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## Services to Homeless Lesbian, Gay, Bisexual, Transgender, and Queer Youth: What Works

Melissa Morales

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SERVICES TO HOMELESS LESBIAN, GAY, BISEXUAL, TRANSGENDER,  
AND QUEER YOUTH: WHAT WORKS

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Melissa Socorro Morales

June 2016

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## ABSTRACT

Health and behavior risks among homeless Lesbian, Gay, Bisexual, Transgender, and Queer youth, are now part of nation wide conversation however, evidenced based practices and strategies for working with the youth remain very limited. This explorative study examined housing services, environments, and therapeutic interventions needed to help decrease high-risk behaviors among homeless Lesbian, Gay, Bisexual, Transgender, and Queer youth. In order to examine and distinguish the services needed to assist youth, the presenting study conducted an open-ended qualitative survey where nine social services providers delivered their expertise on the issues found among homeless Lesbian, Gay, Bisexual, Transgender, and Queer youth. The presenting study found that homeless Lesbian, Gay, Bisexual, Transgender, and Queer youth had experiences that were distinct and complex so as a result, needed cultural competent services and environments to better suit their needs. The participants of the study provided concrete details of encounters between social service providers and homeless Lesbian, Gay, Bisexual, Transgender, and Queer youth. From responses given, important insight was obtained on how to create safe and welcoming environments for at-risk or currently homeless Lesbian, Gay, Bisexual, Transgender, and Queer youth.

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To my mom and dad, thank you for always supporting me. You have always pushed me to excel in my education; if it wasn't for the both of you, I would not be where I am today. To Kevin and Meyling, thank you for the constant laughs and annoyance, I love you both. To Allison and Elias, thank you for always reminding me and showing me the importance of education. Your advice throughout the years is something I always took to heart and followed.

## DEDICATION

I would like to dedicate this work to every LGBTQ person who has ever struggled coming out and has felt as though they don't belong. An individual's journey and identity is what makes the world unique never lose sight of it.

To the social service providers who took the time to participate in the survey, thank you, for without you, this project would have been impossible.

## TABLE OF CONTENTS

|   |      |
|---|------|
| ABSTRACT.....                           | iii  |
| ACKNOWLEDGEMENTS.....                   | iv   |
| LIST OF TABLES.....                     | vii  |
| LIST OF FIGURES.....                    | viii |
| CHAPTER ONE: INTRODUCTION.....          | 1    |
| Problem Statement.....                  | 3    |
| Purpose of Study.....                   | 4    |
| Relevance for Social Work Practice..... | 5    |
| CHAPTER TWO: LITERATURE REVIEW          |      |
| Introduction.....                       | 7    |
| Literature Review.....                  | 7    |
| Theories Guiding Conceptualization..... | 12   |
| CHAPTER THREE: METHODS                  |      |
| Introduction .....                      | 17   |
| Guiding Questions.....                  | 17   |
| Study Design.....                       | 18   |
| Sampling and Data Collection .....      | 19   |
| Instrumentation.....                    | 19   |
| Procedures.....                         | 20   |
| Protection of Human Subjects.....       | 21   |
| Data Analysis.....                      | 21   |

|  |    |
|--|----|
| Summary.....   | 22 |
| CHAPTER FOUR: RESULTS                                |    |
| Introduction .....                                   | 23 |
| Sample Description.....                              | 23 |
| Study Themes.....                                    | 24 |
| Conclusion.....                                      | 39 |
| CHAPTER FIVE: DISCUSSION                             |    |
| Introduction.....                                    | 40 |
| Discussion.....                                      | 40 |
| Recommendations for Future Social Work Research..... | 43 |
| Limitations.....                                     | 44 |
| Conclusion.....                                      | 45 |
| APPENDIX A: QUESTIONNAIRE.....                       | 46 |
| APPENDIX B: INFORMED CONSENT FORM.....               | 50 |
| APPENDIX C: DEBRIEFING STATEMENT.....                | 52 |
| REFERENCES.....                                      | 54 |

