioral and mental health risks through HIV testing and condom use promotion, Internet-based initiatives, and interventions focused on the needs of specific ethnic/racial LGBT subpopulations are also necessary.

Best practices for serving the mental health needs of LGBT individuals in programs for homeless youth should include staff training in LGBT competency, standardized initial assessment of clients' sexual orientation, sexual behavior and gender identity, and brief screening for mental health and substance use problems. These assessments can then guide referrals for case management, counseling, psycho-education, psychotherapy, and psychopharmacology for mood disorders, trauma, and substance use disorders, as well as behavioral interventions such as contingency management for HIV risk behavior reduction.

Organizations serving LGBT homeless youth should refer to the existing best practice recommendations for volunteers, employees and administrators in order to help improve mental health among the LGBT youth. Future research should focus on the unique challenges and risks that arise among homeless youth through the interplay of LGBT identity with other sociocultural factors, including the transition into adulthood as well as both ethnic and racial identity. In addition to developing evidence-based practices that are supported by robust outcome research, it is essential that non-discrimination policies be developed. Given the myriad challenges faced by LGBT homeless youth, policy initiatives would ideally involve prohibiting discrimination against LGBT youth, reauthorizing RHYA, and dissemination of explicit LGBT cultural competency training for all providers of services for homeless youth. Finally, USICH might develop evidence-based and community-informed policies focused on LGBT youth. Without further supports, LGBT youth who are homeless will continue to be a lost generation.

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SERVING OUR YOUTH:

**Findings from a National Survey of Services Providers
Working with Lesbian, Gay, Bisexual and Transgender Youth
Who Are Homeless or At Risk of Becoming Homeless**



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The Palette Fund honors the legacy of Rand Harlan Skolnick through collaborative grantmaking and programs that value human rights and education. The Foundation focuses on Nutrition & Wellness, Patient Navigation, and Queer Youth. Rand committed his heart and soul to his philanthropic work throughout his life, and The Palette Fund seeks to continue and grow his pioneering vision.



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The **True Colors Fund** was co-founded by Cyndi Lauper to inspire and engage everyone, especially straight people, to become active participants in the advancement of equality for all and, through its **Forty to None Project**, raise awareness about and help bring an end to gay, lesbian, bisexual and transgender youth homelessness.



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The Williams Institute advances sexual orientation and gender identity law and public policy through rigorous, independent research and scholarship, and disseminates it to judges, legislators, policymakers, media and the public. A national think tank at the UCLA School of Law, the Williams Institute produces high quality research with real-world relevance.

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EXECUTIVE SUMMARY

This report by the The Palette Fund, True Colors Fund, and the Williams Institute presents data from The Lesbian, Gay, Bisexual, and Transgender (LGBT) Homeless Youth Provider Survey, a web-based survey conducted from October 2011 through March 2012. The survey was designed to assess the experiences of homeless youth organizations in providing services to LGBT youth. It also assessed the prevalence of LGBT youth within the homeless populations being served by these organizations. In total, 381 respondents completed at least part of the survey, representing 354 agencies throughout the United States.

Nearly all of the agencies responding to the survey (94%) reported working with homeless and runaway youth who identify as LGBT in the past year. The number serving LGBT youth has grown over the past ten years, particularly those serving transgender youth.

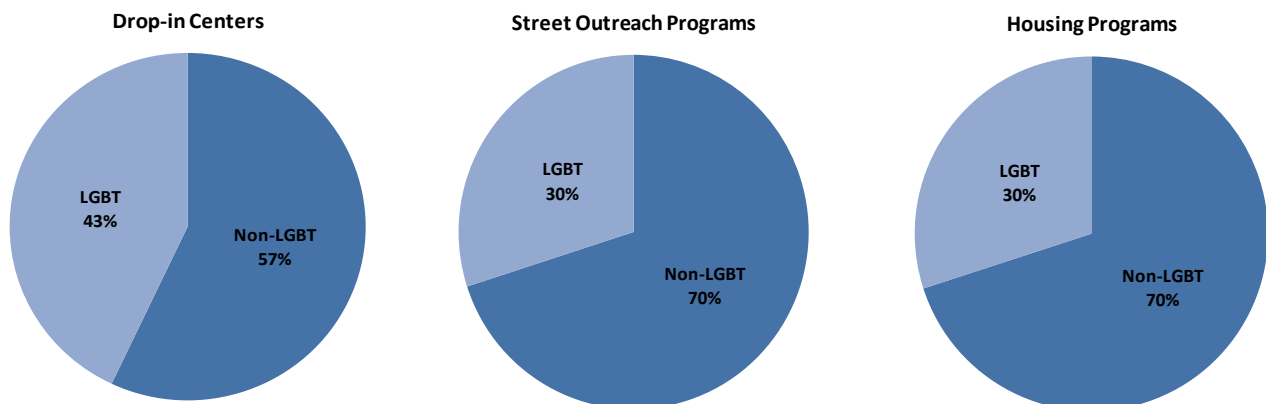
- Ten years ago, 82% of respondents said that they worked with LGB youth, whereas in the past year, nearly all respondents (94%) said that they worked with LGB youth clients.
- While less than half of respondents said that they served transgender clients ten years ago, more than three-quarters of respondents indicate that they worked with transgender youth in the past year.

LGBT youth comprise approximately 40% of the clientele served by agencies represented in the sample:

- Among both homeless and non-homeless clients, 30% identified as gay or lesbian and 9% identified as bisexual
- 1% of homeless and non-homeless clients were identified as “other gender” but at least another percent of the total clientele were transgender youth who were identified on the survey as either male or female
- Nearly all agencies (91%) reported using intake forms to track the demographic information of their clients, including information on sexual orientation and gender identity; around 30% of agencies use staff estimates to approximate the number of LGBT youth. Given that youth may not be willing to self-identify as being LGBT when initially presenting for services, these data may underestimate the proportion of LGBT youth served by homeless youth providers.

