

AN EXPLORATORY LOOK AT THE EXPERIENCES OF LESBIAN, GAY,
BISEXUAL AND TRANSGENDER HOMELESS YOUTH IN ACCESSING SOCIAL
SERVICES

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B.S.W., California State University, Sacramento, 2008

PROJECT

Submitted in partial satisfaction of
the requirements for the degree of

MASTER OF SOCIAL WORK

at

CALIFORNIA STATE UNIVERSITY, SACRAMENTO

SPRING
2010

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SERVICES

A Project

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Abstract

of

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Statement of Problem

Lesbian, gay, bisexual and transgender homeless youth experience or perceive barriers to accessing social services at rates higher than those of their heterosexual counterparts. This occurs for a variety of reasons including societal homophobia (Floyd, Stein, Harter, Allison & Nye, 1999), stigma within the social service system (Quinn, 2002), and a lack of services tailored specifically to LGBT youth (Van Leeuwen, Boyle, Salomonsen-Sautel, Baker, Garcia, Hoffman, et al., 2006).

Sources of Data

Qualitative interviews were administered to 14 research participants that ranged in age from 18 to 24. All participants identified as either lesbian, gay, bisexual, transgender, queer or other, and all were currently experiencing housing instability.

Conclusions Reached

A majority of respondents had received mental health services (85 percent), felt prepared to access services (92 percent), and turned to service providers for help when they needed it (57 percent). Housing and mental health treatment was identified as the

most useful help participants had received. Fifty percent of the respondents were currently receiving mental health services, and another 50 percent reported having at least one negative experience with a service provider that made them not want to return for further treatment. In addition, the need for additional housing to meet the needs of this population was discussed by a number of participants throughout the interview process.

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Date

ACKNOWLEDGMENTS

While working on my thesis, I knew I had to stay motivated in order to finish. For me, that meant envisioning this moment right here, the moment where I get to thank all of the incredible people that have helped me get to this point, and especially those that have helped me get through this past year. I would like to start by thanking the generous hospitality of the folks at the Weatherstone, my home away from home, for providing me with an endless supply of tea, good music, and a sense of community, and for making my writing process as enjoyable as it possibly could have been. I would like to give special thanks to my many friends who graciously offered their support in reading over, editing and discussing my work with me. I could not have done this without you, and I am forever grateful for your support. And to all of you who told me that you wanted to read my thesis when I finished, for making me feel like I should take this seriously so as not to embarrass myself later. Also, I'm going to hold you to your end of the bargain. Get ready to read ☺ To my therapist for giving me a space to discuss the myriad of other issues going on in my life so I could focus on my school work when I needed to. Big thanks to all of my friends for providing me with the opportunity to look away from my computer and spend time with them whenever I was willing, and for your patience and understanding when I could not. Your social support always came as a much-needed break from this project and absolutely helped me get work done when I needed to. To my family, I have missed you incredibly this past year, but you should know that you are my absolute everything. I love you all so much. And a final thanks to my sister for making an LGBT activist out of me. You've shaped more of my life than you can possibly imagine.

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Chapter 1

INTRODUCTION

Social workers have a duty and obligation to address the needs of marginalized, underserved, and oppressed populations. According to the NASW Code of Ethics (1996), addressing social problems and the needs of our community is the foremost goal for social workers. A core tenet of the mission of this profession is to enhance the wellbeing of people in our society in order to benefit our entire community. Additionally, social workers should advocate for living conditions that allow people to flourish, and ensure that all people have equal access to the resources and social services that are required for the fulfillment of basic human needs (NASW, 1996).

Homelessness, particularly among lesbian, gay, bisexual and transgender (LGBT) youth, is an enduring example of a social problem in our society that can benefit from the research and advocacy of social workers. The social work profession has a history of working with vulnerable and oppressed populations including sexual minorities and the homeless. However, there is a paucity of research on the unique needs of this population as this phenomenon is only beginning to be addressed by this profession and by society.

Although existing research is limited, the current research project assumes recognition of a number of challenges that LGBT homeless youth face in meeting their basic human needs, such as a lack of permanent stable housing, food, clothing, health care, mental health treatment, and a safe environment. Acknowledgement of this disparity

underscores the need for social work intervention with this population in the form of research, advocacy and social service provision.

As a result, it was the intention of this study to explore the experiences of LGBT youth in accessing social services, with the purpose of identifying perceived barriers and existing gaps in available services. In addition, this study also aimed to identify the resiliencies and coping strategies of this population, both in attempting to access services, and when services are otherwise unavailable.

Background

In keeping current with emerging knowledge relevant to this field, it is essential to be aware of the existing body of research as it relates to our most marginalized populations. In a review of the literature, it is consistently recognized that LGBT youth are incredibly overrepresented among the overall homeless youth population (Cochran, Stewart, Ginzler & Cauce, 2002; Van Leeuwen, et al., 2006; Milburn, Rotheran-Borus, Rice, Mallet & Rosenthal, 2006). In the state of California, it is estimated that roughly 15 to 25 percent of homeless youth self-identify as being a member of the LGBT population (Milburn, et al., 2006; Solorio, Milburn, Andersen, Trifskin, & Rodriguez, 2006), whereas LGBT youth only represent about 5 to 10 percent of the general population (Dempsey, 1994).

One reason for the disparity is the alarming rate at which these youth are pushed out of their homes due to their family's response to their sexual orientation or gender identity. An estimated 25 to 40 percent of LGBT youth report leaving home due to conflicts with family members around their sexual orientation or gender expression

(Whitbeck, Chen, Hoyt, Tyler & Johnson, 2004; Cochran, et al., 2002). In many circumstances they are explicitly told to leave, and in others they choose to leave home rather than face the verbal or physical abuse of those who are unsupportive of their identity. This volatile family dynamic underscores the increased challenges to family reunification for this subset of the homeless youth population.

In addition to their disproportionate representation in the homeless community, lesbian, gay, bisexual, and transgender, transitional-aged youth face a myriad of challenges and risk factors due to their unique circumstances as members of this population. As stated in the literature, common challenges include social stigma, discrimination, substance abuse, sexual victimization, suicidal ideation, and mental health disorders (Cochran, Stewart, Ginzler, Cauce, 2002; Dempsey, 1994; Van Leeuwen, Boyle, Salomonsen-Sautel, Baker, Garcia, Hoffman, et al., 2006). Not only do these youth face greater harm in their homes of origin, but they are also exposed to greater rates of victimization while on the streets, when compared with their heterosexual counterparts (Cochran, et al., 2002).

However, in spite of increased challenges and negative outcomes, this population characteristically does not reach out for social services proportionate to the level of demonstrated need (Bernstein & Foster, 2008; Walls, Hancock, Wiseneski, 2007). One potential reason for this behavior is that disenfranchised youth often equate service providers with authority figures, such as law enforcement, making them less likely to reach out for services. For example, in one study of over 200 homeless youth, not a single participant reported turning to the police for help, in spite of the fact that the members of

this population are frequent targets for victimization. Furthermore, only 13 percent identified turning to a service provider for help when they need it (Bernstein & Foster, 2008).

There are a number of justifications for why certain sub-groups of this population experience difficulty in accessing social services; however, the LGBT homeless, transitional-aged community has not been specifically represented in the existing research. As a result, it is the hope of this research study to better understand the experiences of this sample of the LGBT homeless youth population, and their barriers to accessing social services, from the perspective of this community.

Statement of the Problem

LGBT homeless youth experience or perceive barriers to accessing social services at rates higher than that of their heterosexual counterparts (Walls, Hancock, Wisneski, 2007). As represented in the literature, this occurs for a variety of reasons including societal homophobia and social stigma (Floyd, Stein, Harter, Allison & Nye, 1999), homophobia within the social service system (Quinn, 2002), a lack of awareness of resources that serve this population, as well as a lack of services tailored specifically to LGBT youth (Van Leeuwen, et al., 2006). As a result, this population faces increased challenges based on their status as LGBT homeless youth (Cochran, Stewart, Ginzler & Cauce, 2002; Walls, et al., 2007).

Purpose of the Study

This study is necessary to draw attention to the needs, barriers, and resiliencies of the LGBT homeless youth community by contributing to the field of social work's

collective knowledge on the current issues facing this particular marginalized population as it relates to the provision of social services. This study intends to benefit social service providers and social service agencies in providing relevant, needed, and culturally competent services to LGBT homeless youth. Exploring the LGBT homeless youth perspective, and helping them to be heard in the discussion of how services are provided within their community, can positively impact how social services are administered to that population. Moreover, capturing the voices of such a disenfranchised group will serve to empower its members by ensuring that they are accurately represented in the current research.

Theoretical Framework

This research study discusses the issue of homelessness in the LGBT adolescent community through the lens of Conflict Theory and the Systems Perspective (Hutchison, 2003). Using such frameworks will provide a base of knowledge to appropriately contextualize the issue of LGBT youth homelessness in our society.

Conflict Theory highlights the unjust nature of our society by addressing the issue of dominant and non-dominant groups, in this case, heterosexuals and sexual minorities, or the housed and the homeless (Hutchison, 2003). This theory hinges on the relational aspect of groups in conflict, particularly those who possess power in society, and those who do not. Certain populations, such as homeless LGBT youth, are increasingly vulnerable because of their lack of power in our society due their multiple minority status. Specifically, this population is particularly marginalized due to age, social class, sexual orientation or gender non-conformity, and the stigma of homelessness. Conflict

Theory underscores the need for social workers' commitment to social justice and emphasizes the importance of advocating for disadvantaged, underserved, and minority populations.

The conflicts that exist between groups of people can also be considered as conflicts between systems. The Systems Perspective is a logical continuation of this construction, arguing that human behavior is the outcome of interactions between people and systems (Hutchison, 2003). The attention given to how interactions can determine behavior (for example, regularly accessing or not accessing social services) is crucial to this study that aims to explore how experiences with service providers can deeply affect the lives of LGBT homeless youth.

The nature of this research is to explore the dynamics between service providers and this particular client population, as interactions between groups, or systems. Therefore, it is relevant to research how the interactions between these systems shape the overall outcomes for this population and the barriers that these youth face in engaging in interactions with systems of social service provision. Such systems include mental health, housing and community development, health care, and transportation because these are the systems that the youth are most impacted by and most likely to interact with.

Assumption

The assumption of this research study is that LGBT homeless youth face a disproportionate number of obstacles in accessing or attempting to access social services. This is supported by the current research for subsets of this population, if not LGBT homeless youth specifically. However, there are examples of LGBT youth facing

stigmatization and discrimination that lead to structural, economic and personal barriers to accessing services (Cochran, et al., 2002). Furthermore, youth often don't know how or are unwilling to access social services for a myriad of reasons.