## LIST OF TABLES

|  |    |
|--|----|
| Table 1. Demographics.....   | 24 |
| Table 2. Evidenced Based Practices.....  | 26 |
| Table 3. Community Outreach and Empowerment.....   | 27 |
| Table 4. Physical Harm.....  | 31 |
| Table 5. Emotional Distress.....   | 31 |
| Table 6. Inclusivity.....  | 32 |
| Table 7. Exclusivity.....  | 33 |
| Table 8. Discrimination against Lesbian, Gay, Bisexual, Transgender,<br>and Queer Youth..... | 34 |
| Table 9. Improvements of Services.....   | 36 |
| Table 10. Social Perceptions.....  | 38 |

## LIST OF FIGURES

|  |    |
|--|----|
| Figure 1. Clinical Intervention Effectiveness.....   | 29 |
| Figure 2. Clinical Intervention Ineffectiveness..... | 30 |

## CHAPTER ONE

### INTRODUCTION

The estimated number of homeless individuals varies tremendously because many of the homeless population are difficult to quantify due to their living situations. The United States Department of Health and Human Services suggest that the number of homeless youth range from 500,000 to 2.8 million per year (DHHS, 2008). In Title 42, Chapter 119, Subchapter I, The United States Code federally defines a “homeless individual” as:

- “An individual who lacks a fixed, regular, and adequate nighttime residence.”
- “An individual who has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings including, park, car, abandoned building, bus or train station, airport, or camping ground.”
- “An individual living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements.”

It is difficult to pinpoint the age span of homeless youth. Overtime, the theory of child and adolescent development has come to recognize that at the age of 18, the United States legal definition of adulthood is not the true age at which individuals achieve adulthood developmentally. According to the National Alliance to End Homelessness (2007), the most common age range of homeless youth is defined as ages 12 to 24. Homeless youth typically fall under three categories, (1) “Runaways”

signify youth who have left place of residence without parent or guardian's consent, (2) "Throwaways" signify youth who have been forced out of their residence by parents or guardians, (3) "Street Youth" signify youth who have spent a certain amount of time living on the streets (Robertson & Toro, 1998; Slesnick, 2004). In addition, there are various terms that are used to describe and identify young individuals who are of sexual minority. Individuals either identify as Lesbian, Gay, Bisexual, Transgender or Queer. For the basis of this study, the term "homeless LGBTQ youth" will be used, and will define those who are homeless and identify as Lesbian, Gay, Bisexual, Transgender or Queer (ages 12-24).

Quantifying the number of homeless youth, who identify as LGBTQ, is difficult (Cochran, Stewart, Ginzler & Cauce, 2002). Although existing literature has documented various estimations, studies show that homeless LGBTQ youth make up 30-45 % of clients served by homeless youth agencies, drop-in centers, and housing programs (Durso & Gates, 2012). A report done by the The Palette Fund, True Colors Fund, and the Williams Institute presents data from the LGBTQ Youth provider survey, a web-based survey designed to assess the prevalence of LGBTQ youth within the homeless populations being served by these organizations. The findings stated that among both homeless and non-homeless clients, 30% identified as gay or lesbian, 9% identified as bisexual, 1 % of homeless and non-homeless clients were identified as "other gender" and at least another percent identified as transgender (Durso & Gates, 2012).

According to the National Coalition of the Homeless, the most cited factor contributing to homelessness was family rejection based on sexual orientation and gender identity, with the second most common reason being forced out by their parents for coming out. In fact, The Palette Fund Survey found that 46% respondents ran away because of family rejection of sexual orientation or gender identity, 43% stated they were forced out by parents because of sexual orientation or gender identity, 32% reported physical, emotional or sexual abuse at home, 17% had aged out of the foster care system, and 14% reported financial or emotional neglect from family.