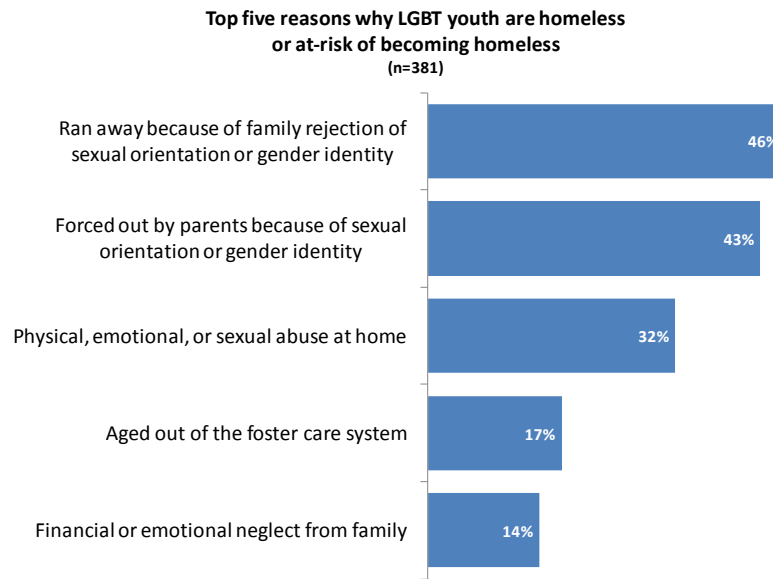
LGBT youth represent between 30% and 43% of those served by drop-in centers, street outreach programs, and housing programs:

Percent of Clients Served – LGBT and Non-LGBT Youth



- 43% of clients served by drop-in centers identified as LGBT; 30% of street outreach clients identified as LGBT
- On average, 30% of clients utilizing housing programs identify as LGBT (26% as LGB and 4% as transgender):
 - Host Home Programs – 42% of clients identified as LGBT (LGB = 37%; transgender = 5%)
 - Permanent Housing Programs - 39% of clients identified as LGBT (LGB = 36%; transgender = 3%)
 - Transitional Living Programs - 22% of clients identified as LGBT (LGB = 19%; transgender = 3%)
 - Independent Living Programs – 22% of clients identified as LGBT (LGB = 19%; transgender = 3%)
 - Emergency Shelters – 21% of clients identified as LGBT (LGB = 17%; transgender = 4%)

Family rejection on the basis of sexual orientation and gender identity was the most frequently cited factor contributing to LGBT homelessness. The next most frequently cited reason for LGBT youth homelessness was youth being forced out of their family homes as a result of coming out as lesbian, gay, bisexual, or transgender.



Overall, respondents indicated that nearly seven in ten (68%) of their LGBT homeless clients have experienced family rejection and more than half of clients (54%) had experienced abuse in their family.

While family rejection on the basis of sexual orientation and gender identity was the most frequently cited factor contributing to LGBT homelessness, over 40% of the agencies do not address these family-based issues. However, agencies were more likely to conduct family-based work if they served LGB homeless youth under the age of 18:

- 75-80% of providers who served clients under age 18 indicated that they are doing family acceptance-related work, compared to 46-51% of providers who work with LGBT clients who were predominantly age 18 or older

A clear majority of LGBT clients receive services that are available to all youth:

- 24% of programs identified in the survey were designed specifically for LGBT youth
- LGBT youth were reported to take part in all types of programs and services offered by participating agencies, including recreational programs, educational programs, and health promotion activities (e.g. STD/HIV testing programs).

The lack of funding, in particular government funding, was identified as the primary barrier to improving services related to reducing LGBT homelessness

- Five of the top six factors identified as barriers to improving services related to reducing LGBT homelessness related to a lack of funding. The top three barriers were a lack of state, local, and federal funding, in that order.
- Only 14% of agencies cited as a barrier that serving LGBT youth homelessness was not central to their mission. Few agencies endorsed barriers related to a lack of support of serving LGBT youth from staff, boards, community, or government.

The findings from the LGBT Homeless Youth Provider Survey indicate that almost all organizations serving homeless youth are serving LGBT youth. In fact, LGBT youth (homeless and non-homeless) make up approximately 40% of their clients, including nearly 30% of clients who utilize housing-related services, such as emergency shelter and transitional living programs.

A majority of the programs that LGBT clients take part in are services that are available to all youth, with 24% of programs specifically designed for them. Importantly, approximately 40% do not have services that address the most commonly cited factor contributing to their homelessness – rejection by their family on the basis of their sexual orientation and gender identity. These agencies did not locate the primary barriers to improving services for LGBT homeless youth in their competency or willingness to provide such services, but in the lack of government, foundation, and private funding to develop them.

ABOUT THE SURVEY

The Lesbian, Gay, Bisexual, and Transgender (LGBT) Homeless Youth Provider Survey was conducted from October 2011 through March 2012. This survey was designed to assess the experiences of homeless youth organizations in providing services to LGBT youth. It also assessed the prevalence of LGBT youth within the homeless populations being served by these organizations.

Requests to participate in the web-based survey were sent to all providers on the National Runaway Switchboard and CenterLink: The Community of LGBT Centers resource lists, as well as partner agencies of the True Colors Fund. In total, 381 respondents completed at least part of the survey. These respondents represented 354 agencies that provide services to homeless youth.¹

These agencies were largely independent, rather than affiliate, organizations (76% vs. 25%, respectively) and were located throughout the United States. Most organizations were located in the Midwest (31%) and West (27%), with nearly a quarter located in the Northeast (24%) and nearly a fifth located in the South (18%).

Nearly all agencies worked in partnerships with other organizations (91%), with approximately three-quarters reporting that they were part of a coalition (73%). The average number of years that these organizations had been operating was 42, with a range of 1 year to 226 years of service. Half of the organizations had been in existence for more than 35 years.

There was a wide range in the number of locations from which these agencies operated, with eight agencies having no dedicated physical space and four agencies with over 100 different locations.

Over 97% of agencies used at least one method of tracking demographic information about the individuals they serve. The most commonly used method was client intake forms, used by 91% of agencies, with 29% of agencies gathering this

information through staff or volunteer estimates. A small proportion of agencies (7%) indicated using methods other than intake forms or staff estimates, such as surveys, sign-in sheets, or databases. The majority of agencies served clients within their general geographic area, while 42% of agencies served clients outside of their general geographic area.

