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Youth Homelessness

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Outline

This document contains high-level information on the following topics related to youth and young adults experiencing homelessness:

- I. Introduction to Youth Homelessness
- II. Causes of Youth Homelessness
- III. Implications of Homelessness in Youth
- IV. Interventions: Recommendations from Leading Scholars

Introduction to Youth Homelessness

During any given year in the United States, it is estimated that at least 1 in 30 adolescent minors (ages 13-17), and 1 in 10 young adults (ages 18-25), experience some form of homelessness, which is primarily reported as “explicit” homelessness, but can also include unstable living situations such as couch surfing (Morton, Dworsky, and Samuels, 2017; Morton et al., 2018). This means roughly 700,000 youth and 3.5 million young adults experiencing homelessness each year in the US (Morton, Dworsky, and Samuels, 2017; Morton et al., 2018).

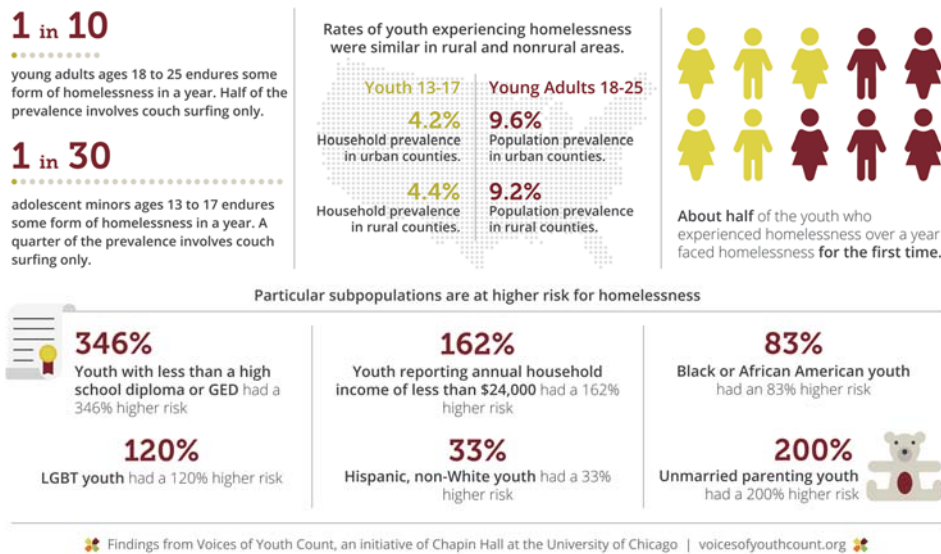


Range of Homelessness Experiences of Youth and Young Adults¹

Youth and young adults with marginalized identities and facing societal disadvantages experience disproportionately high rates of homelessness. Native American, Alaskan Native, Black, and Latinx youth, as well as LGBTQ youth, are far more likely to experience homelessness than White youth who identify as cisgender and heterosexual. Further, young people who lack a high school diploma and those with histories of child welfare and/or juvenile or criminal justice systems involvement (where racial and ethnic minorities are also disproportionately represented) are at a much greater risk of experiencing homelessness (Morton, Dworsky, & Samuels, 2017; Morton et al., 2018).

¹ Voices of Youth Count; Morton, M. H., Dworsky, A., & Samuels, G. M. (2017). Missed opportunities: Youth homelessness in America. National estimates. Chicago, IL: Chapin Hall at the University of Chicago. Retrieved from voicesofyouthcount.org

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Causes of Youth Homelessness

The most common reason that youth cite as the cause of their homelessness is **familial breakdown** (Hyde, 2005; Samuels et al., 2019; Reeg, 2003; Zufferey, 2017). For many youth, this revolves around familial conflict, including unsafe or volatile home environments that eventually lead to youth being rejected, kicked out, or choosing to flee (Samuels et al., 2019). Youth commonly report high rates of trauma and abuse prior to their experience of homelessness (Coates & McKenzie-Mohr, 2010; Ferguson, 2009; Haber & Toro, 2009; Reeg, 2003; Tyler, Cauce & Whitbeck, 2004; US DHHS, 2009; Zerger, Strehlow & Gundlapalli, 2008). Research has suggested a bidirectional relationship between trauma and/or abuse and youth homelessness: homelessness may precipitate, or be a consequence of, trauma and abuse among youth experiencing homelessness (Coates & McKenzie-Mohr, 2010). LGBT youth are particularly vulnerable to homelessness (Fowler, Toro & Miles, 2009; Ray, 2006), which is often due to being kicked out of their homes, asked to leave, or youth seeking a more supportive community.

However, familial instability can also lead to foster care, and youth who “age out” of foster care are at an increased risk of homelessness (Hyde, 2005; Fowler, Toro & Miles, 2009; Samuels et al., 2019; Tyler & Melander, 2010). Familial instability can also be reflective of early family homelessness—often due to economic hardships (U.S. Conference of Mayors, 2012; NCH 2009)—which is an additional pathway into youth homelessness (Samuels et al., 2019).

Implications of Homelessness in Youth

Adolescence and young adulthood are a significant developmental period, and thus the context of homelessness, instability, and exposure to related trauma can make this an extremely vulnerable period of time with long-term consequences on development (Johnson & Chamberlain, 2008). The longer that young people experience homelessness, the harder it is for them to escape this situation. In the absence of safe and stable housing as well as positive connections, youth are at a high risk of becoming further

entrenched in street culture and the social risks associated with instability (Johnson & Chamberlain, 2008). Further, youth homelessness is the single most common pathway into adult homelessness, pointing to the importance of early intervention with youth at risk of or currently experiencing homelessness (Chamberlain & Johnson, 2013).

A review of the research literature (Eddin et al., 2012) found that the short- and long-term detrimental effects of homelessness are consistently noted across multiple areas of research. These implications of homeless include: **impaired cognitive and academic functioning** (Farah et al., 2006; Crone, 2009; Romer et al., 2009; National Health Care for the Homeless Council, 2004; Parks, Stevens, & Spence, 2007; Buckner, Bassuk, & Weinreb, 2001; Rafferty, Shinn, & Weitzman, 2004); **financial instability** (Cauce et al., 2000; Ferguson et al., 2010; National Health Care for the Homeless Council, 2008; US Census Bureau, 2009); and **worse mental and physical health outcomes** (Achenbach, 1991; APA, 1987; Busen & Engebretson, 2008; Cochran et al., 2002; Desai et al., 2003; Johnson et al., 1996; Kamienicki, 2001; O'Connell, 2004; Parks, Stevens, & Spence, 2007; Robertson & Toro, 1999; Salomonsen-Sautel et al., 2008; Slesnick & Prestopnik, 2005; Smollar, 1999; Wrate & McLoughlin, 1997; Yu et al., 2008).