Definition of Terms

Terminology in the LGBT community is a highly contentious subject. In an effort to be inclusive of all members of this population, a number of different terms are often used in the research. As previously stated, LGBT is an acronym that stands for lesbian, gay, bisexual and transgender. Transgender refers to “a person who dresses as, desires to be, or has undergone surgery to become or identify as someone of the opposite sex” (Goldman, 2008 pp. 47). The term sexual minority is an encompassing phrase used to describe those who identify their sexual orientation, gender identity or gender expression outside of mainstream heterosexuality and gender roles. Queer is a generalist term that members of the LGBT community utilize to identify themselves within this community, and is often seen as an empowering term when used by the members of this group. This term is most often used by anyone who rejects the prevailing social construct of the gender binary or conventional understanding of sexual orientation (Goldman, 2008).

Defining appropriate terms for the LGBT population presents certain challenges due to variations in the community and in the research, which is also an issue in operationalizing the definition of homeless. Although the definition of homelessness varies between studies, organizations, and governmental agencies, for the purposes of this study, homelessness is defined as having unstable housing at any point in the last 12 months, which can include sleeping outdoors, in homeless shelters, in cars or abandoned

homes, or “couch surfing” - staying over at someone’s house due to a lack of other available options (Bernstein & Foster, 2008). While a number of these youth may have temporary shelter, they represent the precariously housed segment of the homeless population due to the instability and impermanency of their current living situation. This definition is reflected in other research studies on this population (Bernstein & Foster, 2008; Whitbeck, Chen, Hoyt, Tyler & Johnson, 2004).

Justification

Exploration of the lives of LGBT homeless youth through research is a vital first step in alleviating the scourge of homelessness in our society. Recognition of the traumatic circumstances these youth face in attempting to survive life on the streets is absolutely essential for the social work profession. By peering into the experiences of these youth in accessing social services, we obtain one more critical piece of the puzzle. Additionally, in uncovering the experiences of homeless youth in their attempts to improve their situation, we can better establish best practices for serving this population. In providing culturally competent services that are sensitive to the needs of this population, we can hopefully mitigate some of the most harmful effects of homelessness and improve outcomes for this community as a whole.

Limitations

While individual problems and family conflict are both serious contributors to the issue of homelessness, this societal malady is also driven by a lack of affordable housing, poverty, and failures within the child welfare and juvenile justice systems to prevent youth from entering life on the streets. While these macro level systems should be further

evaluated to address their role in contributing to this phenomenon, it was the intent of this study to focus on the individual characteristics of the youth and the service provider.

However, this serves as a limitation to the scope of this study.

Summary

Further research on the homeless LGBT youth population is urgently needed to ultimately benefit the lives of the members of this group. In doing so, the social work community will be engaging in the advocacy of social justice issues that are in keeping with the mission of social work. It is the hope of this study to explore one area of the lives of homeless, LGBT, transitional-aged youth by documenting their experiences with the mental health system, and by obtaining and understanding of their resiliencies and coping mechanisms outside of that system. This research intended to empower members of this community both indirectly by expanding the knowledge base on this group, and directly for the participants of this study by facilitating a discussion of their experiences.

Chapter 2

LITERATURE REVIEW

Lesbian, gay, bisexual and transgender (LGBT) homeless transitional-aged youth represent a marginalized segment of the US population. Due to multiple minority statuses, they face multiple levels of oppression, and therefore experience greater challenges when compared to the rest of society. Homeless transitional-aged youth are comparatively an under-researched segment of the overall homeless population (Slesnick, 2000). Additionally, the LGBT community is overrepresented in the homeless youth population with numbers ranging from 20 to 40 percent (Van Leeuwen, Boyle, Salomonsen-Sautel, Baker, Garcia, Hoffman, et al., 2006; Hutchison, 2003), whereas the LGBT community only represents about 6 to 10 percent of the overall population (Dempsey, 1994; Goldman, 2008). These findings suggest that LGBT youth are at a greater risk of homelessness due to their sexual minority or gender non-conforming status.

History of Homelessness and Social Work

Findings on the primary underlying causes of homelessness can be contradicting, but certain risk factors stand out among the literature as most common. Family breakdown, economic crisis, under-funded benefit programs, and a lack of jobs and low-income housing are all predisposing factors that often precipitate homelessness (Gitterman, 1991; Bernstein & Foster, 2008). Studies researching the systemic causes for homelessness identify four primary historical events that have exacerbated homelessness

in recent decades (Hopper & Hamberg, 1984; Fogel, 2008). First, the federal government has scaled down efforts to develop low income housing, which has led to less affordable options for the poorest of its citizens (Fogel, 2008). Another critical factor identified in the study was that the reduction in benefits for recipients of social welfare programs such as Supplemental Security Income (SSI), and Temporary Aid to Needy Families (TANF) has not kept up with the pace of inflation and cost-of-living, placing vulnerable low income populations at further risk for homelessness. Additionally, deinstitutionalization of the chronically mentally ill population in the 1960s and 1970s led to a larger overall homeless population, which places children and families at risk for intergenerational homelessness. This leads to an increased likelihood that youth will face the same experience of housing instability that their parents or guardians have encountered (Hopper & Hamberg, 1984).

Alternatively, a politically conservative approach asserts that the underlying causes of homelessness are due more to government bureaucracy tying the hands of the real estate industry of the private sector from being able to adequately and profitably respond to the housing needs of lower income individuals. The other underlying assumption from this perspective is that homeless individuals themselves are characteristically flawed and that this population is unwilling or unable to seek the variety of services that already exist to serve their needs (Main, 1986).

However, as current research points out that while homeless youth do often engage in risky behaviors, these behaviors (such as survival sex, substance abuse and panhandling) are often part of a broader survival strategy that may include illegal and

delinquent behavior due to the limited existing options (Cochran, et al., 2002; Whitbeck, et al., 2004). In addition, homeless youth are often pushed out or thrown out of their homes, but the vast majority report working to change their current living situation, using a variety of strategies (Bernstein & Foster, 2008). In response to the existing research, the current study plans to address the barriers that homeless youth, specifically the LGBT population, face in trying to access the services they need to thrive.

In spite of the political climate in the 1980s, advocacy on homelessness during this time led to an increase in government and non-profit agency services for homeless individuals (Gitterman, 1991). Agency services primarily consisted of emergency services, transitional services, supportive housing, and permanent housing. As a result, social workers became increasingly involved in working with and advocating for this population.

It should be noted that the LGBT population has been largely ignored in a review of historical literature on homelessness (Slesnick, 2000). Youth homelessness is also rarely discussed; rather, it seems that most research studies focus on the adult, white male, with a presumption of a heterosexual identity, as the face of homelessness (Fopp, 2009). However, current research shows that the homeless population is far more heterogeneous than the literature suggests, including youth, LGBT individuals, and people of color (Cochran, et al., 2002, National Alliance to End Homelessness, 2010).

Homelessness

Due to the transient, hidden nature of the homeless youth population, accurate numbers of their prevalence in the United States are difficult to come by. The most

widely cited estimate was based on a nationally representative sample of 6,500 youth ages 12 to 17 that approximated that roughly 1.6 million youth experience homelessness over the course of a given year (Ringwalt, Greene, & Robertson, 1998). Aside from the lack of current numbers on this population, this study faces other limitations. It does not account for transitional-aged youth, ages 18-24, who have characteristically unique needs that are not captured by either youth or adult services, and are not specifically targeted in these counts.

An estimate of homeless youth in California reports that approximately 170,000 youth are homeless over the course of a year (Julianelle, 2007). However, the numbers are based on reporting from the McKinney-Vento Homeless Assistance Act, likely an under representation of the overall homeless youth population due to the fact that many counties have no identified method or funding for counting this group. In fact, nearly 40% of the school districts in California reported that no homeless students attend their schools, while a number of others reported less than 10 homeless youth in their entire district (Julianelle, 2007). In addition, homeless youth often use invisibility as a survival strategy, a way to avoid victimization and contact with the police (Gitterman, 1991).

Another barrier to adequately counting the number of homeless youth is the lack of an official definition for this population. Ages and specificity of living situation change from study to study. However, a federal definition illustrated by The McKinney-Vento Homeless Assistance Act (1999), describes homelessness as: lacking a fixed, regular, and adequate nighttime residence that is either a shelter, transitional living program, or a public or a private place not designated for regular sleeping by human

beings (US Dept. of Housing and Urban Development, 2009). This definition serves to identify the overall homeless population, but there are many subsets of this population that are not captured by the federal definition alone.

Subsets of this population include unaccompanied youth, throwaway youth, street youth, and systems youth (Bernstein & Foster, 2008). Unaccompanied youth are generally defined as youth living independently of their parents or legal guardians with unstable or inadequate living conditions. Throwaway youth are adolescents who were thrown out or pushed out of their homes for reasons such as physical abuse, sexual abuse, sexual orientation, domestic violence, or substance abuse issues. Street youth are youth who live in untraditional, at-risk locations such as abandoned buildings known as “squats,” underneath bridges, or in parks. Systems youth are homeless youth involved in government systems such as foster care, mental health, or the juvenile justice system. In a report by the California Research Bureau, many youth started considering themselves homeless as soon as they entered into these systems of care due to the unstable nature of their housing situation during their involvement with these systems (Bernstein & Foster, 2008). Homeless LGB youth report higher rates of system involvement when compared with their heterosexual peers, 44 percent to 32 percent, respectively (Van Leeuwen, et al., 2006).

Findings of one study indicate that abuse within the family contributes both to depressive symptoms as well as early independence and that early independence also contributes to reliance on social support networks at an earlier age (Bao, et al., 2000). However, social support has been shown to have a positive impact on the mental health

of homeless adolescents, working as a protective factor to reduce the incidence of depression among this population (Bao, et al., 2000). While positive social support has a protective effect against depressive symptoms, association with deviant peers has been shown to increase rates of depression among this population (Bao, et al., 2000). Although this study addressed mental health issues that are likely to occur as a result of homelessness, issues pertaining to LGBT youth were not specifically addressed.

In a recent report released by the National Runaway Switchboard, the number of throwaway youth who have called their crisis line increased 40 percent between 2005 and 2008. LGBT youth tend to be overrepresented in the subset of the throwaway youth population because of family conflict around their sexual orientation. The number of LGBT homeless youth that report being thrown out of their home due to their sexual orientation or gender identity range from 15 to 26 percent, indicating a greater need for social services for this population (Cochran, et al., 2002; Lindley & Reininger, 2001).