Table 1. Agency expenses and revenues.

Agency Expenses	Mean	Median	Range	# Agencies Operating with No Expenses	# Agencies Not Operating During FY
FY 2011 Budget (n=79)	\$4,829,780	\$ 1,300,000	\$1,000-\$40,000,000	2	1
FY 2010 Actual (n=65)	\$4,903,200	\$ 1,391,895	\$1,000-\$40,000,000	2	1
FY 2009 Actual (n=60)	\$5,114,681	\$ 1,600,938	\$1,000-\$45,000,000	2	1
Agency Revenue					
FY 2011 Budget (n=63)	\$4,025,152	\$ 1,200,000	\$400-\$37,900,000	4	3
FY 2010 Actual (n=56)	\$3,777,263	\$ 1,217,500	\$400-\$38,500,000	2	2
FY 2009 Actual (n=53)	\$3,838,349	\$ 1,320,000	\$300-\$41,100,000	3	3

For the 2011 fiscal year, the average expense budget for the agencies represented in this survey was \$4.83 million (see Table 1). Half of the agencies had budgets exceeding \$1.3 million. Average revenues for the agencies were \$4.03 million with half of the agencies reporting revenues that exceeded \$1.2 million.

Table 2. Percent of agency funding from source type

Source	Mean	Median	Range
Government (n=83)	60.2%	70%	0-100%
Foundations (n=72)	14.3%	10%	0-80%
Corporations (n=57)	5.9%	5%	0-32%
Public Support (n=74)	26.6%	15%	0-100%

Agencies reported that, on average, 60% of their funding came from government, 27% from public support, 14% from foundations, and 5.9% from corporations (see Table 2).

¹ In the cases where there were multiple responses from a single agency, averages across all responses from a given agency were used. When responses differed with regard to services provided by a given agency, these analyses assume that the service was provided if at least one respondent indicated that to be the case.

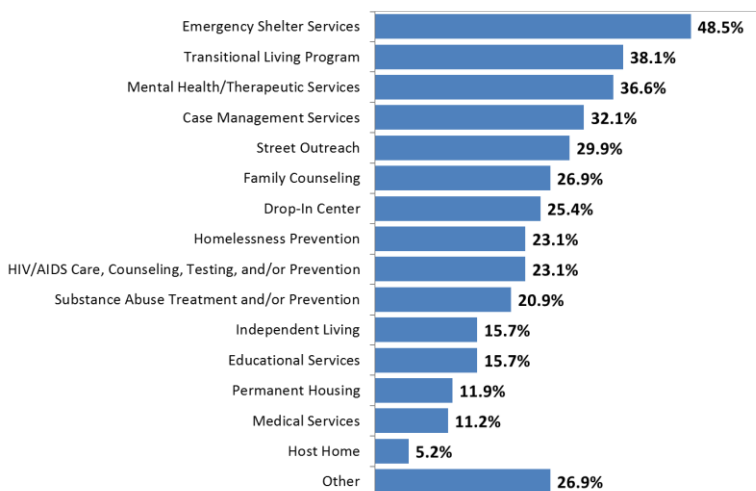
When identifying sources of monetary support, almost 30% of agencies stated that they received no federal sources of support (27%), 20% stated they had no state sources of support, and 23% had no city/county sources of support (see Table 3). Approximately equal numbers of agencies received funding from three or more government sources, either federal, state, or city/county.

Table 3. Number of sources of agency funding

Percent of agencies receiving funding from...	0 Sources	1 Source	2 Sources	3+ Sources
Federal (n=113)	27.4%	24.8%	23.9%	23.9%
State (n=115)	20.0%	37.4%	20.0%	22.6%
City (n=110)	22.7%	30.9%	19.1%	27.3%

Emergency shelter services were most frequently reported as the main service area for which agencies received government support (see Figure 1). Over 30% of agencies reported utilizing government funding for transitional living programs (38%), mental health and therapeutic services (37%), and case management services (32%). Least frequently cited as recipients of funding were permanent housing services (12%), medical services (excluding HIV/AIDS-related services; 11%), and host home services (5%).

Figure 1. Percent of agencies using government funds, by program (n=134)



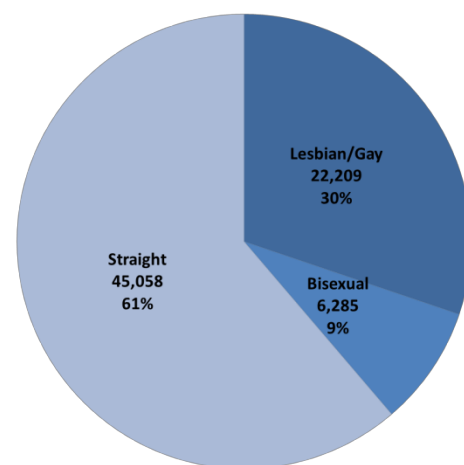
CHARACTERISTICS OF LGBT YOUTH SERVED BY AGENCIES

Responding providers were asked to describe the characteristics of the youth that they serve. In most cases, questions allowed respondents to describe differences by sexual orientation, gender identity, and the homeless status of their clients.

SEXUAL ORIENTATION AND GENDER IDENTITY OF CLIENTS

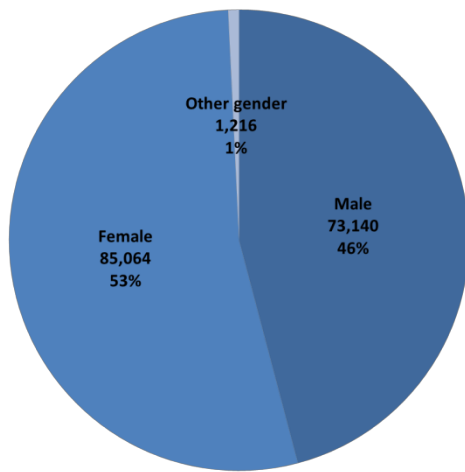
Respondents suggested that a very large portion of their clients were sexual minorities. When asked to give the number of clients that they served (homeless and non-homeless) by their sexual orientation, the figures suggest that 30% of their clients were gay or lesbian and 9% were bisexual (see Figure 2).