Interventions: Recommendations from Leading Scholars

Based on a review of the intervention literature, Slesnick and colleagues (2009), suggested the following:

1. **More research is needed on comprehensive interventions which target the varied and interconnected needs of youth and families** (as opposed to isolated interventions focused only on one problem), as well as study designs that increase reliability and validity of findings.
2. **Runaway shelters show some short term benefits to homeless youth**, while long-term benefits have not yet been demonstrated. Further, there are **too few studies on drop in centers** to determine their effectiveness as an intervention, particularly because many drop-in centers serve different needs for youth experiencing homelessness.
 - a. It is important to note that the predictors of homelessness or residing in a shelter differ from the predictors of exiting homelessness or returning home (Baker et al., 2003; Slesnick, Bartle-Haring, Dashora, Kang, & Aukward, 2008), and thus more research on the supports that youth need in order to successfully exit homelessness is crucial.
3. **Case management is a widely utilized intervention approach for homeless individuals** (Zerger, 2002) but little research is available to guide conclusions regarding its utility with homeless youth specifically.
 - a. Case management alone may be insufficient to address issues of individuals experiencing homelessness; integrated, holistic supports (e.g., psychosocial treatment, housing) in addition to case management may have better potential.
4. **Brief, motivational interventions may not be effective with youth recruited from street locations or drop-in centers.**
 - a. Since homeless youth may have difficulty developing trust with service providers, early intervention success likely depends upon the development of a trusting relationship. Trust

- builds with time and possibly with more frequent contact than offered through a very brief intervention.
- b. It is difficult for youth experiencing homelessness to benefit from such short-term interventions given the multitude and complexity of their problems.
5. **Interventions focused on HIV prevention or sexual risk alone do not appear to be effective in reducing risk behaviors** among shelter, street, or drop-in recruited youth.
- a. Individual problems or risk behaviors among individuals experiencing homelessness cannot be treated apart from the needs of the whole person (Kraybill & Zerger, 2003)
 - b. Addressing one area in isolation of the other areas is not likely to be as effective as an intervention that addresses multiple and overlapping areas of need.
6. Qualitative studies converged on similar conclusions: **at least some experiences of homeless youth are relatively similar**, regardless of age, gender, ethnicity, shelter versus street recruited, or location.
- a. In regards to interventions and use of service centers, most youth report the importance of trust, confidentiality, and not feeling judged.
 - b. Flexible, caring, tailored services that meet the needs of the youth are essential for successful engagement and maintenance into services.
7. **Runaway / homeless youth are diverse; flexible treatment is needed to address this diversity.**
- a. Interventions need to consider the cognitive and emotional developmental stage of the individual.
 - b. Specific content or targets of intervention will vary based upon the youths' reasons for running away or for their experience of homelessness.
 - c. Homeless youth who hold minority identities (including race and/or sexual orientation) likely face more hurdles in efforts towards stabilization than non-minority youth.
 - d. Since homeless youth are at different points in homeless trajectory, any intervention chosen should be tailored to accentuating potential resources and protective factors available to the youth and/or their family.

Expanding on these general suggestions for interventions with youth experiencing homelessness, Kidd (2012) suggested that coherent strategies need to be utilized in response to youth homelessness. Specifically, he suggested that we need to advocate for targeted research inquiry and the development of best practices from policy to front-line intervention, and that doing so can facilitate a balanced perspective on youth homelessness, “one that resists a seemingly natural slippage into uncausal or totalistic explanations and responses” (Kidd, 2012).

The specific suggestions were organized into three levels:

- **Macro Level:** a substantive body of research linking macro-level factors with youth homelessness would assist in 1) improving the recognition that youth homelessness is in many instances a symptom of more fundamental social problems, and 2) would provide motivation for larger social responses.

- **Prevention -- Service Level:** inquiry could target the three types of institutions that have the most contact with youth before they become homeless: child protection, criminal justice, and education. As the interest in generating pathways for “transitional aged youth” and the creation of early intervention services increases in many sectors, providers and researchers might readily find support for implementing and evaluating service models that reduce the number of youth who end up homeless.
- **Intervention -- Service Level:** Taken in isolation, randomized trials of individual-level interventions carry the risk of neglecting systemic factors and youth agency. They are, however, essential to a strategic approach to addressing youth homelessness.
 - We need a better understanding of intervention effectiveness and the service structures in which combinations of interventions are assembled, particularly prevention and intervention strategies that are community-based and not a part of formal service structures.
 - Undertaking a more systematic study of service models would not only provide opportunities to propagate more effective interventions, it would also allow for a systematic study of the economic impacts of these programs.
- **Need to develop a typology of homeless youths** that will be of diagnostic use in targeting interventions given the radical differences between subgroups (e.g., Martino et al., 2011).
 - Ongoing question: Where do they end up? This largely-unanswered question is a function of the challenges of longitudinal research with this population. In an integrated program of research, we would understand the factors involved with each of these trajectories and determine if some of these factors are amenable to intervention.

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Outline

This document contains high-level information on the following topics related to youth and young adults experiencing homelessness:

- I. Introduction to the Health and Well-Being of Youth Experiencing Homelessness
- II. Physical and Mental Health of Youth Experiencing Homelessness
- III. Well-Being Among Youth Experiencing Homelessness
- IV. Access to Care & Health Interventions / Prevention

Introduction to the Health and Well-Being of Youth Experiencing Homelessness

Youth experiencing homelessness face numerous challenges to maintaining their overall health while homeless and during their process of exiting homelessness. This includes their physical health, mental health, and well-being. Further, research on the efficacy of various interventions that aim to positively impact the health of homeless youth is limited. The following paper summarizes what is currently understood about the health and well-being of youth experiencing homelessness and concludes with recommendations for interventions, prevention programs, and future research.

Health Burden of Youth Experiencing Homelessness

The detrimental **physical and mental health** effects of homelessness have been consistently noted in research literature (Achenbach, 1991; APA, 1987; Busen & Engebretson, 2008; Cochran et al., 2002; Desai et al., 2003; Johnson et al., 1996; Kamienicki, 2001; O'Connell, 2004; Parks, Stevens, & Spence, 2007; Robertson & Toro, 1999; Salomonsen-Sautel et al., 2008; Slesnick & Prestopnik, 2005; Smollar, 1999; Wrate & McLoughlin, 1997; Yu et al., 2008). However, it is difficult to determine whether the mental status of a person experiencing homelessness is caused by a pre-existing mental disorder, the demands of homelessness, chronic stress, substance abuse, or a combination of these factors (Haldenbury, Berman, & Forchuk, 2007).

A review of the current literature on the health of homeless youth (Kulik et al., 2011) identified a range of health implications for youth experiencing homelessness, as well as an intersection among education deficits, social service insufficiencies, and compromised mental and physical health in this population.

Physical Health

Health implications among homeless youth include: greater incidence of illness and injury, increased rates of STIs, pregnancy, substance abuse, mental health concerns, mortality, poor nutrition (Cheung & Hwang, 2004; Hwang, 2002; Roy et al., 2004), dental and periodontal disease (Lee, Gaetz, & Goettler, 1994), and increased future risk of diabetes, heart disease, arthritis, and musculoskeletal disorders (Frankish, Hwang, & Quantz, 2005; Hwang, 2001). Further, a lack of opportunities to maintain personal hygiene can result in lice, scabies, fungal infections, foot blisters, sores, and other illnesses (Dachner & Tarasuk, 2002; Gaetz & O'Grady, 2002). Combined with poor nutrition, stress, and living in congregate settings, youth experiencing homelessness are at an increased risk of exposure to a respiratory

tract infections, viruses, and diseases (Dachner & Tarasuk, 2002; Higgitt, et al., 2003; Hwang, 2001; O'Connell, 2004; Tse & Tarasuk, 2008).

Moreover, many youth experiencing homelessness are prone to food deprivation and malnutrition (Dachner & Tarasuk, 2002; Tse & Tarasuk, 2008; Antoniadis & Tarasuk, 1998; Gaetz et al., 2006; Tarasuk, Dachner, & Li, 2005; Tarasuk et al., 2009). Poor nutrition can exacerbate underlying medical (e.g., tuberculosis, hepatitis B infections, HIV, and other STIs) and psychiatric conditions (e.g., depression, substance use, and psychosis) (Dachner & Tarasuk, 2002). And finally, youth homelessness is associated with up to an 11x increase in early mortality (e.g., Boivin, Roy, Haley, & Galbaud du, 2005; Hwang, 2002; Roy et al., 1998).