Sexual Minorities and Gender Non-Conformity

Sexual minority and gender non-conforming youth are at greater risk for a variety of negative life experiences (Almeida, Johnson, Corliss, Molnar, Azrael, 2009; Walls, Hancock & Wisneski, 2007). In a study looking at the experiences of non-heterosexual youth, it was found that over 25 percent of respondents were victimized at school because of their race or ethnicity and over half of them reported victimization due to their LGBT identity (Walls, et al., 2007). In a possible correlation, one in four stated that they missed school because they felt unsafe. Sexual minority youth are also seven times more likely to have been threatened by a weapon at school, two times as likely to use certain drugs

such as alcohol and tobacco and two times as likely to be physically abused when compared with their heterosexual counterparts (Cochran, et al., 2002; Goldman, 2008).

The psychological stress associated with LGBT youth seems a reasonable response to the increased challenges they face including victimization, perceived discrimination, family conflict, homelessness, substance abuse, suicidal ideation and attempts, gender non-conformity, and a lack of support from society (Goldman, 2008, Almeida, et al., 2009). An understanding of these factors point to the need for social services for such a vulnerable and at-risk population.

While LGBT youth experience higher rates of substance abuse, certain mental health disorders, and suicidal ideation, it is important to recognize that these stressors likely occur due to stigmatization and rejection from mainstream society, and not, however, a reflection of characteristics inherent in their LGBT status (Floyd, et al., 1999). A frequently cited explanation for this phenomenon is the youth's internalization of societal homophobia. Internalized homophobia is a result of societal rejection of sexual minorities. Similarly, society's rejection of gender non-conforming individuals is known as "transphobia", and this too can be internalized (Goldman, 2008).

One research study suggests a macro-systemic problem due to a lack of training for helping professionals around issues specific to LGBT youth (Quinn, 2002). Cultural insensitivity to sexual minority and gender non-conforming youth may be a contributing factor to the disproportionately high rates of the LGBT community among homeless youth. That particular research study examined homophobia among child welfare workers in the northeastern region of the United States. According to that study, 33

percent of child welfare workers reported at least one belief based on myths and stereotypes about gay, lesbian, bi-sexual and transgender individuals. In another alarming find, nearly half of the participants indicated that they either did not know of services specifically for LGBT youth, or left the question blank. Furthermore, 41 percent of respondents said they would not place a child in foster care due solely to the knowledge that one of the parents identified as LGBT. Still, with this lack of training and knowledge on how to serve this population, 83 percent of respondents reported that they had at least 1 LGBT youth on their caseload (Quinn, 2002). In this research study, the intention is to gain a better understanding of how youth perceive their barriers to services, and whether, as this study suggests, a lack of cultural competence appears to play a role.

Another study researched the relationship between same-sex attraction and successful adolescent development. This study used an ecological perspective to compare non-heterosexual youth with heterosexual youth in terms of successful adolescent development, which encompassed risk factors, as well as the more normative daily aspects of life and functioning including peer support, familial support, and academic success. This study defined successful development as the maximization of desirable goals and outcomes and the minimization of undesirable outcomes. The study obtained 3,876 participants from 25 school districts and used a quantitative analysis to compare differences. In terms of friendship quality, female respondents reported more positive relationships with peers than males, regardless of sexual orientation. However, female respondents also reported higher levels of victimization than their male counterparts, which is consistent with other existing research (Busseri, Willoughby, Chalmers &

Bogaert, 2006; Saewyc, et al., 2006). In one significant finding, adolescents with exclusively heterosexual attraction reported the most positive results across each developmental category. In contrast, bisexual youth reported the most negative results for adolescent development across all domains with the exception of friendship quality and school culture. One area where sexual minority youth were equal to their heterosexual peers in terms of positive adolescent development was in terms of self-reported academic orientation (Busseri, et al., 2006).

Transition-Aged Youth

While successful adolescent development is challenging for LGBT youth, adolescence is a time of constant change for all youth regardless of their sexual orientation or gender expression. From the onset of puberty to coming to terms with one's own identity, this phase of life presents a myriad of unique challenges. This can be especially true for LGBT youth who decide to reject the assumption of compulsory heterosexuality as they come to terms with their own sexual minority or gender non-conforming identity (Saewyc, et al., 2006; Goldman, 2008).

Personal identity achievement occurs during adolescence, and as a consequence, homophobia-both internal and external-can play a role in LGBT adolescent development (Sullivan, 2003). Adolescence is also a time of "gender-intensification," which means that youth in this developmental phase exhibit intolerance for gender-nonconformity (Hensch, 1999, p.264). The desire for sameness during the early phase of adolescence can make reconciling one's sexual orientation outside of the mainstream a particularly difficult discovery.

Additionally, adolescence can be an exceedingly trying time for homeless youth. According to Erickson's developmental phase theory (1968), this is a time of identity formation versus role diffusion, when youth are forming their identity through role experimentation. For homeless youth, it can be difficult to form a healthy concept of one's self when they face the stigmatization of homelessness. Transition-aged youth experiencing homelessness also suffer the burden of forced early independence, many times before they are ready, willing, or prepared to take on such a task (Bao, et al., 2000). Adolescents who lack familial support are also more likely to endure homelessness because they lack the financial and emotional resources they need to overcome such a situation (Bernstein & Foster, 2008).

Experiences of LGBT Homeless Youth: Common Patterns

Although lacking in breadth, the current literature on LGBT homeless youth has found numerous similar struggles (Van Leeuwen, et al., 2006; et al., 2009), coping mechanisms (Busseri, 2006), and survival strategies (Whitbeck, Chen, Hoyt, Tyler & Johnson, 2004) for this population.

One study of 366 homeless youth compared the differences between the lesbian, gay and bisexual (LGB) subset of this population and the heterosexual subset in the areas of deviant subsistence strategies, victimization while on the streets, lifetime occurrence of certain mental health disorders, and drug and alcohol abuse (Whitbeck, et al., 2004). Although this study did not include the transgender population, differences among genders were evaluated. Statistically significant differences were found among these populations. Overall, LGB adolescents were more likely to have been physically and

sexually abused by caretakers, to engage in survival sex as a subsistence strategy, were more often physically victimized after entering life on the streets, and were more likely to meet criteria for certain mental health disorders including major depressive disorder, and Post Traumatic Stress Disorder. LGB youth were more likely to meet criteria for major depressive disorder with the largest disparity between gay and heterosexual males. LGB youth also reported higher rates of suicidal ideation than their heterosexual peers, 73 to 53 percent, respectively. LGB youth were also twice as likely to report sexual abuse by an adult caretaker. In terms of deviant subsistence strategies, gay males and heterosexual females were most likely to engage in survival sex as a subsistence strategy. This study also found that in comparing sexual minority youth with their heterosexual counterparts, lesbian adolescents fared the worst overall in terms of victimization and higher rates of mental health disorders. While this study provides an extensive amount of insight into the conditions of LGB youth, transgender individuals were not included, whereas this researcher aims to study and address the needs of this community as well.

Another recent study corroborated increased negative outcomes for LGB homeless youth when compared to their heterosexual peers (Van Leeuwen, et al., 2006). This study reported on the results of a one-day public health survey conducted in six states. Using convenience sampling, researchers interviewed 760 homeless youth, 150 of which identified as LGB. This study identified the public health risks that this population faces as a result of their multiple minority status as homeless and LGB youth. Sexual minority youth faced a number of greater risk factors when compared with non-LGB peers. For example, 75 percent of LGB youth reported having a family member with a

severe alcohol or drug abuse problem, compared with 63 percent of non-LGB youth. Sexual minority youth were also more likely to have used drugs or alcohol with a parent or guardian. While the age of onset for substance abuse was the same for each population, LGB youth reported higher rates of substance abuse, including intravenous drug use, which further places this population at risk for diseases such as HIV and hepatitis C. However, LGB youth were more likely to seek substance abuse treatment, but were no more likely to engage in risky behaviors with intravenous drug use, such as sharing needles (Van Leeuwen, et al., 2006). This study provides a picture of the increased health risks for LGB homeless youth as well as a discussion of policy implications and recommendations for service provision for this population. The current study plans to identify other needs of this vulnerable population as well as the barriers that prevent homeless LGBT youth from obtaining needed services.

Service Provision: Mental Health and Social Service Needs

A preponderance of literature suggests that homeless youth have increased mental health needs due to the unique challenges they face (Bao, et al., 2000; Fisher, Florsheim, & Sheetz, 2005; Forchuk, Brown, Schofield, & Jensen, 2008; Ringwalt, Greene, & Robertson, 1998). They also often require a variety of other services including, but not limited to: substance abuse treatment, transitional housing, and health services (Van Leeuwen, et al., 2006; Whitbeck, et al., 2004).

Several studies draw attention to the mental health needs of this population. One study compared the social service needs of homeless sexual minority youth with non-homeless sexual minority youth by interviewing 187 non-heterosexual youth over a two-

year period (Walls, et al., 2007). This study found that 57 percent of LGBT youth reported feeling hopeless and almost half reported experiencing suicidal ideation in the past year. In addition, 37 percent report having attempted suicide within the same time period. Self-mutilation also occurred in astounding numbers for this sample of LGBT youth, with 42 percent reporting that they had intentionally cut themselves in the last 12 months. Another 15 percent stated that they used vomiting and/or laxatives to lose weight in the past 30 days (Walls, et al., 2007).

Studies have found that homeless youth cite conflict within the family as the largest contributing factor in their decision to leave home, and the earlier this process happens, the more negative the outcomes are for this population (Bernstein & Foster, 2008; Cochran, et al., 2002, Bao, et al., 2000). The earlier a youth leaves or is pushed out of the home, the more likely they are to rely on deviant peer groups for support, and as previously noted, one study showed a link between the reliance on deviant peer groups and depressive symptoms (Bao, et al., 2000).

The issue of deviant peer groups is only one potential risk factor that these youth face. A study identifying risk factors for homeless, and specifically throwaway youth found that familial backgrounds could be indicative of a youth's negative experiences once they leave or are kicked out of their homes (Ringwalt, et al., 1998). This study utilized two different sampling methods, one a nationally representative sample of youth in homeless shelters, the other, a purposive sample of youth in 10 cities to identify differences in risk factors for youth with throwaway experiences compared to youth who chose to leave home. According to this research study, there were several

statistically significant differences between the two subgroups of homeless youth. Youth with throwaway experiences were found to be more likely to have attempted suicide, used marijuana and other drugs, been involved in the drug trade and to have carried hidden weapons. Additionally, they faced increased familial risk factors prior to leaving home such as substance abuse of family members in the home, physical and/or emotional abuse or neglect, and family conflict; a finding consistent in the research for this population (Ringwalt, et al., 1998; Van Leeuwen, et al., 2006).