Figure 2. Number of youth served in the last year (homeless and non-homeless), by sexual orientation (n=155)



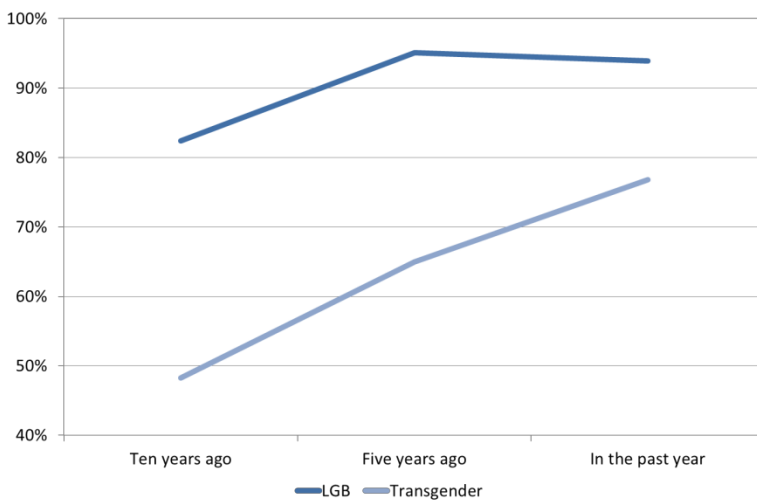
When asked the gender of their clients, the options included male, female, and other gender. Responses suggest that 53% of their clients were female, 46% were male and 1% were described as an “other gender” (see Figure 3).

Figure 3. Number of youth served in the last year (homeless and non-homeless, by gender (n=159)



Respondents were then asked to indicate how many of their clients they considered to be transgender. In total, they suggested that nearly 3,100 of their clients were transgender. If we assume that most of the clients described as having a gender other than male or female are transgender, this implies that respondents considered about 60% of their transgender clients to be either male or female while 40% were considered to have a gender other than male or female.

Figure 4. Percent who served any LGBT clients, over time (n=131)



Respondents clearly indicated that they are serving more homeless LGBT clients, particularly transgender clients, today than they were ten years ago.

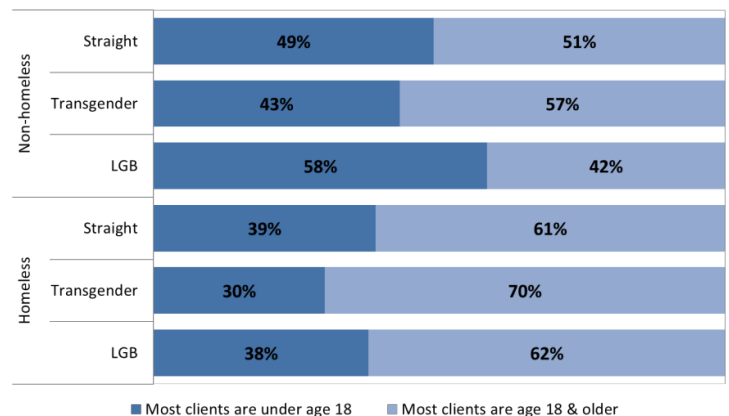
Less than half of respondents said that they served homeless transgender clients ten years ago (see Figure 4). In the past year, more than three-quarters of respondents indicate that they work with homeless transgender youth. Ten years ago, 82% of respondents said that they worked with homeless LGB youth. In the past year, nearly all respondents (94%) said that they worked with homeless LGB youth clients.

When asked how the average age of homeless youth has changed over the past five to ten years, the majority of respondents said that the age of both LGBT and non-LGBT youth had either remained the same or increased. A greater proportion of respondents indicated that the age of LGB homeless youth had “increased modestly” (37%) compared to the age of transgender youth (25%) or non-LGBT youth (23%). Conversely, a greater proportion of respondents indicated that the average age of non-LGBT homeless clients had “increased significantly”, compared to the average age of LGB youth (12%) or transgender youth (19%).

SERVICE PROVISION BY AGE OF CLIENTS

In general, respondents working with homeless youth were more likely to be predominantly working with clients who were age 18 or older. Seven in ten respondents working with transgender youth said that they worked predominantly with transgender individuals who were age 18 or older (see Figure 5). About six in ten respondents who worked with straight or LGB homeless clients said that they worked primarily with clients who were age 18 and older.

Figure 5. Percent of respondents who predominantly serve clients under age 18 versus age 18 and older, by sexual orientation and homeless status of clients (n=142)



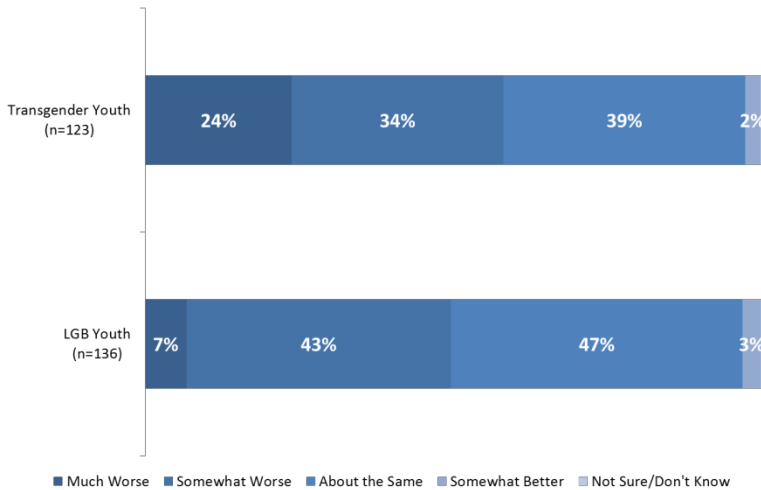
In contrast, among respondents working with LGB non-homeless youth, nearly six in ten (58%) reported that they predominantly worked with LGB youth under age 18.