Sexual Health

As a consequence of both background experiences (Ballon, Courbasson, & Smith, 2001) and the rigors of life on the streets (Macdonald et al., 1994; Strike et al., 2001), many youth experiencing homelessness are forced to engage in sex where sexual activity is used as a commodity to obtain money, food, drugs or shelter (Gaetz, 2004; Greene & Ringwalk, 1998; Halcon & Lifson, 2003; Macdonald et al., 1994; Rew, Fouladi, & Yockey, 2002; Roy, Haley, & Leclerc, 2003; Strike et al., 2001). The lifetime occurrence of pregnancy for those who are absolutely homeless (48.2%) or living in shelters (33.2%) is high compared with non-homeless youth (7.2%), while 20% of these youth had experienced two or more pregnancies. There are 300 live births known to occur among youth experiencing homelessness per year; the mortality rate for these infants is 10%, compared with the national infant mortality rate of 0.53% (CMHP, 2001). Further, youth experiencing homelessness are at an increased risk of sexually transmitted diseases and infections, including HIV, hepatitis, chlamydia, and gonorrhea infections (Haley et al., 2004; Kerr, Oleson, & Wood, 2004; Roy, Boudreau, & Biovin, 2009).

Mental Health

Youth experiencing homelessness also face a variety of mental health consequences, including post-traumatic stress disorder, psychiatric disorders, and mood disorders (Kidd, 2004; Kidd & Kral, 2002; Rotheram-Borus et al., 2003; Tolomiczenko, Goering, & Durbin, 2001). The common precursors to homelessness (e.g., physical and sexual abuse) can lead to diminished self-worth (Boivin, Roy, Haley, & Galbaud du, 2005), and the constant barrage of abuse on the streets (from passersby, the police, and other young people) can contribute to a worsening of their self-image. Further, youth experiencing homelessness have elevated rates of depression and other psychiatric disorders (Boivin, Roy, Haley, & Galbaud du, 2005; Karabanow, 2004; Kidd, 2004; Kidd & Kral, 2002; Leslie, Stein, & Rotheram-Borus, 2002), high rate of suicidal ideation (Kidd, 2004; Kidd & Kral, 2002; Leslie, Stein, & Rotheram-Borus, 2002; Rew, Taylow-Seehafer, & Fitzgerald, 2001), and higher rates of substance use (Adlaf & Zdanowicz, 1999; Bailey, Camlin, & Ennett, 1998; Baron, 1999; Dematteo et al., 1999; Haley et al., 2004; Johnson et al., 1996; Kerr, Oleson, & Wood, 2004; Meyers et al., 1995; Ochnio et al., 2001; Palepu et al., 2001; Patrick et al., 2001; Rotheram-Borus et al., 2003; Roy, Boudreau, & Biovin, 2009; Smart & Osborne, 1994). Substance use by street youth is influenced by the complex intersection of a number of background, situational, lifestyle, and economic factors (Baron, 1999).

Well-Being Among Youth Experiencing Homelessness

While homeless youth and young adults face numerous mental and physical health challenges, some research suggests that young adults experiencing homelessness report levels of subjective well-being that are higher than that of housed young adults (Taylor, Lydon, Bougie, & Johannesen, 2004; Osborne et al., 2009), which could be due to a number of factors, including their strong social networks and sense of personal autonomy (Taylor, Lydon, Bougie, & Johannesen, 2004; Osborne et al., 2009), as well as the ways that they draw on their own resilience and personal strengths while homeless (Bender, Thompson, McManus, Lantry, & Flynn, 2007; Usborne et al., 2009).

Social support may be particularly important to the well-being of youth experiencing homelessness (Barczyk, Thompson, & Rew, 2014; Stewart & Townley, 2019), as they tend to rely on one another more than on service providers (Karabanow, 2006; Taylor et al., 2004). These close peer relationships can protect youth against feelings of vulnerability and insecurity (Taylor et al., 2004) as well as loneliness and alienation, while also acting as a source of emotional support (Bender et al., 2007).

Optimism has also been associated with a greater sense of well-being among youth experiencing homelessness (Barczyk, Thompson, & Rew, 2014; Stewart & Townley, 2019). Optimism and positive expectations for the future can be critical aspects of coping with negative life events (Sawyer, Pfeiffer, & Spence, 2009; Tusaie, Puskar, & Sereika, 2007), particularly for youth experiencing homelessness, who emphasize positivity and hopes for a positive future as key to their survival while homeless (Bender et al., 2007; Kidd, 2003; Osborne et al., 2009).

Self-esteem has also demonstrated strong associations with well-being among members of this population. Homeless youth with higher levels of self-esteem also have greater psychological well-being (Stewart & Townley, 2019), whereas those with low levels of self-esteem are at greater risk of succumbing to the emotional distress associated with loneliness and feeling trapped (Kidd & Shahar, 2008), depression, suicidal ideation, and suicide attempts (Baumeister, Campbell, Krueger, & Vohs, 2003; Cleverly & Kidd, 2011; Mann, Hosman, Schaalma, & deVries, 2004). Indeed, when controlling for other factors, self-esteem has been found to be the strongest predictor of psychological well-being among youth experiencing homelessness (Stewart & Townley, 2019).

Among members of this population, well-being has also been associated with activity participation (Townley et al., 2016), sense of community, empowerment, and mental health (Stewart & Townley, 2019). More research is needed to examine how youth define well-being for themselves, and what factors they identify as contributing most strongly to their well-being while homeless. This research can point to unidentified ways of supporting the well-being of this population.

Understanding what relates to the well-being of youth experiencing homelessness can point practitioners, researchers, policy makers, and communities to critical ways of supporting youth as they navigate with the negative impacts of homelessness on their lives.

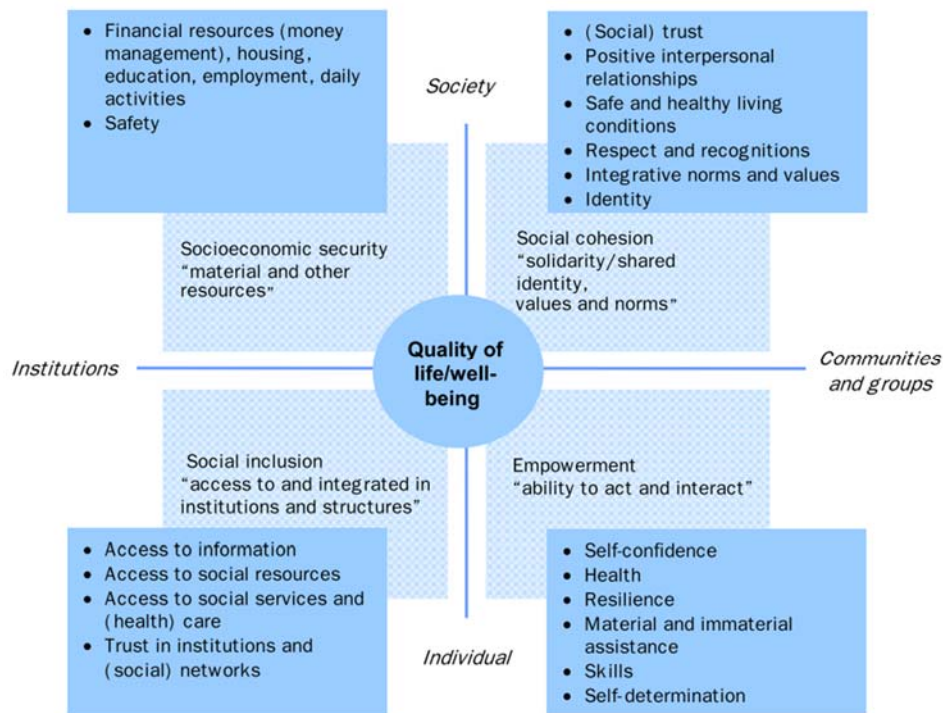
Access to Care & Health Interventions / Prevention

Access to Health Care

Individuals experiencing homelessness must contend with multiple barriers to accessing healthcare, which can be financial, structural, or personal in nature (Christiani, 2008). Further, negative beliefs among homeless youth about the healthcare system appear to be due, in part, to a fear that they will encounter discriminatory attitudes and negative judgments by health professionals (Christiani, 2008; Hudson et al., 2010; Reid, Berman, & Forchuk, 2005)

Intervention and Prevention Programs

Most intervention studies of homeless youth examined substance use, have not considered issues of well-being, quality of life, living skills, social support (Altena, Brilleslijper-Kater, & Wolf, 2010). High quality research is needed to develop effective, empirically-supported prevention and intervention programs (Altena, Brilleslijper-Kater, & Wolf, 2010).