### Problem Statement

Once LGBTQ youth experience homelessness, high-risk street experiences begin to emerge (Milburn, Rotheram-Borus, Batterham, Brumback, Rosenthal & Mallet 2005). Research states that those individuals who have been homeless for a longer period of time show higher rates of risk behaviors than those who are newly homeless (Milburn et al., 2005). LGBTQ youth, face various high-risk environment stressors; when compared to their heterosexual counterparts, LGBTQ youth have significant high rates of mental health and substance use problems, suicide ideations/acts, high rates of school dropout, violent victimization, and a range of HIV risk behaviors (Keuroghlian, Shatasel, & Bassuk 2014). In spite of the size population and associated risks, little is known about the causes, correlates, and

consequences of homelessness among youth who are LGBTQ (Keuroghlian et. al., 2014).

It is evident that the health and behaviors risks among the homeless LGBTQ youth have recently become acknowledged in the public with topics such as suicide and homelessness. Although these topics are now part of nation-wide conversations and hopeful practices are beginning to emerge, evidence-based practices and strategies for working with the LGBTQ subpopulation remain very limited (Keuroghlian et. al., 2014). Previous research of LGBTQ homeless youth use samples of youth living on the street, in emergency shelters, or in non-specified locations. There is limited research on LGBTQ youth residing in housing shelters or transitional living programs. This author is aware of one study that examined homeless LGBTQ youth residing in a transitional living program; Nolan (2006) examined life outcomes of the youth who had left the transitional living program.

#### Purpose of the Study

This study expanded from Nolan's (2006) and Forge's (2012) studies by examining if housing shelter program services are helping homeless LGBTQ youth by decreasing possible high-risk behaviors. The study examined psychosocial issues that emerge when LGBTQ youth experience homelessness, the study explored service models that are designed to help decrease high-risk behaviors.

#### Study Aims

The purpose of this study was to examine services to homeless LGBTQ youth specifically the study explored the following: High Risk Behaviors, Length of Homelessness, Inclusive and Exclusive Housing Shelter Environments.

### Relevance for Social Work Practice

Although there has been numerous studies that have touched base on human service organizations working with homeless youth, little seems to exist in terms of service analyses of homeless youth interventions, mainly due to the temporary nature of the population and the difficulty in creating precision-based outcome measures (Kidd, 2007; Meade & Slesnick, 2002). Particularly for homeless LGBTQ youth, a large number of shelters are not giving safe and effective services (Gattis, 2009). Also important to note, homeless LGBTQ youth are also disproportionately homeless due to discrimination when seeking alternative housing (Keuroghlian et. al., 2014). Currently, there is no federal funding assigned for resources specific to LGBTQ (Keuroghlian et. al, 2014). It is important to further investigate these associated risks among the homeless in order to help housing shelters enhance their current programs that target resiliency among LGBTQ youth. The findings for this study may help shelters change approaches taken when addressing high risk factors, involve evidence-based practices and enhance current programs. Also, these findings might help change social work practice in regards to approaches used

to serve the LGBTQ population. When viewing this study, it could also help promote funding for LGBTQ housing programs to further avoid the barriers and discrimination homeless LGBTQ youth face when seeking shelter.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

In order to improve the social issues emerging among the homeless LGBTQ youth population, it is important to investigate studies that have examined similar issues in the past. Comprehension of complex psychosocial issues that arise among homeless LGBTQ youth is key to creating and providing them with effective services in order for them to overcome many challenging obstacles. A clear understanding of the foundation of homeless youth could enhance services significantly for this population (Mallet, Rosenthal, Myers, Milburn, & Rotheram-Borus, 2004). While experiencing homelessness, LGBTQ youth have significant high rates of substance-use, mental health issues, suicide attempts/acts, victimization, and HIV/STI risk behaviors. The following is a review of high-risk behaviors that emerge among homeless youth and the theoretical models that support the reasons behind high-risk behaviors outcomes. Additionally, the literature review also contains a section that examines Nolan's (2006) transitional housing program study.