Respondents working with straight non-homeless youth were more evenly split, with 51% reporting that they predominantly worked with youth under age 18 and 49% reporting primarily working with clients age 18 and older. For those working with transgender non-homeless clients, 57% worked primarily with older clients while 43% worked mostly with transgender youth under the age of 18.

HEALTH OF LGBT HOMELESS CLIENTS

Relative to other homeless youth, nearly six in ten respondents (58%) report that transgender homeless youth have worse physical and mental overall health (Figure 6). Nearly a quarter of respondents thought that the overall health of their transgender clients was “much worse” than other, non-LGBT homeless youth.

Figure 6. Overall health of LGBT clients compared to other homeless youth



Half of respondents also thought that the overall health of their LGB homeless youth clients was worse than other homeless youth.

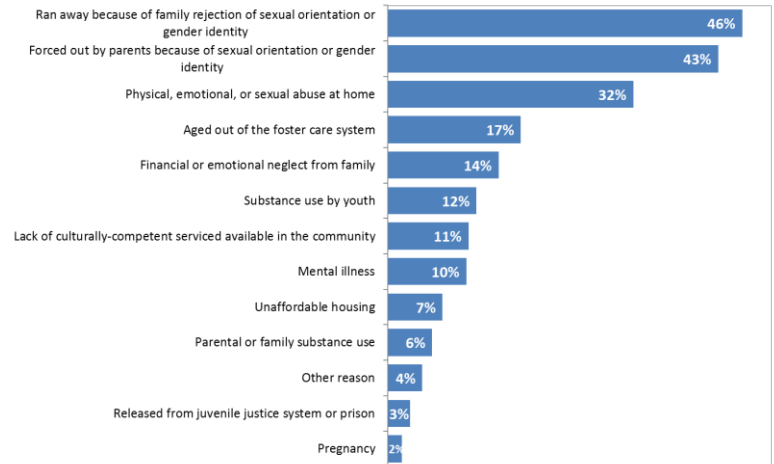
Less than 4% of respondents thought that their LGBT clients had better overall health than other homeless youth clients.

NEEDS AND HISTORY OF LGBT CLIENTS

Family issues were by far the most common reasons respondents cited when asked to name the primary reasons why LGBT clients were either homeless or at-risk for homelessness.

Running away from home because of family rejection was the most frequently cited reason, as 46% of respondents thought that was one of the most important factors in LGBT homelessness (see Figure 7). A similar portion of respondents (43%) said that LGBT youth had been kicked out of their homes. A third of respondents cited physical, emotional, or sexual abuse.

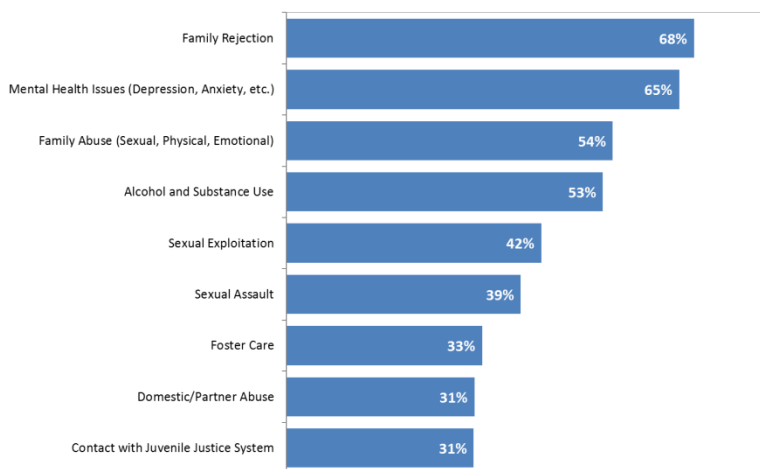
Figure 7. Reason why LGBT youth are homeless or at-risk of becoming homeless (n=381)



Respondents were also asked about the experiences of their LGBT homeless youth clients. Again, the data suggest a strong connection between family rejection and abuse and homelessness for LGBT youth.

Respondents indicated that nearly seven in ten (68%) of their LGBT homeless clients have experienced family rejection (see Figure 8). More than half (54%) have experienced abuse in their family.

Figure 8. What percentage of the homeless LGBT youth that you serve have a history of the following? (n=113)



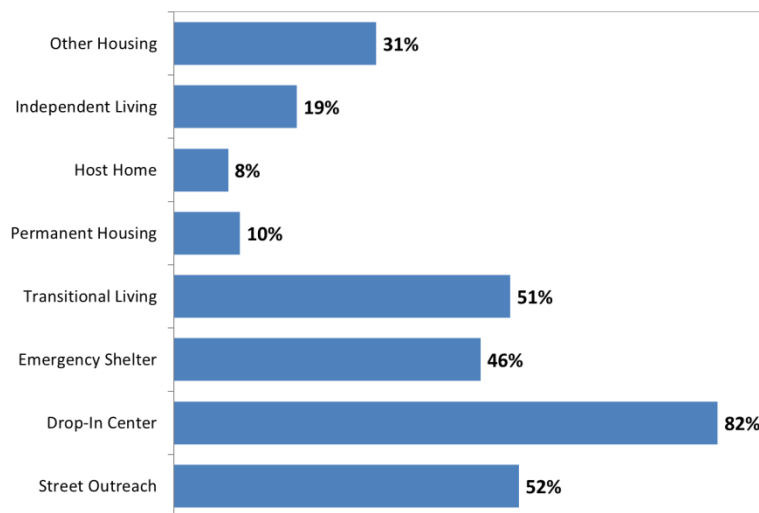
Respondents said that nearly two-thirds of their LGBT homeless youth clients (65%) have mental health issues and more than half (53%) have histories of alcohol and substance abuse.

Respondents say that about four in ten LGBT homeless youth clients have been subject to sexual exploitation and sexual assault. About a third have been in foster care, have experienced domestic partner abuse, and have had contact with the juvenile justice system.

AGENCY SERVICES

More than 50% of respondents reported that their agencies offered transitional living services and street outreach services, as well as having a drop-in center (see Figure 9). Far fewer of respondent agencies offered independent living, permanent housing, and host home services.