Based on this research, it is apparent that throwaway youth are a particularly vulnerable subgroup of the overall homeless population and could potentially benefit from more research. Incidentally, many LGBT youth would be considered among the “throwaway” population since many are kicked out or pushed out of their homes due their sexual minority status or gender nonconformity; however, this study did not identify the sexual orientation or gender identity of the participants of this study.

While social service agencies can play a vital role in helping the homeless youth population, service providers may not always have the same priorities as the population they are serving. In a study examining service providers’ understanding of homeless youths’ needs and the homeless youth’s priorities for themselves, there was convergence and divergence between these different perspectives (Fisher et al., 2005). Researchers interviewed 40 youth from a variety of locations including social service settings and street outreach. When discussing homeless youth, research indicates that health professionals are primarily concerned with issues such as past victimization, substance abuse and mental health issues. However, these youth tend to identify their primary

issues (in descending order) as relationship trouble, depressive symptoms, trouble obtaining work or staying in school, substance use, disturbing thoughts, anxiety, previous abuse, and trouble controlling their anger (Fisher, et al., 2005).

So while mental health issues, substance use and past victimization are concerns for homeless youth, they don't comprise the greatest concerns and by no means are an exhaustive list. In attempting to reduce the barriers to service utilization, the primary concerns of the youth should be addressed in treatment, as opposed to the factors that the service provider views to be most important, which may serve as a barrier to seeking further services. I hope in my study to explore the issue of convergence and divergence between helping professionals and homeless youth as a potential barrier to accessing services.

It is important when discussing the mental health needs of homeless individuals to examine the impact that homelessness plays on these issues. A recent longitudinal study compared differences between homeless individuals and individuals who are currently or were formerly housed in psychiatric facilities by engaging in secondary analysis of quantitative data collected from 300 psychiatric consumer/survivors (Forchuk, et al., 2008). This study found that homeless individuals more frequently reported a diagnosis of a mood disorder than housed psychiatric consumer/survivors, as well as greater problem severity in regard to anxiety, suicidality, resistiveness, and security/management issues. Additionally, homeless individuals reported greater problem severity in achieving self-care and meeting basic needs than housed individuals. Greater problem severity was also reported in all four years of this study with respect to depression, aggressiveness,

antisocial behavior, legal problems, violence/danger to others, and substance abuse.

These findings speak to the need for additional resources in this community, particularly in the areas of mental health, substance abuse and access to basic hygiene supplies. Homeless individuals in this study were also shown to have an increased number of hospital visits, including psychiatric hospitalizations, in the past 30 days when compared to housed psychiatric consumer/survivors. Homeless individuals reported greater levels of dissatisfaction with their emotional and physical health as well (Forchuk, et al., 2008). This study includes in the discussion a need for ongoing research with the homeless population due to the changing demographics. In keeping this particular study in mind, I hope to provide a current look at transitional-aged youth, one of the under researched subgroups of this population, and their service utilization needs.

Few studies have specifically addressed the service needs expressed by LGBT homeless youth and their perspectives on improving quality and access to health care, education, mental health treatment, substance abuse treatment, and housing. However, one qualitative study did address barriers to quality and culturally sensitive health care for homeless and drug-using transition-aged youth (Christiani, Hudson, Nyamathi, Mutere, & Sweat, 2008). The outcome of this study focused on a lack of culturally competent, accessible care in spite of numerous health care providers. Participants in this study highlighted the need for culturally competent service providers, mentors to help them access the health care system, improved amenities in clinic waiting areas targeted to the needs of homeless youth (ie, showers, internet, snacks), and easier access to pharmaceutical care.

This study found that barriers could be broken down into financial, structural and personal factors. Financial barriers spoke to the homeless individual's inability to pay for services. Structural barriers included a lack of service providers or facilities that met their needs. Personal barriers were around a lack of transportation, cultural and spiritual barriers, language barriers, discrimination, confidentiality concerns, not knowing where to go, embarrassment around asking for help, and distrust of health care providers. This study notes that very little has been done to address the personal barriers that this population faces in trying to obtain needed health care services. It also underscores the need for flexible service provision for this population due to their transient nature and developmental needs (Christiani, et al., 2008).

The incidence of mental health issues is particularly evident in the LGBT youth community (Cochran, et al., 2002; Quinn, 2002). A survey of 375 youth ages 13 to 21 collected between 1995 and 1998 included 84 sexual minority youth who were then matched in terms of age and gender, creating a total of 168 participants, investigated the challenges for LGBT homeless youth compared to their heterosexual peers (Cochran, et al., 2002). According to this study, LGBT youth left home for similar reasons to those of their heterosexual counterparts, but they left home far more often than heterosexual peers. This study further emphasizes the LGBT homeless population as throwaway youth that have been pushed out of their homes. Sexual minority and gender non-conforming youth were also more likely to leave home due to physical abuse and alcohol use in the home. In this study, 14.3 percent of youth reported leaving home due to conflicts with family over their sexual orientation (Cochran, et al., 2002).

Significantly higher rates of physical abuse were reported by LGBT youth (Cochran, et al., 2002). These youth also reported higher rates of sexual abuse once they became homeless. Additionally, with the exception of marijuana use, LGBT youth reported higher rates of substance use in the previous month than heterosexual youth, including greater frequency of use and use of more types of drugs. Furthermore, sexual minority youth reported higher rates of depressive symptoms, psychopathology, withdrawn behavior, somatic complaints, social problems, delinquency, aggression, internalizing, and externalizing behavior (Cochran, et al., 2002). These findings suggest that LGBT youth face a greater number of risk factors in the areas of substance use, mental health, sexual behavior, and victimization when compared to their homeless heterosexual peers. The study cites discrimination and stigma of LGBT youth as a possible explanation for the negative outcomes for this population (Cochran, et al., 2002). As indicated by the increased negative outcomes for this population, LGBT youth are a population that would likely benefit from effective social service programs. This research study plans to explore some of the barriers that these youth face to accessing mental health and other social service programs.

In a review of the literature, one study examined the housing needs of LGBT homeless youth (Hunter, 2008). Their findings suggest that making shelters and transitional housing programs safe for LGBT youth improves conditions for all homeless youth, regardless of sexual minority status. The study provides a series of recommendations on culturally competent treatment in providing housing services to LGBT youth. These recommendations include low housing occupancy limits and private

showering facilities. Additionally, housing programs should be prohibited from discriminating on the basis of sexual orientation or gender expression and staff should be trained on LGBT non-discrimination and sensitivity. The last recommendation is that LGBT-specific homeless youth programs should be created. This research states that curbing violence for LGBT youth curbs violence all around and should be implemented by all social service agencies that serve homeless youth, including religious organizations. Non-discriminatory practices will help youth by educating staff to intervene against LGBT harassment and by creating a culture where these youth feel welcomed and respected, making it more likely that they report violence against themselves (Hunter, 2008). Enacting such policies will help foster the resiliencies and coping strategies that homeless LGBT youth need in order to thrive.

Resiliency and Coping Strategies

Homeless LGBT youth engage in a number of different survival strategies in order to survive life on the streets. Due to the fact that a number of these coping mechanisms are illegal, these youth are seen as delinquent, further stigmatizing their identity as homeless individuals. These coping strategies can include substance abuse as self-medication, survival sex, self-mutilation, forming street families, and obtaining social services (Bernstein & Foster, 2008; Van Leeuwen, 2006).

While the homeless LGBT youth population has a demonstrated need for social services as indicated by the research, this population also exhibits certain resiliencies and coping strategies that can potentially provide insight on how to better serve this population. According to a study by the California Research Bureau, 89 percent of

homeless youth were able to identify some positive aspect of their lives, with the most common responses being their own positive strengths and attitudes, positive peer relationships, and being employed (Bernstein & Foster, 2008). Additionally, over 90 percent of respondents said that they were working to change their housing situation, primarily by searching for work and affordable housing. However, of those trying to change their housing situation, only eight percent pointed to seeking help from service providers as their primary method (Bernstein & Foster, 2008). This statistic calls to attention the need to better understand the youth perspective on barriers to service provision.

Conclusion

It is important to consider the unique needs and challenges of the homeless, LGBT, transitional-aged youth community for a variety of reasons. Due to their multiple levels of oppression, they face increased challenges in terms of risk factors and psychological stressors. For a number of reasons, this population may perceive barriers to accessing mental health and social services that could potentially meet their needs. As a result, they develop unique coping strategies and resiliencies in order to survive life on the streets. Research on this population is limited, but clearly there is a demonstrated need for an increased amount of on-going research as evidenced by the unfavorable outcomes for this specific population.

Chapter 3

METHODOLOGY

It was the intention of this study to research LGBT homeless young adults and their barriers to service utilization. This research study aimed to contribute to the field of social work's collective knowledge by exploring the experiences of and identifying the barriers to service utilization for LGBT homeless youth. This goal of this study has been to better understand the service needs of LGBT homeless young adults. The focus of this research is to uncover the experiences of an under-researched segment of the population through qualitative research.

This chapter will outline the methodology of this research study in terms of research design, population being studied, sampling, instrument, data collection procedures, data analysis plan, and human subjects protection.

Research Design

This research was conducted using a qualitative, exploratory research design. This study implores a descriptive strategy in an effort to describe the issue being studied, rather than to offer an explanation of this particular phenomenon. The qualitative nature of this study lends itself to looking at the subjective experience of the respondents who participated in this research. By obtaining qualitative data, this researcher was able to analyze the underlying meanings and common patterns throughout the interview process. Due to the fact that very few research studies have looked specifically at the LGBT homeless transitional-aged youth population, this research study primarily focused on

exploring experiences with service utilization from the lens of members of that community.

Population

The population for this research study was lesbian, gay, bisexual and/or transgender, transitional-aged homeless youth ages 18-24 in the San Francisco area. For inclusion in this study, participants needed to meet the aforementioned criteria.

Sample

There was a sample size of 14 research participants. Participants ranged in age from 18 to 24. The respondent's racial and ethnic breakdown consisted of 50 percent Caucasian, 21.4 percent African American, 14.2 percent biracial or mixed heritage; 7.1 percent Native American, and 7.1 percent Latina. Forty-eight percent identified as female, 28.5 percent identified as male, and 28.5 percent identified as transgender or other.