Social Quality and the Quadrangle of Conditional Factors for Quality of Life¹

¹ Maesen van der, L.J.G., & Walker, A.C. (2005). Indicators of social quality: Outcomes of the European Scientific Network. *European Journal of Social Quality*, 5(1/2), 8-24.

Recommendations

Considering the numerous intersecting health needs of youth experiencing homelessness, the federal government and local communities must work together to **adopt a strategic approach** that focuses on investment in emergency services, prevention, and providing supports that allow homeless youth to move quickly into safe, supportive housing. The **proposed recommendations** (from Kulik et al., 2011) focus on prevention, emergency, and transitional supports:

1. Improve access to health care for homeless youth
2. Support peer-led practices involving health ambassadors
3. Consider health care in a more holistic way
4. Enhance health care providers' understanding of street youth issues
5. Increase investment in intervention and prevention strategies to reduce the factors that produce youth homelessness
6. Ensure that young people have access to supportive adults who they trust / can approach
7. Make prevention and treatment of mental health problems a major health priority
8. Provide additional free access to sexual health advice and contraception
9. Invest in an adequate supply of affordable / supportive housing that youth can access
10. Develop appropriate education and training opportunities

Future Directions

Additional suggestions for future directions for research and intervention (Edidin, 2012) include:

- A. Well-designed and well-implemented studies in the area of prevention and intervention, and interventions that help youth develop skills that support age-appropriate and healthy functioning across areas may also be beneficial;
- B. Innovative methodologies to better understand the experiences of homeless youth and provide effective services, and
- C. A focus on the positive traits of homeless youth and positive outcomes.

Overall, more research is needed on holistic interventions and supports that address the intersecting and complex mental, emotional, and physical needs of youth experiencing homelessness.

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Outline

This document contains high-level information on the following topics related to youth and young adults experiencing homelessness:

- I. Introduction: Housing Models for Individuals Experiencing Homelessness
- II. Beyond Housing
 - A. Stages of Exiting Homelessness
 - B. Outcomes Beyond Basic Housing
 - C. Benefits of Permanent Supportive Housing
- III. Is Housing Enough?

Introduction: Housing Models for Individuals Experiencing Homelessness

While services vary by locale, there are six general types of housing available to youth and young adults experiencing homelessness: emergency shelters, transitional housing, permanent supportive housing, housing first, rapid re-housing, and host homes. Further, many homeless youth remain unsheltered or in precarious living situations (e.g., couch surfing, doubling up).

Emergency shelters are for those experiencing homelessness or those in an emergency situation or crisis in need of a place to be. These shelters typically have a maximum stay of 90 days, and can be an access point to other support services and programs (Abramovich, 2016).

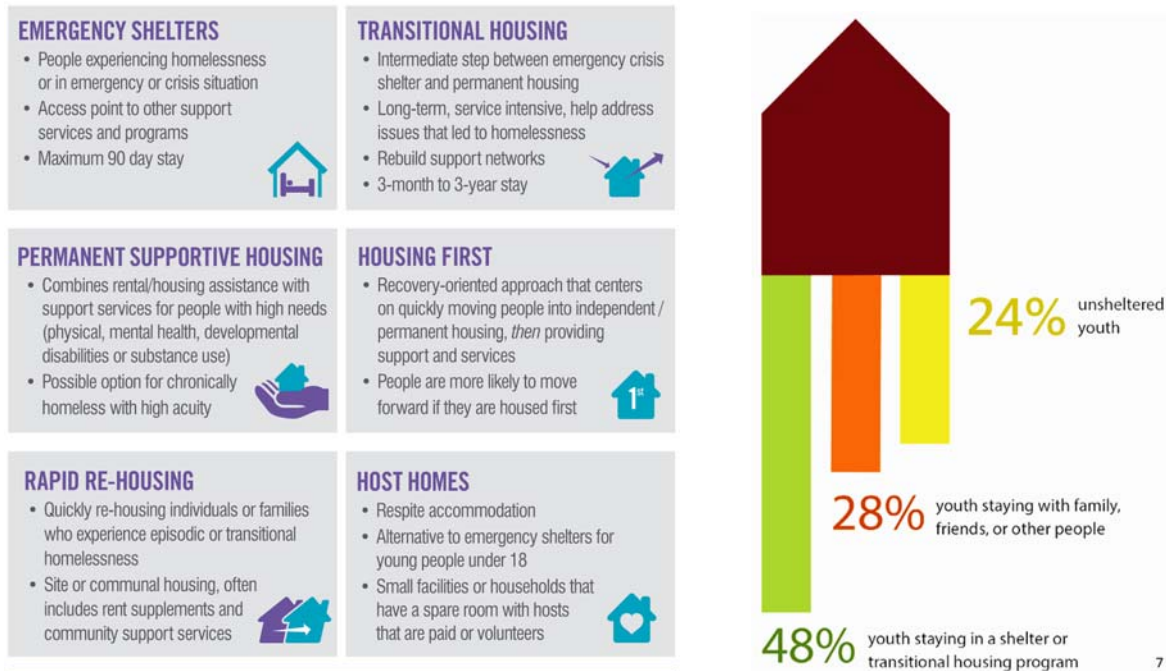
Transitional housing is used as an intermediate step between emergency shelters and permanent housing. They are a longer-term housing option (3-month to 3-year stay), and are service intensive and meant to help address issues that led to homelessness as well as help individuals rebuild their support networks (Abramovich, 2016).

Permanent supportive housing combines housing or rental assistance with support services for individuals with physical or mental health needs, developmental disabilities, or substance use. This can be a useful option for those who are chronically homeless (Abramovich, 2016).

Housing first is a recovery-oriented housing approach that focuses on quickly transitioning individuals into independent or permanent housing, and then focusing on provision of support and services. This model is based on the notion that individuals are more likely to make progress in their lives if they are housed first (Abramovich, 2016).

Rapid re-housing is for individuals or families who experience episodic or transitional homelessness, focused on quickly re-housing these individuals in site or communal housing and often includes rent supplements and community support services (Abramovich, 2016).

Finally, **host homes** are used as an alternative to emergency shelters for individuals under 18. This model is meant to be a respite accommodation and typically occur in small facilities or households that have a spare room, with hosts that are either paid or volunteer (Abramovich, 2016).



Types of Housing Models / Programs¹; Youth Rates of Shelter Use²

Beyond Housing

Capturing the various forms of shelter (or lack thereof) that youth are utilizing can be difficult to assess accurately, as youth homelessness can take a variety of forms that are not included in the definition of homelessness by the Department of Housing and Urban Development (Dworsky & Horwitz, 2018).

Housing is just one step in the process of exiting homelessness, and many other forms of support are needed to ensure that youth are able to successfully navigate this process. Two exemplars of youth homelessness scholarship are helpful in understanding this process of acquiring housing and exiting homelessness, which will be reviewed here.

First, Kidd and colleagues (2016) outline the stages of exiting homelessness that many youth go through, including a discussion on the importance of examining supports and outcomes beyond basic housing. Second, Henwood and colleagues (2018) describe a model for understanding the beyond-basic-housing benefits of permanent supportive housing for youth.

Stages of EXiting Homelessness

Recent research concerning the long-term outcomes of recently homeless youth (Kidd et al., 2016) examined the stages that youth typically progress through in attempting to exit homelessness, as well as the extent to which mental health, community participation, self-concept, and quality of life change over a one year period in youth who have recently been homeless. Results from both components

¹ Dr. Alex Abramovich (2016) SOURCES: The Homeless Hub (2016). Infographic Design by: LightUpTheSky.ca.