Figure 9. Percent of agencies offering various services



Among respondents from agencies who had drop-in centers, 47% reported that the programs were open on weekends and 74% were open after business hours (e.g. outside 8am-5pm), with the mean number of service hours per day reported to be 12.5 (Table 4).

On average, these centers served approximately 22 youth daily, and most reported that they served youth over the age of 13. Among participating agencies, the mean estimate of the percentage of youth identifying as LGBT who were served by drop-in centers was 43%, with a median estimate of 30%.

Street outreach programs served approximately 20 youth per day, with an average of 30% of youth served identifying as LGBT (Table 4).

Table 4. Street outreach and drop-in center service characteristics.

	Service Type	
	Street Outreach (n=176)	Drop-In Center (n=260)
Mean Daily Contact (Median)	27.7 (20)	---
Mean Number Offered Services (Median)	20.2 (11.5)	22.4 (15)
Mean Number of Days Open (Median)	---	5.6 (5)
Mean Number of Hours Open (Median)	---	12.5 (9)
% Open on Weekends	---	47.3
% Open Outside Business Hours	---	73.8
% Serving Youth Under 13	47.4	37.4
% Serving Youth ages 13- 17	93.5	94.4
% Serving Youth ages 18 and Up	89.6	86.9
Mean % Youth Served Identifying as LGBT	30	43.2
Median % Youth Served Identifying as LGBT	15	30

The number of respondents reporting that their agencies offered housing services ranged from 20 organizations with host home services to 150 organizations with transitional living services (Table 5). Most programs served youth over the age of 13, though in addition, at least 50% of agencies offered emergency shelter and host home services to youth under the age of 13.

On average, approximately 30% of youth receiving housing services were identified as LGBT. Approximately 37% of youth seeking host home services and 36% of youth seeking permanent housing were identified as LGB. The mean proportion of LGB youth served by emergency shelter, transitional living, and independent living programs was lower and ranged from 17% (emergency shelter services) to 19% (independent living services). It is important to note that the median proportion of LGB youth across programs was reported to be 10% (see Table 5).

For all types of housing programs assessed in this survey, respondents reported that their agencies served a smaller proportion of transgender youth compared to LGB youth, with mean estimates ranging from 3% (transitional living) to 5% (host

home services). Again, the median estimates were similar across programs (0.05% to 1% of youth).

Given that the data estimating the proportion of LGBT youth served by drop-in centers, street outreach, and housing programs is derived from either intake forms or staff estimates, it is likely that these numbers represent an underestimate of the true proportion of clients who are LGBT. These youth may not be willing to self-identify as LGBT upon intake, and staff estimates in the absence of youth self-report may be less accurate.

Table 5. Housing services characteristics.

	Service Type				
	Emer. Shelter (n=123)	Trans- itional Living (n=150)	Perm. Housing (n=25)	Host Home (n=20)	Independent Living (n=46)
Mean Maximum Length of Stay (Median)	66.6 days (30)	379.7 days (427.5)	---	74.9 days (21)	396 days (540)
Mean Number of Beds (Median)	---	27.6 (15)	31 (24)	5.4 (4)	14.5 (10)
% Agencies with Limited Stay	---	---	36	---	---
% Serving Youth Under 13	60.3	18.5	8.33	50	9.1
% Serving Youth Ages 13-17	84.5	64.1	16.7	85	65.9
% Serving Youth Ages 18+	62.9	96.7	100	60	97.7
% Youth Served Identifying as LGB (Median)	17.4 (10)	18.8 (10)	35.5 (40)	36.6 (10)	19.3 (10)
% Youth Served Identifying as Transgender (Median)	3.5 (1)	2.7 (1)	3.3 (0.05)	5.4 (1)	2.9 (0.05)

Note. Due to missing data, not all cells contain the column n. Text set in italics indicates cells containing less than 30 observations.

Over half of the respondents reported that their agencies offered multiple physical and mental health programs, such as STD/HIV testing and counseling services, with a smaller proportion offering alcohol and drug recovery/rehabilitation programs (see Figure 10).

Community outreach/advocacy programs and leadership development programs were the most frequently offered type of cultural, recreational, or civic programs (see Figure 11). The most frequently

offered educational programs were life skills training and tutoring programs, although a significant proportion of the agencies offered additional types of educational programs, including GED programs and vocational training.

Figure 10. Health and well-being services, by LGBT focus

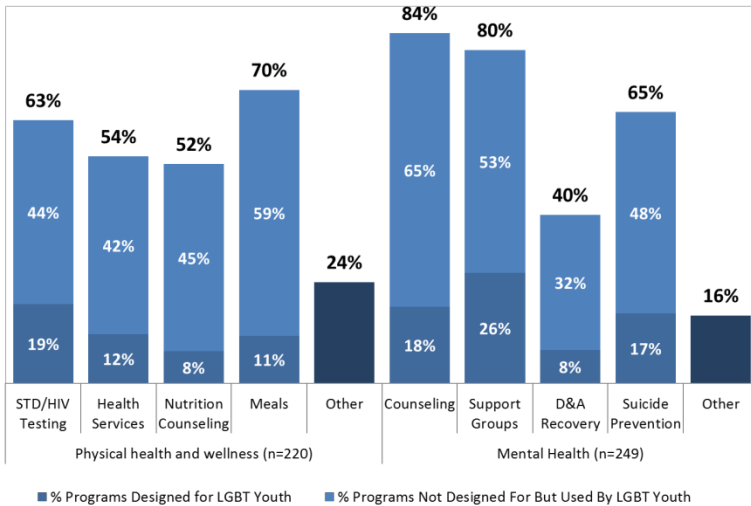
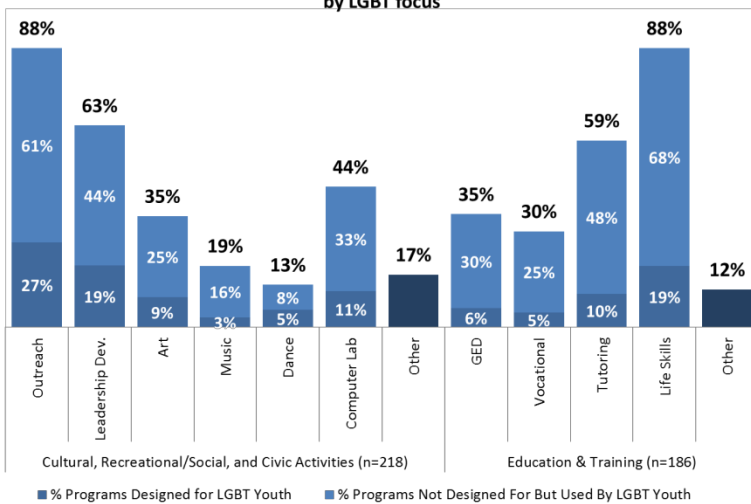