Sampling Plan

The participants were found by contacting a local LGBT youth service provider in San Francisco that caters to the needs of homeless youth. Informed consent was obtained by all youth who participated in this study. Qualitative interviews were used to collect information on this population for the purposes of this study. Interviews took place at a local LGBT advocacy organization in San Francisco at a weekly meal night program that provides food, music, clothing, and a safe social space for LGBT youth who are between the ages of 18 and 24. While the meal night program isn't specifically for homeless youth, incidentally virtually all of the youth who attend currently have unstable living

conditions. Interviews occurred over a two-week period during January and February 2010. For recruitment purposes, inducements were offered in the form of \$10 gift certificates to a local grocery store for youth who volunteered to participate in this study. This researcher informed participants that the interviews would be used for an MSW research project on the experiences of LGBT homeless youth and service utilization. The sampling method used in this study was purposive convenience sampling because it was the most feasible way to have the ability to access such an otherwise hidden population.

Instrument

The instrument utilized in this research study was an interview questionnaire (see Appendix A). This tool was used to study the relationship between service utilization and the LGBT homeless youth population, including their perceptions of available community resources, as well as their coping mechanisms and resiliencies. This instrument was used to obtain qualitative data and contains demographic information such as age, gender, race, sexual orientation, and 18 open ended questions specifically related to LGBT homeless youth and their experiences in obtaining services. The open-ended questions address topics such as mental health, housing, barriers to accessing services, cultural competency, community resources, coping mechanisms, and resiliency. The interviews took approximately 30 minutes to complete.

Measurement

The interview questionnaire had three sections: Mental Health Services, Community Resources and Resiliency, and Demographics. Nine short-answer, open-ended questions were related to the youth's experience in receiving mental health services and the cultural

competency of those services. Six short-answer, open-ended questions relate to community resources and resiliency of the youth. The final section of the questionnaire was comprised of eight demographic questions that inquired about the youth's current living situation, age, sexual orientation and/or gender expression. All questions asked in the interview questionnaire utilized a nominal level of measurement, with the exception of age.

Data Collection Procedures

Informed written consent forms were signed prior to the interview process. This researcher also verbally informed participants of the intent of the research being conducted. This researcher then provided a consent form, which needed to be signed and dated in order to continue on to the interview process. This researcher informed participants that signing the letter of consent was necessary to participate in this research study, but that participation was completely voluntary. The letters of consent were handled solely by this researcher and have been kept confidential.

This researcher verbally administered a structured interview to participants who consented to the process, with the exception of one participant who opted to write his responses to the questionnaire. This researcher audio-taped interview responses for youth who chose to consent, as conditions allowed. As a result, seven of the fourteen interviews were recorded. This researcher thoroughly wrote down the verbal responses to the questionnaire. Identifying information was not captured on the questionnaire; instead a code was used to correspond the letters of consent with the questionnaires. The interviews were conducted in a group room at the LGBT advocacy organization where

the subject would feel comfortable. Participants were informed that they were not required to answer any questions that might make them feel uncomfortable and that the interview could be discontinued if needed. Participants were notified that they could end the interview at any time without penalty. The risk of discomfort or harm in the use of the interview or survey was minimal.

Data Analysis Plan

Common themes and ideas about services provided to homeless youth were analyzed to determine the attitudes towards this population from an LGBT youth perspective. Due to the qualitative nature of this research study, thematic content analysis was used to analyze the responses provided by the participants. This researcher identified the themes upon reading the interviews to count the number of times in the interview that a theme was addressed.

Human Subjects Protection

Human subjects approval from the Internal Review Board at California State University, Sacramento, Division of Social Work, was required to complete this research study. Signed and written consent was obtained from all participants with consideration for participants' health, well-being, confidentiality, dignity and privacy. Informed consent included information about the nature of the study and a disclosure of risks and benefits for participating in the research. A list of referrals to local service providers was given to all participants and was included as a part of the letter of consent. Participants were informed of their right to withdraw from the study at any point without penalty while using the research instrument, and all participants were voluntary. The confidential

letter of consent and the accompanying interview questionnaires were kept in a locked cabinet, only to be viewed by this researcher and her thesis adviser. The confidential data, including the interview notes and audiotapes, will be destroyed once the research project is accepted by graduate studies.

This researcher and the Human Subjects Committee considered this study minimal risk. Some of the questions were personal in nature and the subject may have had memories that through discussion may have caused discomfort. This researcher did not anticipate that the questions would cause distress. The purpose of the interview process was to uncover beliefs and attitudes around service utilization, not to delve into personal issues in depth. All participants were given a list of referrals, including a crisis hotline where they could access mental health counselors for an immediate response if needed.

Chapter 4

FINDINGS

The purpose of this study was to explore the experiences of LGBT homeless youth in accessing social services, from the perspective of members of this community. Due to the qualitative nature of this study, thematic content analysis has been used to identify emerging themes based on participants' responses.

Demographic Information

Qualitative interviews were administered to 14 current and formerly homeless LGBT youth at a non-profit agency in the San Francisco area that works specifically with the LGBT population.

Age

The ages of participants in this study ranged from 18 to 24, with an average age of 20.

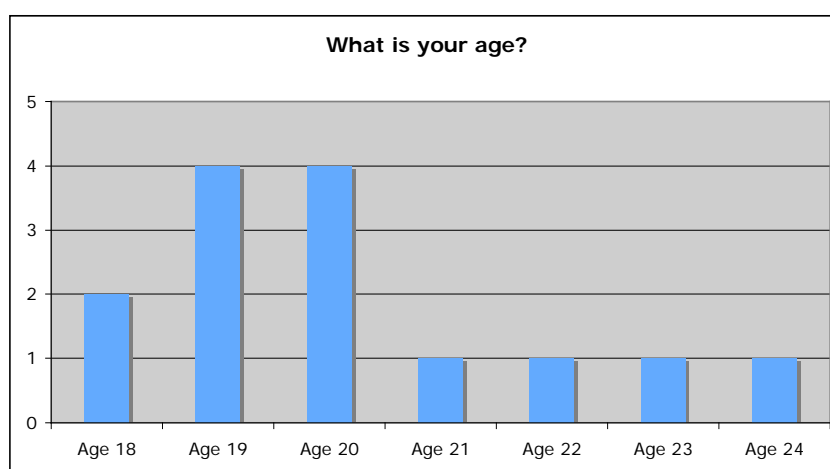


Figure 1. Age.

Gender

Of the 14 youth interviewed, 28.5 percent identified as male, 42.8 percent identified as female, and 28.5 percent identified as transgender. Of the four participants who identified as transgender, two identified as female-to-male, one identified as male-to-female, and one identified as neutral. The language used to represent a transgender identity as reported by participants included FTM (female-to-male), MTF (male-to-female), gender-queer, gender-variant, none, and neutral. Some respondents gave multiple responses.

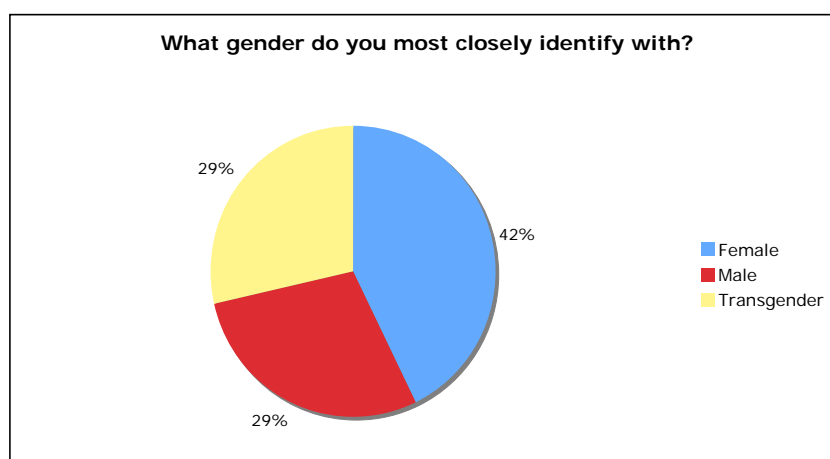


Figure 2. Gender.

Sexual Orientation

Descriptions of sexual orientation varied due to the open nature of the question and the ability of the participants to self-identify. This led to a range of responses that were difficult to quantify in statistically meaningful interpretations, but best captured the language of these particular members of the LGBT community. As a result, the categories have been broken down into Gay/Lesbian, Bisexual, Queer, and Other/Don't

Know. The largest proportion of respondents, 42.8 percent, identified as Gay or Lesbian; 21.3 percent identified as Queer, 14.2 percent identified as Bisexual and 14.2 percent said Other or Don't Know (Figure 3). One youth casually stated, "I am whatever I feel the need to be."

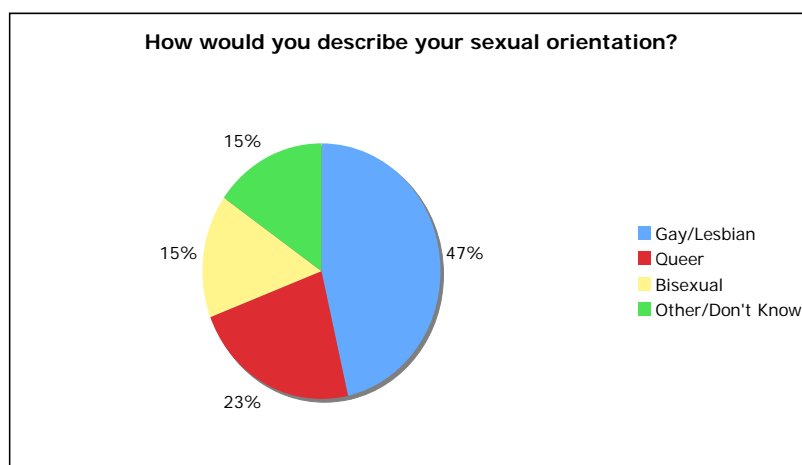


Figure 3. Sexual Orientation.

Race and Ethnicity

Racial and ethnic diversity in this study consisted of 50 percent of participants identifying as white or Caucasian, 21.4 percent African American, 14.2 percent of mixed heritage, 7.1 percent Latino and 7.1 percent Native American (Figure 4). These numbers indicate an overrepresentation of people of color when compared to the general population in California (www.census.gov).