#### Literature Review

##### Substance Use

When a young individual becomes homeless, their risk for experiencing substance use is significantly high (Van Leeuwen, Boyle, Salomonsen-Sautel,

Baker, Garcia, Hoffman & Hopfer 2006). National Longitudinal Survey of Youth, reported that runaways were 7 to 12 times more likely to have a history of substance abuse than non-runaways, or those who had run away only once (Whitbeck & Hoyt, 1999). However, one study also indicates that homeless youth experience substance use prior to leaving their home (Van Leeuwen et al., 2006). One study found that 75% of LGBTQ youth had a family member with a serious drug or alcohol problem as compared to 63% of heterosexual youth. In the same study, 48% of the LGBTQ youth reported that they had used drugs with a parent, compared to 38% of heterosexual youth. Additionally, initial age of substance use onset differs, with LGBTQ youth substance use, occurring at a younger age than heterosexual counterparts (Moon, McFarland, Kellogg, Baxter, Katz, Mackellar & Valleroy 2000).

### Mental Health

Homeless youth often have low social resources and limited social support when enduring high levels of stress that is associated with their homelessness (Whitbeck & Hoyt, 2005). For homeless LGBTQ youth studies have indicated that when compared to their heterosexual counterparts, homeless LGBTQ youth experience significantly higher rates of depressive symptoms (Whitbeck et. al., 2004). One study found that LGBTQ youth (41.35%) were more likely than heterosexual youth (28.5%) to meet the criteria for a major depressive episode (Whitbeck et al., 2004). Additionally, post-traumatic stress disorder (PTSD) has also been found among homeless LGBTQ youth. One study reported 46.7% of LGBTQ youth suffered from PTSD compared to their heterosexual counterpart (33.4%)

(Whitbeck, et al., 2004). Other behaviors that have been found among homeless LGBTQ youth include high rates of withdrawn behavior, somatic complaints, social problems, delinquency, aggression, and internalizing and externalizing behavior (Cochran, et al., 2002).

### Survival Sex

One of the most dangerous behaviors in which homeless youth engage in is, “survival sex” or commonly known as sex trade. The term “survival sex” refers to selling of sex to meet subsistence needs, which includes, the exchange for sex for shelter, food, drugs, or money (Greene, Ennett, & Ringwalt, 1999). There are various studies that propose that many homeless youth engage in survival sex (Gatez & O’Grady, 2002). Greene et al. (1999) states that the proportion of runaway and homeless youth who engage in survival sex range from 10% -50%. Rates of engaging in survival sex among homeless LGBTQ youth appears to be significantly higher than their heterosexual counterparts (Walls, et., 2007). Van Leeuwen et al. (2006), compared risk factors of LGBTQ and non-LGBTQ homeless youth in eight U.S cities and results indicated that 44% of LGBTQ respondents reported that someone had requested sex from them in exchange for a subsistence need when compared to heterosexual respondents (26%). Additionally survival sex was the strongest predictor of HIV/STI risk for LGBTQ youth (Gangamma et al., 2008).

### Abuse and Victimization

LGBTQ individuals are at increased risk of victimization and abuse due to their sexual identity or gender identity (Baams, et al. 2015). Victimization can take

place in the form of robbery, rape, assault, and other various forms of abuse and harassment (Walls, et al., 2007). Balsam, Rothblum, and Beauchaine (2005), presented a study that explored victimization over the life span, LGBTQ individuals endured more childhood physical and emotional abuse by parents and guardians, more childhood sexual abuse, and more incidents of physical and sexual victimization in adulthood when compared to their heterosexual counterparts. Victimization and abuse unfortunately also occurs in school settings as well; National School Climate Survey showed that over 80% of LGB and over 60% of Transgender students reported being verbally harassed, and almost 40% reported enduring physical violence at school (Kosciw, Greta, Bartkiewicz, Boesen, & Palmer, 2012).

Nolan (2006) conducted a study where 40 case files from a transitional living program for LGBTQ youth were explored. Findings presented that half of the cases had experienced physical abuse and 32% had reported sexual abuse. Nolan stated that if the youth admitted to one form of abuse they were also likely to report other forms of abuse. Additionally, 50% percent of Nolan's sample reported enduring verbal or emotional abuse, including homophobic remarks (Nolan, 2006).