² Dworsky, A., Horwitz, B., (2018). *Missed opportunities: Counting Youth Experiencing Homelessness in America*. Chicago, IL: Chapin Hall at the University of Chicago.

of this research illuminate important considerations for researchers and service providers to better support youth who are exiting homelessness.

This study identified three broad stages of exiting homelessness, which include: (1) marginal stability, (2) “stable but stuck”, and (3) gaining momentum.

The *marginal stability* stage is characterized by substantial fluctuation and instability. In this stage, youth have a very tenuous hold on some form of housing stability, but also have high levels of continued adversity, connection with street activities, and a cycling back into homelessness. Even when you are engaged with some form of support and experience movement towards stability, they face numerous individual and structural barriers that can readily undermine their efforts to exit homelessness.

The stage of “*stable but stuck*” is when youth have gained a basic level of stability but feel demoralized due to difficulties making progress with their life goals. In this stage, youth feel stalled concerning their ability to have success with larger life goals (e.g., employment, education). Further, in this stage, youth often discover limited benefits in housing alone while they also face byzantine and expensive systems standing in the way of their independence.

The third stage, *gaining momentum*, occurs when youth are able to make some gains with their life goals, which then helps them cultivate a sense of hope. However, even in this stage challenges related to homelessness continue to hamper their progress.

Outcomes Beyond Basic Housing

In examining the extent to which mental health, community participation, self-concept, and quality of life change over a 1 year period in youth who have recently been homeless, this research found that youth did not experience any progress in community integration (e.g., participation in activities, a feeling of belonging or knowing people), nor did they experience changes in self-concept coherence (e.g., the extent to which self-beliefs are clearly and confidently defined, internally consistent, and stable) over the course of a year. Community integration and self-concept coherence are particularly important in this context, as youth’s pathways of exiting homelessness often depend on how they position themselves relative to home and street contexts (Kidd & Davidson, 2007). Further, throughout this year of exiting homelessness, youth’s quality of life and mental health varied significantly across time points, while their overall levels of hope declined significantly.

Despite the mixed findings reported above, there are some hopeful findings for youth in supportive housing. Youth residing in supported housing contexts (compared with independent housing) reported better community integration, quality of life, and mental health. The declining hope reported by many of the youth may reflect (1) a realization that housing alone is not sufficient for a sense of progress or fulfillment in life, and (2) entry into the sphere of mainstream life in which many feel that they don’t belong or cannot make gains.

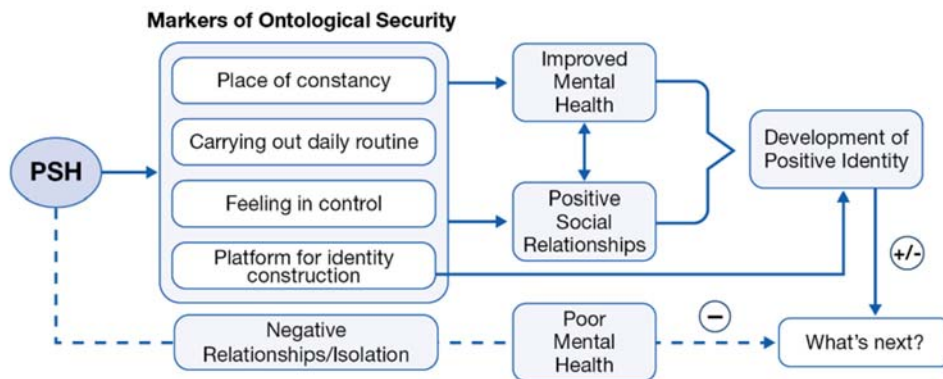
These observations are reflective of qualitative reports of youth exiting homelessness (Karabanow, 2008; Kidd & Davidson, 2007). Many youth striving to exit homelessness struggle for an extended amount of time in their attempts both manage the physical and mental health impacts of the major adversities they have faces while also working to create a meaningful life off of the streets. Housing is necessary, but may not be sufficient in and of itself to support successful transitions from homelessness (Yanos, Barrow & Tsemberis, 2004). These struggles among youth attempting to exit

homelessness may reflect service sectors emphasizing a crisis response to homelessness. Because of this crisis response, few resources are available to support youth after they have found housing and some semblance of stability (Slesnick, et al., 2009).

Benefits of Permanent Supportive Housing

Expanding on the above positive findings related to supportive housing (Kidd et al., 2016), recent research suggests that permanent supportive housing (PSH) for young adults experiencing homelessness is beneficial not only in that it provides them with safety and a solid foundation from which to achieve other goals, but also because it can positively impact other factors that are critical at this stage of the development of youth and young adults (e.g., identity construction).

This study found that PSH generally provides a sense of ontological security for young adults during this stage of significant developmental changes. An increase in ontological security and markers of ontological security (e.g., constancy, routine, control) positively related to residents' social environment and their ability to improve on social relationships. When ontological security was present, residents of PSH also experienced benefits to their mental health and well-being, which further promoted positive identity construction and sense of self.



A grounded theory model³ of the relationship between ontological security, mental health, social relationships, and identity formation based on the experiences of young adults living in PSH.

The developmental stage of emerging adulthood includes identity development, moving away from one's family and adolescent peer groups, and moving toward stable young adult relationships, such as romantic relationships (Arnett, 2000; 2001). While the ontological security derived from PSH impacted youth in numerous ways, the results of this study suggest that housing interventions like PSH can support young adults in returning to a more normative developmental process, resulting in network shifts and a focus on future stability and relationships. This, in turn, can support young adults in continuing their process of exiting homelessness rather than becoming another cohort of adults that experience prolonged

³ Henwood, B. F., Redline, B., Semborski, S., Rhoades, H., Rice, E., & Wensel, S. L. (2018). What's Next? A grounded theory of the relationship between ontological security, mental health, social relationships, and identity formation for young adults in supportive housing. *Cityscape: A Journal of Policy Development and Research*, 20(3), 87-100.

homelessness (Culhane et al., 2013). These findings have implications for the timing of screening and brief mental health interventions for homeless youth transitioning into housing programs (Harpin et al., 2016).

Is Housing Enough?

While each stage of homelessness is distinct, present in each stage was the trauma of homelessness and related mental health impacts that stemmed from adversity prior to homelessness, violence and victimization on the streets, and the isolation and disappointments that came with exiting homelessness (Kidd et al., 2016). Shifting one's identity and sense of meaning to mainstream life (And thus outside of homelessness) can require rebuilding an ability to trust other people as well as addressing years of traumatic experience, both of which can challenge one's mental health and a sense of wellness or efficacy (Kidd et al., 2016).

Henwood and colleagues (2018) found that not everyone in PSH experiences ontological security and improved social relationships. This could be influenced by how PSH is implemented (for example, living alone or with roommates) or the larger neighborhood context and how one's demographic characteristics fit in with the community, which could be a focus of future research. Future research could also examine how the mental health, social networks, and health risk behaviors of young adults change as they transition from homelessness to PSH (Rhoades et al., 2018), which may depend on the extent to which they experience ontological security.

These two exemplars of housing research among young adults experiencing homelessness suggest that housing alone is not enough, and that the resources available to youth who successfully exit the streets are inadequate. Kidd and colleagues (2016) recommend a number of supports that are needed in this transitional period, including: supported housing; case management combined with outreach to prevent a return to homelessness; peer support; and health support.

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Outline

This document contains high-level information on the following topics related to youth and young adults experiencing homelessness:

- I. Introduction: Service Utilization Among Youth Experiencing Homelessness
- II. Barriers and Facilitators of Service Utilization
- III. Engaging Resources and Services
- IV. Styles of Engagement
- V. Recommendations for Promoting Service Utilization & Youth Engagement

Introduction: Service Utilization Among Youth Experiencing Homelessness

Homeless youth are more than twice as likely to use drop-in centers than shelters, and both are used more often than other services for medical, substance use, and mental health needs (De Rosa et al., 1999). However, the reasons for this discrepancy in usage of service centers versus shelters — such as a dearth of shelter beds available, youth utilizing other options (e.g., couch surfing), or because youth do not want to use shelters — is not known. Further, youth who utilize drop-in centers for crucial services, including substance use treatment, mental health, and case management, demonstrate significant reductions in substance use, improvements in mental health, and greater housing stability as compared to homeless youth who do not use these services (Slesnick et al., 2008).