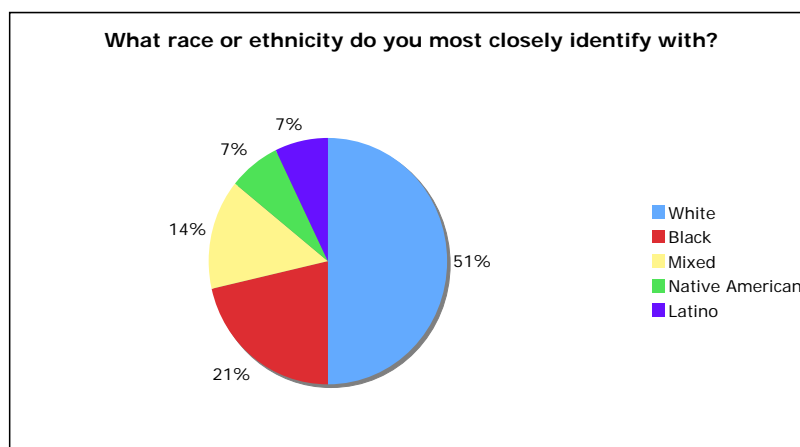


Figure 4. Race and Ethnicity.

Experiences with Homelessness

In order to obtain an understanding of the participants' homeless experiences, three questions were asked about their housing circumstances over the last 12 months. A full 50 percent of the youth interviewed reported that they had slept outside at least once in the past 12 months because they had nowhere else to stay. An even greater number of youth, 71.4 percent stated that they had stayed in a homeless shelter or transitional living program in the past 12 months (Figure 5). However, the highest numbers came from youth who reported "couch surfing"; 78.5 percent said that they had stayed on someone else's couch because they had nowhere else to stay at least once in the last 12 months (Figure 6). All youth interviewed fit into at least one of these categories, and many fit into two or all three.

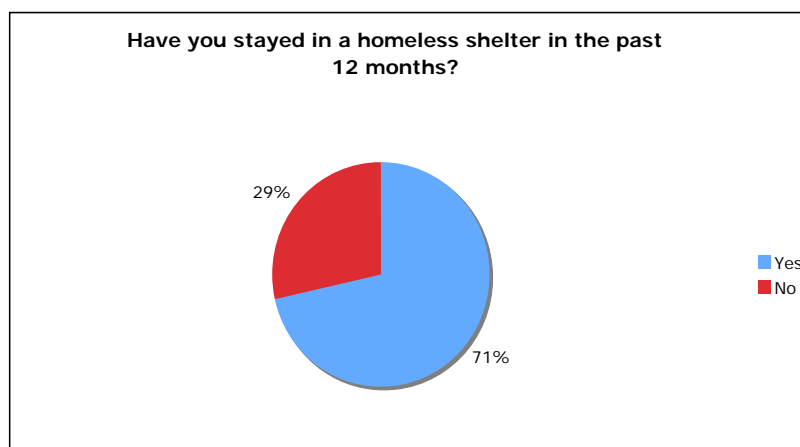


Figure 5. Participants who report staying in a homeless shelter in the last 12 months.

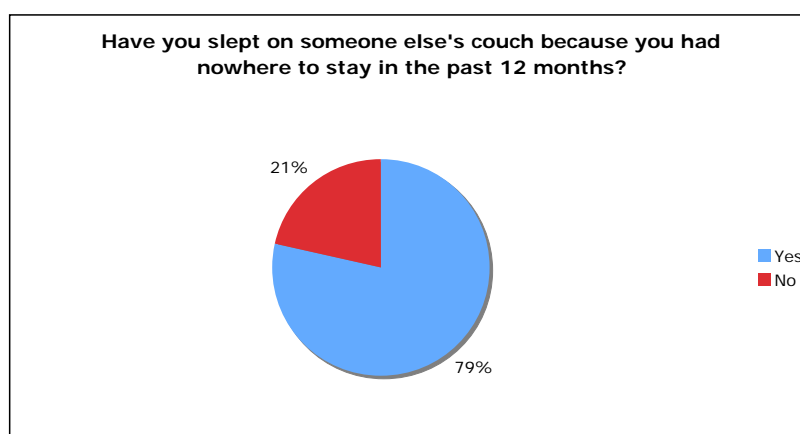


Figure 6. Couch-Surfing. Participants who report sleeping on someone else's couch in the past 12 months due to a lack of other available options.

Most participants stated that their bout of homelessness was intermittent and lasted for periods of months or sometimes years. One youth stated that he had experienced homelessness, "Off and on for 5 years since I was 15. I've had apartments, but it's a struggle to maintain that stability." The duration of time these youth spent with

housing instability ranged from two weeks to five years, with an average length of time of about 16.5 months.

Service Utilization: Patterns and Experiences

Mental Health and Other Services Received

A majority of participants, 85.7 percent, stated that they had received mental health services such as therapy and counseling at some point in their lives. A smaller number of youth within that population said that in addition to accessing therapy and counseling, they had received psychiatric services, group counseling, anger management, and relapse prevention. Some youth also identified services other than traditional mental health services such as housing, job resources, food, and probation, possibly indicating improved mental health as a result of these services. This is consistent with other research studies that have found that youth identified several non-traditional services that positively contributed to their mental health status (Bernstein & Foster, 2008). Only 14.2 percent of respondents said that they had not accessed mental health services of any kind.

Service Usefulness

Youth were then asked if the services they received were helpful, and an explanation of why or why not. Those who said yes, 42.8 percent, spoke to how social services helped them to improve their mental health status, most specifically by relieving depressive symptoms and by giving them the skills they needed to express their feelings. In answer to the question, one participant stated, “Yes, they gave me an outlook to express how I felt. They taught me not to keep my feelings bottled up and to talk with my counselor.” Others said that it was a positive experience because they received useful

information. A few youth identified personal characteristics within themselves that made service provision helpful such as their own ability to apply or seek social services themselves. Just over 28 percent of respondents said that some services were helpful and some were not. One youth captured this sentiment by saying that, “when I was in and out of a group home, it helped with housing. When it didn’t, it was because the staff wasn’t good. They didn’t have experience with queer youth and were just doing it for a job.”

Those who responded no, services were not helpful, 14.2 percent, underscored a bad personal relationship with their service provider. One respondent stated, “No, it didn’t help or hurt. I wasn’t getting much out of it. It was just for documentation and so the doctor could get his paycheck. My opinions in foster care didn’t count for anything. My foster parents couldn’t find me a home. My Social worker hated my guts.”

Service Provider’s Cultural Competency with LGBT Population

In order to better understand the experiences of the LGBT segment of the homeless youth population in accessing social services, it was asked if participants felt that mental health and social service agencies were sensitive to LGBT issues (Figure 10). Those who said yes, the least common response with only 14.2 percent identifying that answer, said that it was because the service provider was either familiar with, or a member of the LGBT community. Participants who responded that some agencies are sensitive to the LGBT population, 57.1 percent, highlighted three different issues: it depends on the service provider, the geographic location (specifically yes in San Francisco, but not elsewhere), and that there were disparities between the treatment of gay youth and transgender youth in that service providers lacked competency around

transgender issues. Of the participants who definitively said no, service providers are not sensitive to LGBT issues (35.7 percent), all of them cited the service providers' omission of discussion around sexual orientation as their primary complaint. One youth captured this sentiment in saying that, "some places don't pay attention to whether you're LGBTQ or straight, they just assume you're straight, like at my housing program." Another youth stated, "No, they didn't address sexuality. They left it alone," a response echoed by a number of youth.

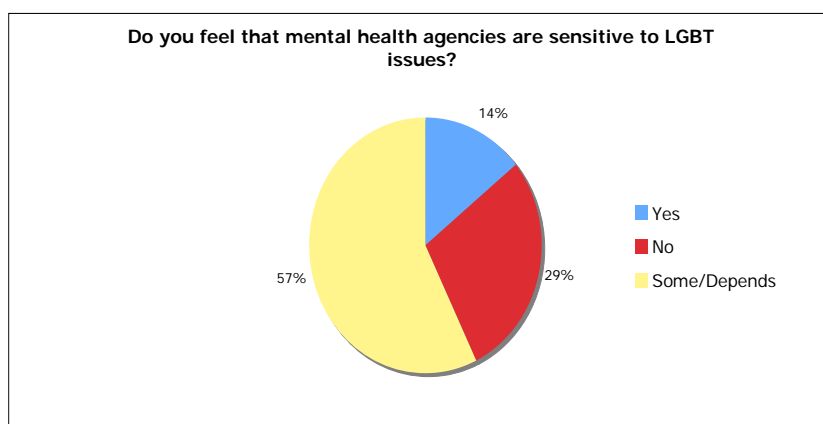


Figure 7. Service Provider's Sensitivity to LGBT Issues.

Service Provider's Cultural Competency with Homeless Population

Similarly, youth were asked about service providers' cultural competency around issues of homelessness. Results were mixed in that 35.7 percent said yes, service providers are sensitive to issues of homelessness, 35.7 percent said no, and 28.5 percent said either some, it depends, or I don't know. Those who said that service providers were not sensitive to the issues of the homeless population gave a variety of responses, indicating a lack of education on the part of the service provider, omission of

environmental issues, and sent the message that something was wrong with the client due to their homeless status. When asked if service providers are sensitive to issues of homelessness, one participant said, “Usually not. Being homeless makes you prone to mental health issues. I used meth to stay awake and cope with issues by self-medicating. It’s a cycle. They label you. Environmental issues aren’t looked at enough. They need to understand that you’re in survival mode.” Those who said yes rarely elaborated on their rationale except for two participants who stated that their service providers have been able to direct them to the appropriate services to address their housing situation.

Services Receiving Currently

When asked what services or resources the youth are currently receiving from their community, participants provided a variety of responses, most indicating that they were accessing multiple services. The two most common responses were mental health services and safe, social spaces within their community, each coming in at 50 percent. The next two most common responses were food and housing at 42.8 percent each, followed by education with 21.4 percent, basic necessities such as toothpaste, socks and laundry with 14.2 percent, jobs 14.2 percent, and medical services, bus passes, and none each coming in at 7.1 percent.

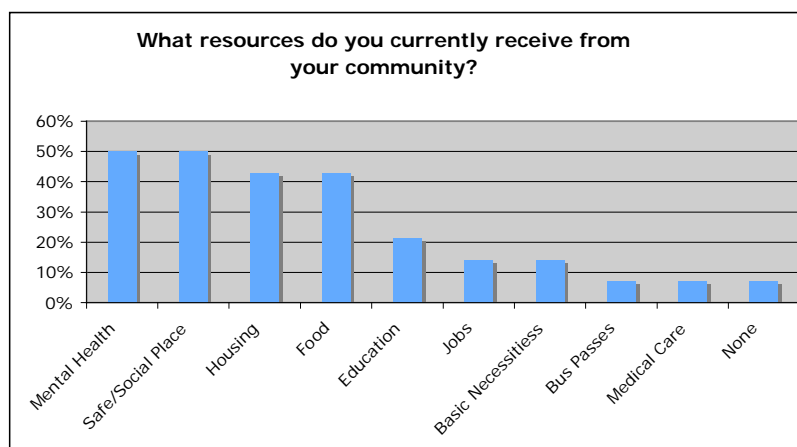


Figure 8. Services Receiving Currently.