### HIV Risk Behaviors

Homeless youth are more inclined than their *housed* peers to be sexually active and to engage in sexual intercourse 2 to 3 years earlier than other adolescents (Ensign & Santelli, 1997; Rew, Fouladi, et al., 2002). Studies reported that homeless youth report high-risk sexual behaviors such as multiple sex partners and unprotected sex (Anderson et al., 1995; Booth et al., 1999; Ensign & Santelli,

1997). Additionally, LGBTQ homeless youth are also at high risk for HIV/AIDs (Moon et., 2000). One study reported that gay and lesbian respondents stated that they were diagnosed with HIV more than (25%) than bisexuals (10%) and heterosexual (4%) (Rew, et al., 2005).

### Transitional Living Program

Although there are numerous studies that investigate the psychosocial issues of homeless LGBTQ youth who are living in emergency shelters, and on the streets, there is limited research that addresses LGBTQ youth in living programs. Research is also limited in areas that examine high-risk behaviors that occur during their residential stay in a shelter. Nolan (2006) provided a look at the demographics and success of clients at a transitional living program for runaway or homeless LGBTQ youth in New York City. In agreement with the study, Nolan argues that little is known about the outcomes of homeless youth who have resided in a living program. In agreement with Nolan, each housing program has a different view of success. Bartlett et.al., (2004) state that success is a complicated idea that impacted by community factors, program resources, and by the young individual themselves.

Nolan (2006) presented data associated with lives after discharge such as employment status, school enrollment, lessons learned in the program, and aftercare services. The study's conclusion stated that in transitional living programs, youth learned lessons that helped them lead responsible, productive lives. Various recommendations were presented that could help lead further discussion for this current study. Nolan (2006) mentioned when considering how to increase the

number of safe exits, programs should consider every component of the individual's process from the beginning. For the current study, this should be associated with previous residency and high-risk behaviors. Additionally, Nolan stated that the staff must focus on intake, relationship formation, program structure, disciplinary measures, and the discharge process. These critical recommendations will be taken into account for the current study.

Although positive findings resulted in the Nolan (2006) study, there were various limitations to the study that presented an evident need to further investigate this particular social issue that involves high-risk behaviors. The Nolan (2006) study measured outcomes in regards to outcomes in educational and vocational statuses, but it failed to measure outcomes needed in pre- and post high-risk behaviors. Nolan (2006) suggested that there is a clear need for housing programs and more research must be done to learn how youth *benefit from being in one*.

### Theories Guiding Conceptualization

Within the Nolan (2006) study, it is evident that the theoretical perspective used in order to gather qualitative data and ultimately guide the study was the systems theories. The system theory describes human behavior as complex systems. It focuses on the interrelationships among individuals, groups, organizations, or communities and mutually influencing factors in the environment (Syers & Boisen, 2003).

For the current study, in order to properly address the research question, “What services and environments are helping decrease high-risk behaviors among homeless LGBTQ youth?” the Psycho-Dynamic theory was used to explore pre and post behaviors. The Psycho-Dynamic theory is concerned with how internal processes such as needs, drives, and emotions motivate human behavior. It states that emotions have a central place in human behavior; unconscious as well as conscious mental activity serves as the motivating force in human behavior; and the individual might be overwhelmed with internal and external demands that impact their behavior (Syers & Boisen, 2013). For the present study, it was important to take into account the Psycho-Dynamic theory because homeless LGBTQ youth are indeed overwhelmed with internal and external stressors (loss of family relationships, discrimination against sexual orientation, homelessness) that are influencing certain behaviors (running away, substance use, sex work, suicide ideations/acts).

As mentioned previously, it is important to understand the sum of parts of homeless youth in order to understand the social issue as a whole. The study used two theoretical frameworks to guide the research. The first model, Minority Stress Model, theorizes that the stress that is associated with identifying as a LGBTQ individual increases a risk for negative psychosocial outcomes but may be helped by protective factors such as social support and resiliency (Baams, et al., 2015). The second model, The Risk Amplification Model is associated specifically to the homeless youth population and proposes that the conditions in which individuals left

their home will possibly lead to negative outcomes. Using these two theoretical models together can provide better comprehension of the unique experiences that homeless LGBTQ youth encounter.