Barriers and Facilitators of Service Utilization

Based on a review of the literature conducted by Pedersen and colleagues (2016), the following represent the primary factors impacting higher or lower service center and drop-in usage among youth experiencing homelessness:

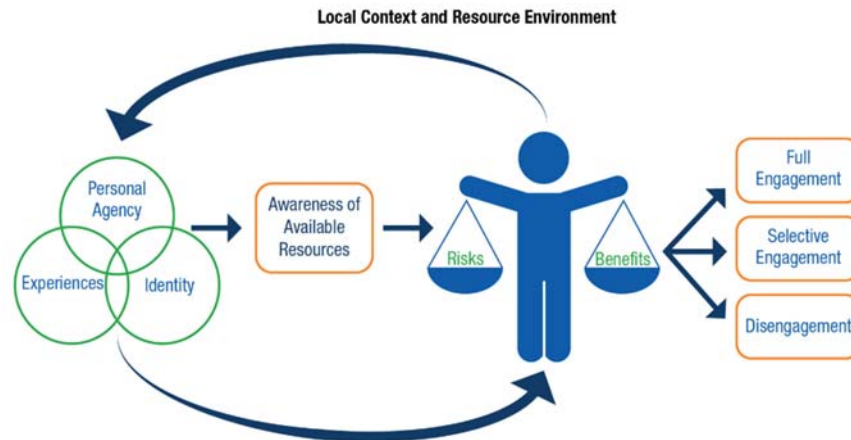
- A. **Demographics:** use of drop-in centers and related services tends to be higher among older youth, LGBT youth, and youth with more education (Tyler, Akinyemi, & Kort-Butler, 2012).
- B. **Access and peer influence:** Youth cite the difficulty of locating drop-in centers as a primary barrier to their use of the center, while the use of drop-in center services by peers is typically a facilitator of their own service use (Garrett et al., 2008; Kozloff et al., 2013), typically because peers are the main referral source for drop-in centers (Pergamit & Ernst 2010).
 - a. Help seeking among trauma-exposed homeless youth found that peer-to-peer word-of-mouth may be the most effective way for these youth to learn about and engage in academic and career-related services (Crosby et al., 2018).
- C. **Risk behaviors:** Certain risk behaviors and mental health problems may prevent homeless youth from accessing drop-in centers, such as substance use and alcohol use or legal issues Bantchevska et al., 2011; Garrett et al., 2008).
- D. **Pets:** Pet friendly service centers may promote engagement among youth experiencing homelessness (Thompson et al., 2006), while having the responsibility of a pet may act as

motivation for youth to both take care of themselves and seek services that offer resources and shelter for their pets (Rhoades, Winetrobe, & Rice, 2015; Thompson et al., 2006).

- E. **Motivation and self-efficacy:** While external motivation (e.g., peers, a pet) may facilitate use of service and drop-in centers, internal motivation is also a key component to youth's engagement with services (Kozloff et al., 2013). However, overemphasis on self-reliance may act as a barrier to youth seeking services in order to get their needs met, as they may instead emphasize meeting their needs in other ways (Garrett et al., 2008).
- F. **Staff at service centers:** Staff who are warm, open, nonjudgmental, and caring, and are able to relate to youth's presenting issues can facilitate youth's engagement with and use of drop-in centers (Garrett et al., 2008; Hohman et al., 2008; Hudson, Nyamathi, & Sweat, 2008; Kozloff et al., 2013; Thompson et al., 2006). Youth also prefer service centers that have a clear structure and foster a sense of belonging, independence, and self-efficacy (Heinze, Jozefowicz, & Toro, 2010).
 - a. Staff may also be a barrier to service use among youth, such as: when staff are perceived as judgmental and disrespectful toward the youth; when staff have authoritative communication styles or do not take the youth seriously; and when staff appear untrustworthy and have rigid or unrealistic expectations of the youth (Hudson, Nyamathi, & Sweat, 2008).
- G. **Structural factors:** Having a safe place to be, recreational opportunities, and linkages to other services (Shillington, Bousman, & Clapp, 2011) are common reasons youth engage with drop-in service centers. Compared to other types of services, youth cite a preference for drop-in centers due to: a perception of greater flexibility and confidentiality, less paperwork and disclosure of personal information, fewer rules or restrictions (Barman-Adhikari & Rice, 2014); confidentiality, low-to-no cost, safe location, comfortable and clean setting and facilities (Hohman et al., 2008).
 - a. However, there are also structural barriers to service center usage, including: inconvenient locations, long waiting lists, limited or inconvenient operating hours, inadequate capacity, and age restrictions (Garrett et al., 2008; Thompson et al., 2006), and the drop-in center not offering the services they desire, such as mentoring and formal roles for youth (e.g., a youth council for decision-making at the agency) (Pergamit & Ernst 2010).

Engaging Resources & Services

Recent research (Samuels et al., 2018) suggests a model of how youth decide to engage resources while homeless or unstably housed.



Youth Logics of Engagement – Identity, Experience, and Personal Agency¹

There is a need to expand our understanding of youth’s (dis)engagement from services and resource centers beyond the physical risks they face, and to include risks and costs that are emotional, psychological, and relational. The findings of this research complicate the constrained narrative in practice research claiming that a person’s resistance to, ambivalence toward, or avoidance of a resource is an exclusively problematic or ill-conceived stance to be overcome or managed within practice relationships. More fluid and multidimensional concepts of engagement are needed, particularly those that use youth perspectives outside of narrowly measuring youth’s use of a single source of support.

This research utilized a resilience framework for understanding youth’s behavior, where decisions are seen as protective attempts to anticipate or mitigate relational, emotional, physical, and psychological risks and negative costs associated with engagement of services. Youth’s management of these often-hidden elements of risk can increase their exposure to physical risk as a consequence of rejecting or avoiding resources that might compromise their emotional, psychological, or relational well-being. Young adults in this study relied on complex logics that considered intersecting needs and concerns in deciding when, how, how much, and with whom to engage.

Youth involved in this research utilized structured decision-making processes that privileged a need to avoid or minimize multidimensional costs and risks that were often hidden to service providers, adults, and even informal sources of support. To illustrate these processes, the authors created a model of “youth logics of engagement” (see Figure), which shows the factors that shape how youth interpret costs versus benefits of using available resources, and that the decision-making process can lead to different styles of engagement.

Conditions Influencing Engagement Level

The three conditions that explain differences or dynamic similarities in engagement or rejection of services include (1) identity protection, (2) accumulated experience, and (3) personal agency. These

¹ Youth Logics of Engagement -- Identity, Experience, and Personal Agency. From: Samuels, G. M., Cerven, C., Curry, S. R., & Robinson, S. R. (2018). “Nothing is for free...”: Youth logics of engaging resources while unstably housed. *Cityscape: A Journal of Policy Development and Research*, 20(3), 35-68.

three factors are used in combination as youth consider a given resource; and individual youth used all three engagement styles across their trajectories of homelessness.

Identity protection refers to how some youth hold identities that they feel need extra protection, or feel that they are at risk for discrimination, stigma, or invalidation based on given aspect(s) of their identity.

Prior experience refers to how youth's lived experiences factor significantly into how they perceive the risk or benefit attached to the people and resources in their environments. This prior experience can include emotional and relational residue, both positive and negative, that become important reference points for making decisions. Further, accumulated experience contributes to a youth's level of openness or trust that the particular service or assistance would indeed be helpful.

Personal agency refers to how youth make use of and understand their own power to act, resist, and create change in their worlds. Youth vary in the degree to which they believe their personal agency is further threatened by receiving help, such that their pride, autonomy, and control (personal agency) might be at risk and weakened by engaging a particular resource.