Figure 11. Cultural, recreational, civic, education, and training activities, by LGBT focus

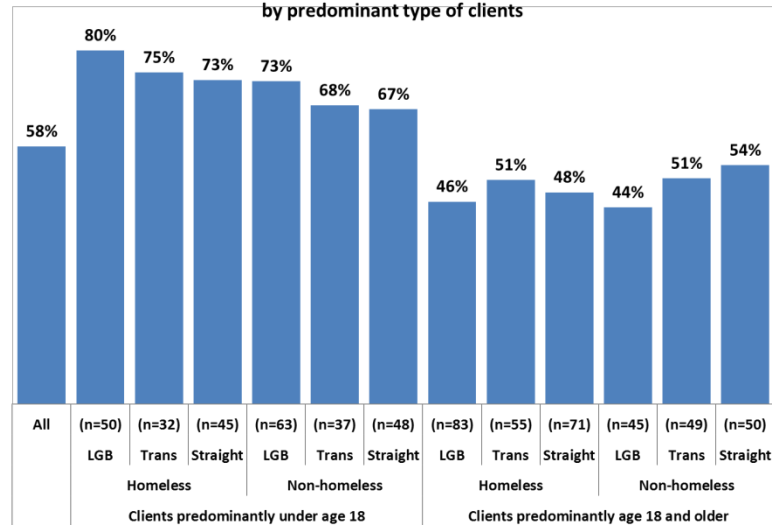


An additional item on the survey asked respondents whether they worked with youth and families around issues of family acceptance or reunification. Of the 266 respondents who responded to the question, 58% stated that they conducted this type of family-based work (see Figure 12).

As noted earlier, family rejection and abuse were among the most commonly cited reasons for why LGBT youth are at risk for homelessness. The data

suggest that respondents who indicated that they worked primarily with clients under age 18 were much more likely to say they did family acceptance work. Among those who said that their LGBT homeless clients were primarily under age 18, 80% indicated that they are doing family acceptance. For those who said that their LGBT clients were predominantly age 18 or older, less than half (46%) did family acceptance work. In general, family acceptance work was highest when clients were predominantly under age 18 and homeless.

Figure 12. Percent of respondents who do family acceptance work, by predominant type of clients



PROGRAMS DESIGNED FOR OR UTILIZED BY LGBT YOUTH.

Respondents were asked whether the programs offered by their agencies were specifically designed for LGBT youth or whether the programs were non-LGBT specific but still used by LGBT youth. In all cases, the programs assessed by the survey instrument were more likely to be targeted toward youth in general but used by LGBT youth, rather than having been designed specifically for LGBT youth (see Figures 10 and 11). Categories of programs with relatively high percentages of activities specifically designed for LGBT youth included cultural, recreational/social, and civic activities (29%).

EXPERIENCE OF RESPONDENTS REGARDING LGBT YOUTH

As noted earlier, 94% of respondents reported working with LGBT youth sometime in the past year. At the time of the survey, approximately three quarters of respondents stated that they currently work with homeless and runaway youth who identify as LGBT (75%), and this proportion was largely similar across the country. A majority of respondents in the Northeast (76%; n = 86), Midwest (84%; n = 105), South (76%; n = 63), and West (80%; n = 98) reported currently working with LGBT homeless and runaway youth.

All respondents were asked to rate their agreement with two statements related to their work with LGBT homeless and runaway youth – “I am very knowledgeable” and “I have a great deal of experience” – using a four point scale ranging from “Strongly Disagree” to “Strongly Agree”. More than five out of six people either agreed or strongly agreed that they were very knowledgeable about LGBT homeless youth, both in the full sample (85%, n = 355) and among only those who stated that they worked directly with LGBT homeless youth (86%; n = 283). A smaller but significant proportion of the respondents also agreed that they had a great deal of experience working with LGBT homeless youth, with 69% of the full sample (n = 349) and 74% of those working with LGBT homeless youth (n = 278) expressing either agreement or strong agreement.

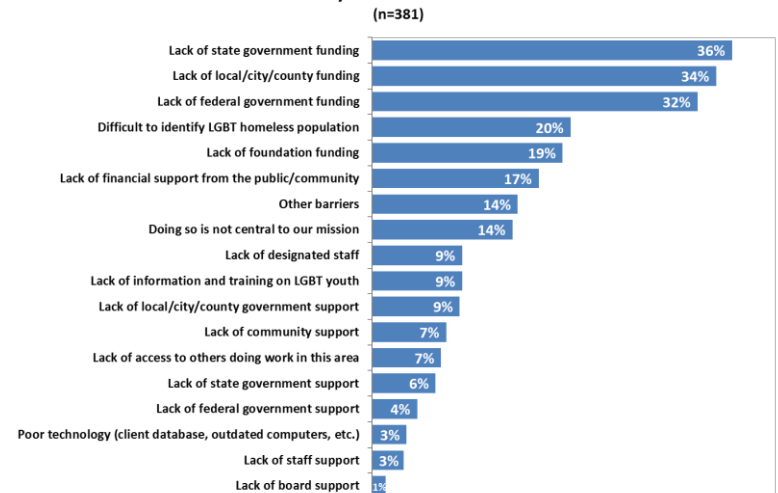
Though the Midwest had the greatest number of respondents who reported working with LGBT youth, a smaller proportion of those in that region stated that they were “very knowledgeable” about the population (81%), compared to respondents working in the other geographic regions (range 87%-91%). Similarly, 65% of Midwestern respondents who worked with LGBT youth agreed that they had “a great deal of experience” working with LGBT youth, whereas 78% of respondents from the Northeast, 79% of respondents from the South, and 80% of respondents from the West agreed with the statement.