### Minority Stress

The Minority stress model was developed by Meyer (1995, 2003) to comprehend the higher prevalence rates of mental disorders among LGBTQ individuals. Meyer proposed that LGBTQ individuals encounter risk of mental health problems because of their experiences with specific chronic stress that is associated with their sexual status. There are three beliefs that have been proposed when developing the minority stress model. The first conclusion is that minority stress is distinct to the population to which it is being associated with meaning, the stressors experienced by minority are higher than the stressors experienced by the general population. Second, minority stress is persistent and chronic. Thirdly, it is believed that the roots of minority stress are “social processes, institutions, and structures beyond the individual (Meyer, 2003).

Meyer indicates distal and proximal stressors that are most common among LGBTQ individuals. Distal stressors include (a) stressful events and conditions that are external to the person, (b) expectations of specific stressful events and the caution needed when encountering such events, (c) the “internalization of negative societal attitudes” (Meyer, 2003). A proximal stressor is a stress that emerges through internal psychological stressors, such as hiding of sexual orientation (Meyer, 2003).

Finally, the model also acknowledges the importance of coping and resiliency. The model proposes that as minority group members face the stress that stems from stigma, prejudice, and discrimination within their environment and society, their minority group may create group cohesiveness (Meyer, 2003). This cohesion could result in resources and support to impede the negative outcomes of stigma faced (Meyer, 2003).

### Empirical Evidence of Minority Stress

There have been various studies that have used the Minority Stress Model to explore the health and mental health of LGBTQ individuals. One study examining gay men found that individuals who encountered high levels of minority stress were two to three times more likely to experience significant rates of psychological distress (Meyer, 1995). Another study examined the impact of minority stress on mental health distress of LGBTQ youth (Kelleher, 2009). The study of LGBTQ ages 16-24 examined three stressors; heterosexists encounters, stigma consciousness, and sexual identity distress. Each minority stressor was later found to be connected with three types of psychological distress including: anxiety, depression, and suicidal ideation (Kelleher, 2009).

### Risk Amplification Model

The Risk Amplification Model was developed by Whitbeck and Hoyt (1999), to explain the interrelationship between in-home experiences and negative outcomes among homeless youth. The model also focuses on the impacts of the social environment on risk behavior and mental health. The model was formulated from

two theories, Life Course Developmental Theory (Elder, 1994) and Social Interaction Theory (Patterson, Dishion, & Bank, 1984). The Life Course Theory believes that human development is a dynamic process of the individual and environment, and proposes that individuals have the likelihood to choose environments that are similar to past environments encountered. The social interaction theory proposes that if youth experience negative interaction styles (e.g. aggressiveness), before becoming homeless, then they will encounter similar social interactions when living on the streets.

#### Empirical Evidence of Risk Amplification Model

Several studies examining homeless youth have used the Risk Amplification Model to support its findings. It has been used to support the developmental experiences of runaway and homeless youth (Whitbeck & Hoyt, 1999), to examine the risk factors that have emerged within the home (Whitbeck & Hoyt, 2002), and lastly, used to examine victimization and depressive states among homeless youth (Whitbeck, et al., 1999).

## CHAPTER THREE

### METHODS

#### Introduction

Current literature on exploring housing services and high-risk behaviors among homeless LGBTQ youth is limited. Based on previous literature, LGBTQ youth have life experiences that are unique and separate from their heterosexual counterparts. Additionally, homeless LGBTQ youth lack services that fit their unique needs. In order to increase awareness to homeless LGBTQ youth, this researcher conducted a qualitative study with social service providers (18 and older) who have worked closely with homeless LGBTQ youth. The present study explored in depth the services, environments, and therapeutic interventions that are best suited to help decrease high-risk behaviors among homeless LGBTQ youth. This chapter explains in detail the methodology of the study and analysis of the data collected.

#### Guiding Questions

The purpose of the present study was to explore what housing services, environments, and therapeutic interventions are best suited to help decrease high-risk behaviors among homeless LGBTQ youth. This researcher hypothesized that a decrease in high-risk behaviors among homeless LGBTQ youth is indeed possible if, cultural competent services are available and a supporting environment is present. The following items are guiding questions for the study:

- 1.) What are the specific services that are needed for homeless LGBTQ youth?
- 2.) What services and environments are helping decrease high-risk behaviors among homeless LGBTQ youth?