Styles of Engagement

The style of engagement that youth decide upon varies based on the service being considered and the risks and benefits of engagement, and it can change throughout a youth's trajectory of homelessness. The three broad styles of engagement include (1) full engagement, (2) selective engagement, and (3), disengagement.

Full engagement occurs when youth deeply connect to either a trusted single resource or to a constellation of resources. However, even those youth who fully engage one resource may choose to fully disengage or selectively engage another, and sometimes youth may fully engage an array of informal and formal resources or rotate between them.

In less urban areas, where formal resources can be limited, styles of full engagement may more heavily involve informal networks (e.g., peers, strangers, occasionally parents, group houses). In these areas, a lack of formal housing resources often shapes youth's involuntary engagement with formal resources and systems.

Selective engagement is a pattern of using specific criteria and/or conditions to engage or disengage on case-by-case basis. This results in either (a) conditionally engaging an array of formal and/or informal services, or (b) being selective within a category of services in choosing one resource over another, which includes the length of time a youth might engage with the resource (e.g., youth may limit the amount of time they spend couch surfing in a person's home). In this study, selective engagement was the most common style of engaging.

Disengagement occurs when certain services or resources are rejected and avoided by youth. This was the only pattern of engagement where some youth attempted to use this style exclusively and fully desired to disengage from all resources (formal and informal). However, even those who fully disengaged would still engage some resources when externally forced to do so (e.g., harsh weather, arrest, pregnancy, or because literal survival depended on it).

In describing why they choose to disengage, youth often referenced past experiences of service systems (or family systems) that left them less open to, or trusting of, help-seeking or help-receiving in general. Sometimes the desire to disengage was explained by needing to affirm a high degree of self-reliance, blaming their own “pride,” or insistence on doing things independently. However, new positive experiences—particularly those tied to formal resources—can shift levels of openness, even if selective, to engage a specific resource.

Recommendations for Promoting Service Utilization & Youth Engagement

A recent review conducted with trauma-exposed youth experiencing homelessness (Crosby et al., 2018) made several recommendations for how to promote service center utilization among these youth.

Peer Referral

Service centers and researchers should explore the ways in which peers might be leveraged to encourage service utilization. Considering the trust that homeless youth place in their peers and their strong peer support networks (e.g., Bender et al., 2007; Karabanow, 2006; Taylor et al., 2004), and how peers are the primary source of referral to and engagement in service centers (e.g., Garrett et al., 2008; Kozloff et al., 2013; Pergamit & Ernst 2010), peers might be an effective method for promoting service center usage among youth, which may in turn provide youth with critical medical services, nutrition, shelter, and other needed services.

Peer interventions may be effective in prevention programs (Robertson & Toro, 1999), can increase success in contacting street youth and increase service usage and credibility of programs, and can enhance the efficacy of drug abuse programs (Cameron & Karabanow, 2003). More research is needed that includes youth experiencing homelessness in order to understand how peer outreach might promote service utilization among this population.

Strengths-Based Approaches

It is imperative that service providers operate using a strengths-based model based on empowering youth experiencing homelessness. This could include: enlisting an open door policy, which would help to engage youth patiently without pressure; as well as employing experienced and skilled therapists in order to effectively engage and maintain relationships with homeless youth in treatment (Crosby et al., 2018). An example of a strengths-based approach includes experiential programs (e.g., recreational activities) that provide positive encouragement and emphasize youth’s potential rather than deficits or shortcomings (Kallander & Levings, 1996; Pearce, 1995).

Trauma-Informed Policies and Practices

Finally, Crosby and colleagues (2018) state that the current structural policies and enforcement of laws targeting homeless youth can be stigmatizing, criminalizing, and dehumanizing. These policies and forms of law enforcement may further traumatize youth and impact their access to and usage of important services that might otherwise lead to improved outcomes. Thus, systems that interact with homeless youth should consider the potential of trauma-informed policies and practice approaches. A trauma-sensitive

approach includes six primary features: emphasizing safety; encouraging trustworthiness and transparency; utilizing peer support; promoting collaboration and mutuality; upholding empowerment, voice, and choice; and addressing cultural, historical, and gender issues (Crosby et al., 2018).

The above model describing youth's logics of engagement in services while homeless points to several important factors that have not previously been weighed heavily enough in understanding why youth engage or disengage from services. It illustrates how researchers and service centers might foster engagement as well as improve service offerings such that the benefits to youth are increased and the potential costs mitigated.

Identity and Sense of Self Matters

When youth had an identity that needed affirming, nurturing, or protecting, that reality helped to illuminate a unique set of risks and gains with regard to resource use. Identity related factors were critical to youth's choices to engage (and stay engaged) or to avoid service providers. Understanding how youth identify—and how they perceive risks to those core identities—is critical to understanding patterns of engagement with informal and formal resources.

Accumulated Experiences and Personal Agency Shape Engagement

Experiences shape youth's openness or hesitance in believing that certain sources of help are actually helpful rather than harmful. A sense of personal agency can either fuel the courage to engage a new resource through a trusted peer's recommendation, or it may facilitate rejection of a resource altogether.

Understand and Respect Costs and Risks

Service centers must find ways of illuminating and respecting the costs and risks that youth identify, and then support youth's ability to navigate them successfully. There is a great need for trauma-specific approaches, including supporting youth in healthy identity development tied to marginalized or stigmatized statuses, such as homelessness. Designing intake assessments that explore collaboratively with youth the meaning they have made of their accumulated experiences (rather than merely collecting lists of experiences), the meaning of their identity (rather than assuming the meanings of labels), and how youth understand help-seeking as affirming or threatening to their personal agency or self-reliance can all aid the process of supporting youth's navigation and use of service centers.

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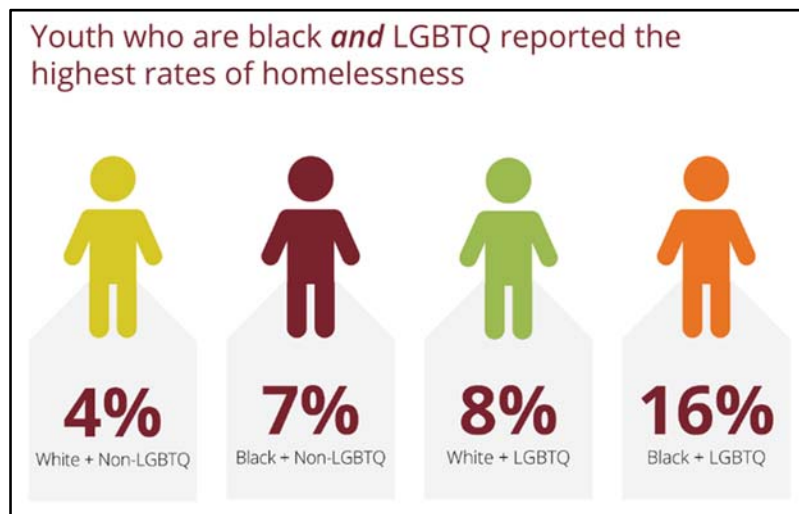
Outline

This document contains high-level information on the following topics related to youth and young adults experiencing homelessness:

- I. Introduction to LGTBQ Youth Experiencing Homelessness
- II. LGBTQ Youth & Young Adults: Comparisons to Housed Queer Youth
- III. Mental & Physical Health of Queer Homeless Youth
- IV. Recommendations for Policy, Programming, and Support of LGBTQ Homeless Youth

Introduction to LGTBQ Youth Experiencing Homelessness

Queer and LGBT-identified youth are 120% more likely to face homelessness than youth who identify as cisgender and heterosexual (Morton, Dworsky, & Samuels, 2017; Morton et al., 2018).