Most Useful Help Received

Because most youth identified seeking and obtaining multiple services, they were then asked to identify what has been the most useful help they've received. Housing and mental health were the two most prevalent themes, each coming in at 28.5 percent. To illustrate a positive experience while accessing mental health services, one youth mentioned the most useful help was "Domestic violence counseling with a social worker. She helped me take responsibility for my actions and empower me. The intention makes a difference." The next most common response was help from education or a teacher at 21.3 percent, followed by food and jobs at 14.2 percent each, and community, medical care, and none at 7.1 percent each.

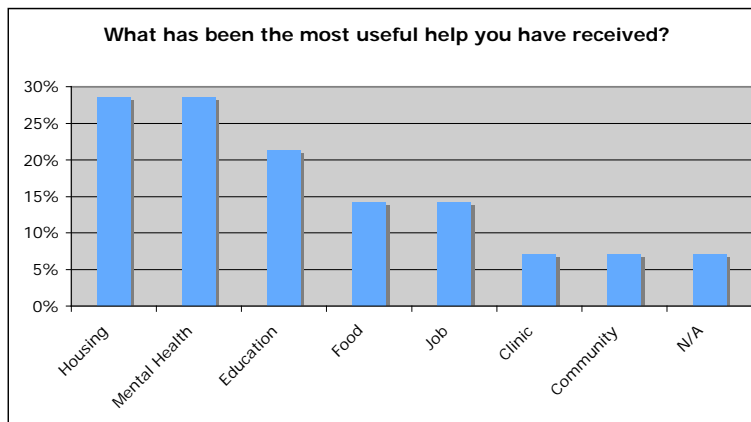


Figure 9. Most Useful Help Received.

Negative Experiences with Social Services

To gain a broad understanding of both the positive and negative experiences of service utilization within this community, youth were not only asked what has worked best for them, but also if they had had any experiences with social services that have made them not want to go back. If they had, what happened that made them feel that way? Unfortunately, 50 percent of respondents said yes, they had experienced situations that made them not want to access services again (Figure 13). Of those who said yes, they spoke of a poor personal relationship with the service provider, perceived discrimination, a lack of cultural competence, judgment, superiority, and a lack of understanding from the provider. In a particularly egregious example, one youth stated that he had incredibly negative experiences in the foster care system in Kentucky, “My social worker called me a ‘fag.’ There was a lack of empathy and sympathy. The social worker ignored mistreatment by my foster parents.”

Another 35 percent said no, indicating that they did not have negative experiences with social services. Another group, 14.2 percent, offered more complex answers that originally indicated that they had not experienced services that made them not want to go back, but went on to describe negative experiences with service providers. One youth said no, but that he only seeks services from LGBT-specific agencies and when he didn't, the service provider had inappropriate boundaries and spoke too much about herself. Another said that the case management that he has received in San Francisco has been tailored to his needs, but in other locations - or if the services aren't youth-based - accessing services can be difficult.

Resiliencies and Coping Strategies

In addition to youth's experiences with service utilization and their perceptions of treatment by service providers, this study also aimed to explore the youth's resiliencies and coping strategies both in accessing services, and their experiences when services are not available. When asked how prepared the youth felt to access services within their community, in an astounding response, 92.8 percent said they felt either prepared, or very well prepared to access services. Only one participant indicated that they did not feel prepared to access services and stated, "I have a hard time doing things on my own, with health care and mental health. I don't know how to ask in the right way," but that perspective was certainly a minority opinion among the respondents. A more common response was, "I'm pretty well prepared. When I want help, I have to ask for it. It's hard at first, but now I know where to go and not give up."

Resources Available

Youth were also asked what resources they were aware of for homeless, LGBT youth in their community. Participants gave multiple responses to this question. Many knew that housing existed, 78.5 percent, but underscored the lack of availability. One participant said shelters are available, “but they’re full.” They added, “There are still kids sleeping in the Castro.” The next most frequent response was food providers, 42.8 percent, though this result might be higher due to the location of the event where the interviews took place, and a free meal night that all respondents were attending. This was followed by health care and safe social spaces; 28.5 percent of youth were aware of such services. Nearly a quarter of respondents stated that they were aware of some services, but that there aren’t enough. Other services addressed by youth were showers, internet, advocacy, mental health, education, clothing, jobs, and none, each representing 7.1 percent of respondents.

Suggested Services

Although participants exhibited an awareness of existing services and an ability to access the services they need, this study aimed to see what services these youth wished were available to them that currently are not. Overwhelmingly, the response was housing, with 57.1 percent identifying housing as the most striking need in their community. Many youth also elaborated on what kind of housing they would specifically like to see more of. Housing for LGBT youth was the most common of these responses, but also included former foster youth, sober youth, and just youth in general. Participants had responses such as, “More housing. It exists, but I wish there was more. Housing is hard to come

by,” and, “Housing. I’m on waitlists, but I’ll age out before the waitlist is up,” meaning that by the time housing is available, he will have passed the age cut off to access services. Other responses came in a very distant second with food, bus passes, mental health services and none receiving 14.2 percent each, and social activities, jobs and a drop-in center each receiving 7.1 percent. Some youth gave multiple responses to this question. All but two participants identified additional services that they could benefit from within their community.

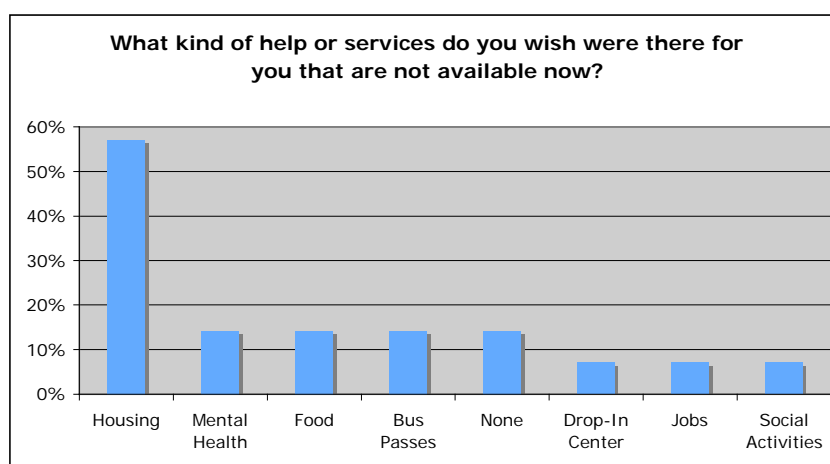


Figure 10. Suggested Services.

Coping Strategies

Coping strategies participants use when care or treatment is otherwise unavailable to them yielded a broad range of responses. For example, a few emerging themes surfaced such as asking friends and family for help, 28.5 percent; seeking help from other service providers, 21.4 percent; positive coping skills such as meditation, working out, listening to music, and reading, 21.4 percent; and another 21.4 percent said that they do the best they can on their own. In illustrating positive coping mechanisms outside of

systems of social service provision, one youth stated, “I take care of myself. I go to 12-step meetings, read program material. I pray, meditate and do positive affirmations.” It should also be noted that only one youth, 7.1 percent, stated engaging in illegal activity when she is unable to access treatment: shoplifting when she has nothing to eat, and using illegal drugs (specifically methamphetamine) to self-medicate. Another youth indicated that without social services, his resources are non-existent, “I don’t have any back up. I have nowhere to go. I’m a youth. I don’t have support.”

Support System

In an effort to gain perspective on support systems for this vulnerable population, it was asked to whom these youth turn to for help when they need it. While some youth noted more than one person, the most common response by far was a service provider, with eight out of 14 participants, or 57.1 percent, identifying this response. Many participants said that either their case manager or their therapist is the first person they turn to for help when they need it. After service providers, the next most common response was friends and family, each garnering 28.5 percent of the overall response. Fourteen percent of youth identified no support system in place, stating that they can only rely on themselves when they need it.

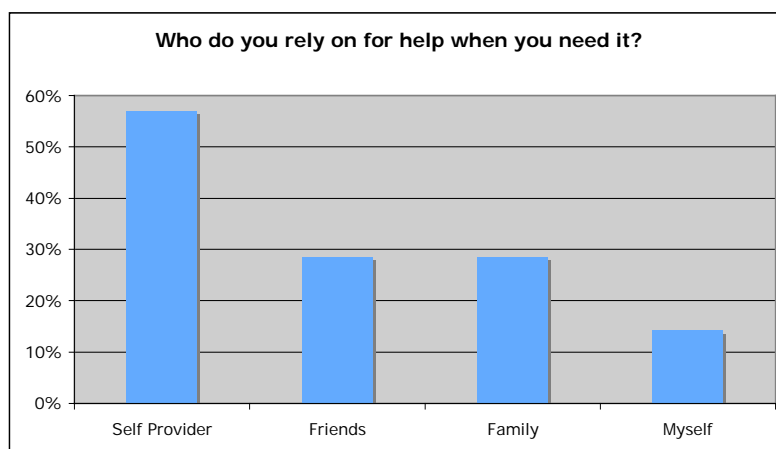


Figure 11. Support System.

Conclusion and Prevailing Themes

Not surprisingly, the issue of a lack of safe, affordable housing came up repeatedly throughout the interview process as the most concrete theme addressed, regardless of the question. While a number of the interviewees were participating in a transitional living program, no youth identified having stable, permanent housing at the time of the interview. Additionally, although the question was not directly asked, several participants stated that they were not from San Francisco. Many youth had traveled there from other locations in California, or other states entirely. A few participants stated discrimination and family instability as their reason for leaving their homes of origin, which is consistent in the research on this population (Bernstein & Foster, 2008, D'Augelli, Hershberger & Pilkington, 1998).

Another important theme was the discussion of positive relationships with service providers as an important factor in the efficacy of service provision. Many youth also stated that the ability to interact with their service provider in an informal way (such as at

Meal Night) was the best way to build rapport and helped them to feel comfortable in seeking out and accessing services.