### Study Design

The methodology of the study built on but did not copy the work of Nolan (2006) study. The design of the study benefitted mostly from a basic qualitative inquiry approach because participants were allowed to provide more detailed and in depth answers to open-ended questions. Qualitative methods utilize narratives and these narratives help researchers discover “themes, patterns, ideas and understandings” (Patton, 2002). If participants were given a quantitative survey, the researcher would not have been able to gather detailed answers to important service and environmental questions. Additionally, this researcher examined the themes between high-risk behaviors, inclusive/exclusive environments, and therapeutic interventions therefore, a qualitative approach was more beneficial. The method of obtaining primary data would be from conducting a qualitative survey for service providers who have worked with homeless LGBTQ youth; surveys will not be given to youth in hopes to receiving professional feedback that can help enhance current programs that are designed to decrease high-risk behaviors.

## Sampling and Data Collection

The qualitative design of the present study utilized a sample at two mental health related agencies. First site was Outreach-Policy and Prevention Site located in San Bernardino County; second site was Riverside County Department of Mental Health; both agencies provide services to youth including homeless LGBTQ youth, which was required to participate in this study. This sample included social service providers (18 & over), who have worked or are currently work with homeless youth. A total of nine participants for the open-ended survey were recruited from the sites. Participants were recruited by using the availability sample method; the availability sample method was beneficial for the present study because of the accessibility of participants, their expertise, and advocacy for the population (Grinnell & Unrau, 2014). The researcher obtained primary data by providing an open-ended survey on Survey Monkey for participants to complete. The participants were given a brief description of the study and also a subject consent form.

## Instrumentation

In order to examine services that help decrease high-risk behaviors among homeless LGBTQ youth, the researcher modified the instrument from Forge (2012) study by following similar themes found in the study's questions. Forge (2012), conducted a longitudinal investigation of risk and resiliency among homeless LGBTQ youth residing in a transitional living shelter. The strengths of the instrument from Forge (2012) study are the valid sources data was obtained by; the data came

from three sources: 1.) The intake form that is completed by social worker upon intake into the shelter, 2.) The Monthly Progress Report that is compared by the social worker for each individual's duration period at the shelter, 3.) The Monthly Research interview was conducted by the researcher for resident program termination. The strengths of Forge (2012) study design is that, "data are collected throughout an individual's shelter stay and provided measures of time-changing variables (Hedeker & Gibbons, 2006)." The explorative nature of the questions gave the youth the opportunity to share current behaviors. The limitation of the Forge (2012) study was the failure to examine what specific services, interventions, and environments are needed to decrease high-risk behaviors. For the present study, a modified instrument was used to conduct an open-ended survey questionnaire that included eleven open-ended questions relevant to services, environments, therapeutic interventions, and high-risk behaviors. The reason behind this approach was to obtain a better understanding of specific services and environments needed in order to help decrease high-risk behaviors among homeless LGBTQ youth. Examples of the questions are: "What clinical interventions do you find most helpful for the homeless LGBTQ youth population and why?" and "How does exclusive and inclusive environments affect high-risk behaviors among the youth?"

## Procedures

The study sites were Reach-Out and Riverside County Department of Mental Health; these sites provide various services and resources to youth. The researcher

forwarded the interview information to the site's providers; participants were then allowed to sign up for the study on Survey Monkey. The open-ended survey on Survey Monkey gave participants descriptions of the study and an Informed Consent Form in order to proceed with survey completion. The form contained their agreement permitting the survey to proceed towards completion. The description of the study explained to the participant that they had the right to remove themselves from the study at any time, and were allowed to request to not have their responses used in the study. Informed consent forms also needed an agreement in order to proceed towards survey completion. The data was transcribed and transferred to a qualitative coding software program. Participant responses were printed out after completion and transferred to a locked box.