Intersections of Race and Sexual Orientation / Gender Identity among Homeless Youth and Young Adults¹

LGBTQ young adults most commonly experience homelessness because they were kicked out of or asked to leave the home of their parents, relatives, or foster or group home. This pattern is even more pronounced among transgender young adults (Choi et al., 2015; Durso & Gates, 2012; Rew et al., 2005; Shelton & Bond, 2017; Shelton et al., 2018; Whitbeck et al., 2004). In a recent study by Shelton and colleagues (2018) among LGBTQ young adults, 35% of respondents became homeless because they could no longer afford to pay rent; 18% reported becoming homeless because their family became homeless; and 31% became homeless after relocating to a new city and having no place to live. Further, LGBTQ young adults reported experiencing discrimination related to their sexual orientation, gender identity, race, and housing status (Shelton et al., 2018).

¹ Voices of Youth Count; Morton, M. H., Dworsky, A., & Samuels, G. M. (2017). Missed opportunities: Youth homelessness in America. National estimates. Chicago, IL: Chapin Hall at the University of Chicago. Retrieved from voicesofyouthcount.org

LGBTQ Youth & Young Adults: Comparisons to Housed Queer Youth

Currently homeless or formerly homeless queer youth have often reported worse outcomes than housed queer youth (Ecker, 2016); and LGBTQ homeless youth face inequities in their interactions with public and nonprofit services, especially in terms of housing, shelter, and welfare (Maccio & Ferguson, 2016).

Queer homeless youth are more likely than housed queer youth to report anxiety, depression, conduct problems, suicide attempts, self-injurious behavior, unprotected sex, abuse from family members, arrests, carrying a weapon, being HIV positive, a great number of sexual partners, and substance use problems (Kipke et al., 2007; Rosario et al., 2012; Walls et al., 2007). Further, homeless queer youth were more than twice as likely as housed queer youth to report being physically abused by their boyfriend or girlfriend (Walls et al., 2007). Finally, queer homeless youth with low levels of support from friends had elevated levels of conduct problems compared with housed queer youth with similar levels of support (Rosario et al., 2012).

Mental & Physical Health of Queer Homeless Youth

Mental Health

A recent review (Ecker, 2016) of the literature examining the mental and physical health of queer homeless youth as compared to heterosexual homeless youth found that queer youth report a greater amount and higher rates of: depressive symptoms (Clatts et al., 2005; Cochran et al., 2002; Gangamma et al., 2008; Gattis, 2011; Grafsky, Letcher, Slesnick, & Serovich, 2011; Whitbeck, Chen, et al., 2004); recent depressive symptoms (Noell & Ochs, 2001); psychopathology (Cochran et al., 2002); posttraumatic stress disorder (Whitbeck, Chen, et al., 2004); comorbid disorders (Whitbeck, Johnson, et al., 2004); anxiety (Gangamma et al., 2008); withdrawn behavior (Cochran et al., 2002; Gangamma et al., 2008); somatic complaints (Cochran et al., 2002; Gangamma et al., 2008); social problems (Cochran et al., 2002; Gangamma et al., 2008); delinquency (Cochran et al., 2002); aggression (Cochran et al., 2002); and internalizing and externalizing behavior (Cochran et al., 2002; Grafsky et al., 2011).

Suicide

In relation to suicide, most studies suggest that queer homeless youth are more likely than heterosexual homeless youth to have: considered or made a plan about committing suicide (Gattis, 2011); had suicidal ideation (Rohde et al., 2001; Whitbeck, Chen, et al., 2004); attempted suicide (Gangamma et al., 2008; Gattis, 2011; Moskowitz et al., 2013; Noell & Ochs, 2001; Van Leeuwen et al., 2006; Walls et al., 2009; Whitbeck, Chen, et al., 2004); injured themselves during a suicide attempt (Gattis, 2011); or engaged in self-injurious behavior (Moskowitz et al., 2013; Tyler et al., 2003).

Substance Use

Queer homeless youth are also more likely than heterosexual homeless youth to have used substances (Cochran et al., 2002; Gattis, 2011; Salomonsen-Sautel et al., 2008; Van Leeuwen et al.,

2006); used a variety of substances (Cochran et al., 2002; Frederick et al., 2011; Gattis, 2011); had an earlier onset of drug use (Moon et al., 2000); experience lifetime substance abuse (Salomonsen-Sautel et al., 2008); and engage in alcohol use, which might depend on gender, though the results from this area of research are mixed (Kipke et al., 1997; Whitbeck et al., 2001).

Sexual Victimization and Survival Sex

Studies overall demonstrate that queer youth experiencing homelessness are more likely than heterosexual homeless youth to report histories of sexual abuse (Frederick et al., 2011; Rew et al., 2005; Taylor-Seehafer et al., 2007; Whitbeck et al., 2001); have been sexually victimized since first becoming homeless (Cochran et al., 2002; Whitbeck et al., 2001); engage in survival sex (Gangamma et al., 2008; Gattis, 2011); or have been asked by someone on the streets to exchange sex for food, drugs, shelter, clothing (Van Leeuwen et al., 2006).

However, these results are mixed because other studies suggest that homeless heterosexual females had the highest proportion of engagement in survival sex (Marshall et al., 2010); that homeless gay males were more likely than were homeless heterosexual males to engage in survival sex (Gangamma et al., 2008; Whitbeck, Chen, et al., 2004); and that homeless heterosexual males were the least likely group to engage in survival sex (Marshall et al., 2010).

Physical Victimization

Queer homeless youth are more likely than heterosexual homeless youth to have been physically assaulted (Gattis, 2011) or physically victimized (Cochran et al., 2002; Whitbeck, Chen, et al., 2004). Further, homeless queer females more likely to report being victimized with a weapon and by a partner than homeless heterosexual females (Frederick et al., 2011). And finally, more heterosexual males were victimized with a weapon than queer males (Frederick et al., 2011).

Discrimination and Stigma

Queer youth experiencing homelessness have reported higher levels of stigma attached to being homeless (Gattis, 2011) compared with heterosexual homeless youth. Further, sexual orientation related to feelings of self-blame (e.g., feeling guilty and ashamed; not feeling good as others) are greater among homeless queer youth as compared to heterosexual homeless youth (Kidd, 2007).

Recommendations for Policy, Programming, and Support of LGBTQ Homeless Youth

These findings point to numerous recommendations for policy, programming, and overall support for LGBTQ youth and young adults experiencing homelessness (these recommendations are from Shelton et al., 2018). First, there is a need for policy and programmatic homeless prevention strategies targeting the families of LGBTQ young adults and the systems within which they are involved. This could provide LGBTQ youth and young adults with needed supports to either prevent their being kicked out of their homes and/or provide them with resources should that occur.

Relatedly, these findings highlight the importance of short-term rental assistance or affordable housing options as homelessness prevention strategies for LGBTQ young adults. Some LGBTQ young

adults reported that their homelessness was a cause of relocating and having no place to live. Relocation could be due to LGBTQ young adults moving from less accepting environments to urban centers in search of a more LGBTQ-inclusive environment. More research is needed to investigate the reasons associated with such moves, while there is also a need for exploring and identifying potential policy and/or programmatic solutions (e.g., short-term rental assistance, universal basic income, affordable housing options) for youth who decide to relocate.

Some of the above research (Shelton et al., 2018) also demonstrated more nuanced findings that need to be investigated further. Specifically: (a) Black bisexual young adults were more likely to report having been homeless for less than 6 months, while Latino bisexual young adults were more likely to report having been homeless for more than 2 years; (b) Latino young adults (LGBTQ, transgender, and bisexual) reported a desire for help with housing at a higher frequency than their Black and White counterparts did; and (c) Transgender people in general report high rates of employment discrimination due to their gender identity or expression.

Overall, LGBTQ young adults of color must contend with homophobia/transphobia and systemic racism and the subsequent effects as they navigate homelessness and housing instability. This highlights the oppressive structural dynamics of heterosexism, cisgenderism, and racism that inform the daily experiences of LGBTQ YA experiencing homelessness.

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