Chapter 5

DISCUSSION

This study proposed to gain a broader understanding of the barriers that LGBT homeless youth face in accessing mental health treatment, as well as other basic needs such as housing, food, and health care. This study also aimed to gain a deeper understanding of the experiences of these youth when engaging with these systems, as well as to learn what resources were available to them when social service provision was not, and what strategies they employed in that situation. While the interviews used in this study do not yield statistically significant findings due to the qualitative nature of the research, the experiences of LGBT homeless youth in accessing services have been explored to a greater level in this study than in previous studies. There are a number of notable themes that were addressed by the participants of this study that cannot necessarily be captured by numbers alone.

Several concepts were illuminated by the findings of this study. It was found that a majority of respondents have received mental health services, feel prepared to access services, and turn to service providers for help when they need it - over friends and family. Housing and mental health treatment was identified as the most useful help participants had received more than any other interventions. In addition, half of the respondents were currently receiving mental health services, and half reported having at least one negative experience with a service provider that made them not want to return to that provider for further treatment. Lastly, the sentiment that housing exists, but the

number of available beds falls well below the level of demonstrated need, was echoed throughout the interviews.

In a recent study, current and formerly homeless youth administered qualitative interviews with 208 currently homeless youth in California, using a participatory action research design (Bernstein & Foster, 2008). This study largely sampled street youth who may or may not have been connected to services or members of the LGBT population. In that study, 58 percent had received some type of mental health treatment (Bernstein & Foster, 2008), whereas 85 percent of participants in this study had accessed mental health treatment. This variation in the data may speak to the differences in sampling techniques because different populations were captured by each study. However, these differences serve to provide a point of comparison with other homeless youth and the participants of this study. This study found that roughly 43 percent stated they were happy with the services they received, comparable to the 47 percent found by Bernstein and Foster (2008). So while the number of youth who accessed services differed greatly between the two studies, the level of satisfaction with the services they received was relatively consistent with existing research. It should also be noted that both studies identified that youth who did find these services helpful cited the importance of being able to talk to someone and express their feelings (Bernstein & Foster, 2008).

These statistics also call to mind the fact that less than half of these youth plainly stated that their experiences with social services were helpful. Although, it should be noted that only 14 percent of youth in this study explicitly reported that services were not helpful, compared with the 53 percent of youth found by Bernstein and Foster (2008).

The discrepancy in this study is accounted for by youth who stated that some services were helpful and some were not (43 percent). However, both studies also found that youth who were not happy with the services they received cited that they felt like the service providers had their own motives in providing services, and did not genuinely care about the youth's needs, a theme that came up not only in response to this question, but throughout several interviews. One youth spoke to this issue by describing his encounter with a service provider, "They didn't have experience with queer youth and were just doing it for a job," once again showing the importance of rapport building and creating positive, meaningful relationships with clients.

This study also suggests that LGBT youth may have increased challenges in engaging with service providers, due to a lack of competency around LGBT issues. The present findings showed that only 14 percent of respondents felt that service providers were sensitive to the needs of this population. Furthermore, only 35 percent stated that service providers were sensitive to the needs of homeless youth. Therefore, identification with both of these groups suggests potential for a high level of misunderstanding around the culture, a finding consistent with existing literature (Christiani, et al., 2008).

Consequently, it is likely that the lack of cultural competency around this population has contributed to the high rates of youth who have reported negative experiences with social services (50 percent). In fact, youth who gave this response specifically stated that they perceived discrimination, a lack of cultural competence, judgment, superiority, and a lack of understanding from the service provider, all of which may speak to insensitivity around either the LGBT or homeless population, or both.

In spite of possible discrimination within the system of social services, this study found that a majority of youth (57 percent) identified service providers as their primary support system. Friends and family each garnered 28 percent of the responses, as primary support, the next most common response. This is inconsistent with existing research, which placed the number of youth who identify service providers as primary support at 13 percent, and the number of youth who identified friends as primary support at 44 percent (Bernstein & Foster, 2008). Again, this discrepancy is likely due to the differing sampling techniques used by that study, whose primary focus was youth who were currently on the streets and not necessarily seeking services.

However, in spite of certain faults within the system, the participants of this study largely felt confident in their own ability to seek out and access needed services, with 92 percent stating that they felt prepared to access social services within their community. Sampling issues likely influenced the high rate of preparedness reported by respondents, as the young people attending the Meal Night program at the agency where the interviews took place had to be at least moderately knowledgeable about services within their community to know to take advantage of this program. Also, by attending the program, they showed their willingness to access these services, and services in general. Therefore, the location of the participants likely contributed to the high numbers of youth that felt prepared to access services within their community, and these findings are not necessarily representative of the overall LGBT homeless youth population. Only one youth in this study stated that they were not currently accessing any type of social service, suggesting that this sample of the population was fairly well connected to programs that serve them.

Limitations

While certain findings of this study are reflected in the existing literature, it is difficult to determine the generalizability of this study to the overall LGBT homeless youth population due to the qualitative nature of this research. As a result, the primary limitation of this study is the purposive sampling method, because it does not have the methodological rigor needed in order to generalize the findings to the overall LGBT homeless youth population. Purposive sampling was used as the method for obtaining participants in this study, due to feasibility concerns in accessing this population. However, a limitation of using a non-probability sampling method is that the reliability and validity of data collection method cannot be measured.

Practical constraints of time and resources contribute to the limitations of this sampling method. Due to the hidden and transient nature of this minority population, it would have been difficult to access participants in great enough numbers needed in order to obtain the research without utilizing a convenience sampling method.

Additionally, due to the lack of existing research on LGBT homeless youth, a qualitative exploratory design was applied to explore the issue of barriers to service utilization. Consequently, researcher bias is an inherent limitation of the qualitative method since the identification of various themes relies heavily on the researcher's interpretation. Different researchers may have yielded different interpretations of the responses.

Implications for Social Work

Identifying barriers to accessing social services can serve as a starting point in restructuring services to meet client needs or creating additional services to fill existing gaps in treatment. While the purpose of this study was to explore the experiences of LGBT homeless youth and their relationships with the systems of social service provision, the intent is to use this broader understanding of the youth's experiences and needs to increase the body of knowledge around this population. This can be beneficial within the field of social work, and will hopefully be used to create positive change in the form of improvements made to the systems that serve our clients.

These findings suggest a number of implications for the field of social work, both in terms of advocacy on the macro level, and in providing direct services to clients in clinical social work. In terms of social justice advocacy, this profession would do well to continue to explore the needs of this vulnerable population through research, in order to best advocate for this group. One implication of this research is the need for additional programs and services that meet the needs of this population. Social workers should advocate for the creation of LGBT-specific programs and services, and should promote anti-discrimination practices around sexual orientation and gender expression in mental health treatment and housing programs, a suggestion also iterated by other works in the field (Hunter, 2008). Additionally, as a profession we need to address the fragmentation of information about resources, thereby improving access to services.

The need for cultural competency training around homelessness and particularly the LGBT population is evident as a result of this research. Cultural incompetence on

behalf of service providers serves as a barrier for this population in accessing needed services. Youth stated that service providers who had been exposed to the LGBT population were more likely to be sensitive to the needs of this group, but since service providers often did not address the issue of sexual orientation or gender identity, they may not be aware of how many youth they encounter that identify as members of this population. As cited in other studies, the issue of sexual orientation should be addressed when working with clients, both to provide appropriate services, and to send the message that discussing that part of their identity is acceptable in treatment (Cochran, et al., 2002). The needs of homeless youth should also be addressed when appropriate, but it is important to note that as social workers, members of the LGBT community can be found in all of our client populations.

In terms of clinical social work, it was stated by a number of participants throughout the interview process that it is important for social service providers to build positive relationships with the individuals in this community, both formally and informally. In doing so, the youth feel increasingly prepared to seek out treatment, and tend to feel that the services they receive are more helpful due to these positive relationships.

Recommendations for Future Research

It is of considerable importance to continue to explore the experiences of LGBT homeless youth through research. In consideration for the limitations of this study, it would be useful to build upon this work by using a probability sampling method in order to generalize the findings to the rest of the population. Other gains could also be made by

including under-researched segments of the LGBT homeless youth population, including street youth who are less connected to social service providers, to find out what factors may be keeping them from accessing potentially needed services.

Additional questions also arise out of the findings of this study that should be addressed in future research. What would make accessing services easier? Does this population identify any specific variables that serve as barriers in their efforts to access services? Certain research methods could be used to further this research, such as convening a control group comparing the experiences with service utilization of heterosexual homeless youth with their LGBT counterparts. This would be useful in order to determine differences between the two groups.

Furthermore, while LGBT homeless youth have signaled a need for cultural competency and sensitive trainings for service providers around the issues facing this population, service providers should also be interviewed on their behaviors and attitudes toward homeless and LGBT youth in order to identify the specific gaps in cultural competency for this group. Additionally, in the interest of continuing to capture the voices of LGBT homeless youth, research should be conducted to identify their concept of best practices for addressing their sexual orientation or gender identity.

While this research serves as a guiding point to shed light on problems within the systems of social service provision, the impact of those problems should be further researched and more fully addressed in order to truly reduce the numbers of youth who face homelessness and discrimination in our society.

APPENDIX A

Interview QuestionnaireService Utilization in the LGBT Homeless Youth Community**Mental Health Services**

1. Have you ever received mental health services?

2. What kinds of services have you received? (Counseling, Therapy, Medication, Hospitalization, Other)

3. Were the services you received helpful? Why or why not?

4. Do you feel that mental health agencies are sensitive to LGBT issues? Please explain.

5. Do you feel that mental health agencies are sensitive to issues of homeless youth? Please explain.

6. What has been the most useful help you have received?

7. Have you had any experiences with social services that have made you not want to go back? If so, what happened?

8. If you have not sought help from public or non-profit mental health agencies, why not?

9. What kind of help or services do you wish were there for you that are not available now?

Community Resources and Resiliency

10. Who do you rely on for help when you need it?

11. How prepared do you feel to access services in the community in which you live?

12. What resources do you currently receive from your community?

13. What resources are you aware of in your community for Homeless LGBT youth?

14. What strategies do you use when care is otherwise unavailable to you?

15. What, if anything, has helped you get care or treatment when you needed it?

Demographics

16. What is your age?

17. What race or ethnicity do you most closely identify with?

18. What gender do you most closely identify with?

19. How would you describe your sexual orientation?

20. Have you stayed in a homeless shelter in the past 12 months?
21. Have you slept outside because you had nowhere to stay in the past 12 months?
22. Have you slept on someone else's couch because you had nowhere to stay in the past 12 months?
23. What is the duration of time that you have spent being homeless?

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