BARRIERS TO SERVING LGBT YOUTH

Respondents were asked to identify the top 3 to 5 barriers to improving efforts to prevent or address LGBT youth homelessness. Table 13 shows the proportion of respondents selecting each of 17

different potential barriers (plus the proportion selecting “other”) to improving service provision, with the most frequently endorsed barriers appearing first.

Figure 13. Biggest barriers in improving efforts to prevent or address LGBT youth homelessness



Four of the top five barriers identified relate to a lack of funding, most frequently from government sources. Concerns directly related to the identification and competent care of LGBT youth were among the top ten barriers, as was the concern that addressing LGBT youth homelessness was not central to the organization’s mission. Few agencies endorsed barriers related to support from staff, boards, or government, or barriers related to a lack of adequate technology.

OBSERVATIONS AND CONCLUSIONS

The findings from the LGBT Homeless Youth Provider Survey indicate that almost all organizations serving homeless youth are serving LGBT youth. In fact, well over 80% of providers indicated that they are both knowledgeable about and have a great deal of experience working with LGBT youth. This conceptualization of providers’ competency held true regardless of the location of the agency.

That the majority of homeless youth providers included in this survey had experience working with LGBT youth is unsurprising, given the finding that LGBT youth are overrepresented in services for at-risk and homeless youth, relative to population estimates of the size of the LGBT community. Although already sizeable, the estimates provided here may be low, given that the demographic

information provided by respondents was reported to come mainly from intake forms and/or staff estimates. As noted above, LGBT youth may not be comfortable identifying themselves upon first presentation to these agencies, and research suggests that the perception of sexual orientation by others is often influenced by gender-related stereotypes and may thus be unreliable. In addition, the use of a single assessment timepoint, such as an intake form, may fail to capture youth who develop an awareness of their LGBT identity once engaged with services.

Results from this survey indicate that while only a quarter of programs offered by agencies serving homeless and at-risk youth are designed specifically for LGBT youth, they are utilizing the services made available to them. With that in mind, agencies should cultivate inclusive service environments where all youth feel safe and comfortable taking part. Findings from this survey do, however, point to service areas where LGBT-specific programs may be more needed. Data related to the poor health and well-being of homeless LGBT youth and the factors identified as contributing to homelessness among this population suggest that agencies may look to develop and test programs addressing family-based issues, such as rejection or abuse, or mental health and substance abuse issues.

To the extent that providers are able to accurately assess their level of awareness of issues facing LGBT youth, these data suggest that homeless youth providers across the country are equipped to care

for sexual minority and transgender youth. Supporting this contention, less than 15% of providers in the present survey identified issues of cultural competence as being barriers to preventing or addressing homelessness among LGBT youth. It will be important for future research to determine whether providers' perceptions of their ability to serve LGBT clients match the perceptions of the clients themselves. Further, future research can explore whether provider awareness is ultimately reflected in the work conducted by these agencies.

Overall, providers in this survey indicated that a lack of funding is the biggest barrier to addressing the needs of LGBT youth who are homeless or at-risk of becoming homeless. Working with limited resources clearly impacts the ability of agencies to provide LGBT youth with services that they may be most likely to require or use. For example, in the present survey, the housing programs identified as having the highest percentage of LGBT clients – host home services and permanent housing – are the ones least likely to be offered by participating agencies and among the least likely to be supported by government funding. Amid the current economic downturn, agencies serving homeless youth (LGBT and non-LGBT alike) are under even greater pressure to do more with less. Future research in this area can help identify interventions which most effectively and efficiently target the reduction of homelessness among LGBT youth and promote the health and well-being of this population.

GLOSSARY

Definitions of selected terms which appear frequently throughout this report:

Agency: A term representing survey responses at the organization-level. When participating individuals worked for the same organization, responses were pooled to create a single observation. This was then used for the analysis of questions asking for programmatic or institutional-level data, such as budget information and services offered. Please see footnote 1 for additional information about how these data were analyzed.

Bisexual: An identity term used to refer to individuals who have emotional, romantic, or sexual attractions to both men and women. Please see <http://www.apa.org/topics/sexuality/orientation.pdf> for additional information.

Gay: An identity term used to refer to males who have emotional, romantic, or sexual attractions to members of the same sex. In common usage, this term can refer to both men and women who have attractions to members of the same sex. Please see <http://www.apa.org/topics/sexuality/orientation.pdf> for additional information.

Homeless: The term homeless when it pertains to youth is hard to define due to its broad parameters. For the purposes of this report, the term homeless encompasses unaccompanied youth (up to the age of 24) who are living on the streets, in places not meant for human habitation (including abandoned buildings and cars), in institutional housing (including shelters and transitional living programs), or "couch surfing" (temporarily staying from place to place of friends, relatives, or strangers for a short amount of time).

Lesbian: An identity term used to refer to females who have emotional, romantic, or sexual attractions to members of the same sex. Please see <http://www.apa.org/topics/sexuality/orientation.pdf> for additional information.

LGBT: An acronym used to refer to the lesbian, gay, bisexual, and transgender community, or someone who identifies as a member of that community.

Provider: An umbrella term representing survey responses from those working in organizations serving homeless and at-risk youth, regardless of job title. In this report, the term is synonymous with respondent.

Respondent: A term representing survey responses at the individual-level. In this report, the term is synonymous with *provider*.

Transgender: The American Psychological Association defines the term *transgender* as "an umbrella term for persons whose gender identity, gender expression, or behavior does not conform to that typically associated with the sex to which they were assigned at birth. Gender identity refers to a person's internal sense of being male, female, or something else; gender expression refers to the way a person communicates gender identity to others through behavior, clothing, hairstyles, voice, or body characteristics." Please see <http://www.apa.org/topics/sexuality/transgender.pdf> for additional information.



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