#### Protection of Human Subjects

To maintain confidentiality of the participants, the researcher did not provide any identification or markers of participants involved; pseudonyms were given to participants (e.g. Female 1, Graduate Degree) and all data collection was kept in a locked box.

#### Data Analysis

For the purpose of this present study, a qualitative method was utilized in order to explore services and environments needed to help decrease high-risk behaviors among homeless LGBTQ youth. The questions that were designed for this

study adhered to a strict script and were guided by themes (e.g. clinical interventions, environments, high-risk behaviors). This analysis was conducted to explore what specific interventions and environments are needed to help decrease high-risk behaviors among homeless LGBTQ youth. Once the open-ended survey was completed, the notes were transferred to a word processor through Survey Monkey programming in order to examine common themes among participants' responses. Common themes were later coded and quotations were utilized to illustrate the themes. It was anticipated that a decrease in high-risk behaviors would be present if cultural competent services and environments are available.

### Summary

The graduate social work committee has overseen procedures of this present study to ensure the safety of participants in the research project. Obtaining professional expertise about the services needed to help decrease high-risk behaviors among homeless LGBTQ youth and examining the current gaps in services, can help improve current services in housing shelters and transitional living programs. Furthermore, information gathered in this present study followed confidentiality laws to maintain the truthfulness of this study design.

## CHAPTER FOUR

### RESULTS

#### Introduction

The present study on homeless LGBTQ youth conducted a qualitative survey on Survey Monkey where nine participants answered open-ended questions that explored topics such as high-risk behaviors, environments and therapeutic interventions. Participants consisted of social service providers who have worked with LGBTQ youth, Transitional Age Youth (TAY), and homeless youth. Responses were given in relation to the providers' experiences in working with youth and sharing their professional perspectives.

#### Sample Description

Of the nine participants, most respondents were in the 24-34 age bracket, and female. All participants held at least a college degree or higher. Out of the nine participants, 55% considered themselves to be part of the LGBTQ community while, 45% considered themselves to be Heterosexual. Please refer to Table 1 for participant demographics.

Table 1. Demographics

| Demographics       | N | %     |
|--------------------|---|-------|
| Age                |   |       |
| 18-24              | 1 | 11.1% |
| 25-34              | 4 | 44.4% |
| 35-44              | 2 | 22.2% |
| 45-54              | 2 | 22.2% |
| Gender             |   |       |
| Male               | 1 | 11.1% |
| Female             | 7 | 77.8% |
| Other              | 1 | 11.1% |
| Level of Education |   |       |
| Associate Degree   | 1 | 11.1% |
| Bachelor Degree    | 3 | 33.3% |
| Graduate Degree    | 5 | 55.6% |
| Sexual Orientation |   |       |
| Straight           | 4 | 44.4% |
| Gay                | 1 | 11.1% |
| Lesbian            | 3 | 33.3% |
| Bisexual           | 0 | 0%    |
| Other              | 1 | 11.1% |
| Total Participants | 9 |       |

### Study Themes

From the data collected, multiple themes emerged from the responses provided which are presented and discussed in the following section. The three major themes include (a) clinical interventions, (b) high risk behaviors, and (c) environments. Each major theme was reduced into subthemes. For the first theme, clinical interventions, two subthemes were present: (a) evidence based practices

and (b) community empowerment. The second theme, high-risk behaviors, was also reduced to two subthemes: (a) emotional distress and (b) physical harm. For the third theme, environments, three subthemes were present: (a) Inclusive/Exclusive Environments, (b) Cultural Competency, (c) Social Perceptions.

### Theme 1: Clinical Interventions

All participants agreed that there is a need for professional interventions in order to help homeless LGBTQ youth build resilience. Two subthemes emerged, clinical and community empowerment, which were explored through the social service providers' professional experience working with the youth. These insights are presented on Table 2 through example quotes from the participants. Some participants expressed that empathy and engagement is needed prior to providing any evidenced based practice interventions; other participants focused on community outreach and empowerment.

Subtheme 1: Evidenced Based Practices. There were multiple responses (n=4) that centered on evidenced based practices (EBPs); such EBPs included: Cognitive Behavioral Therapy (CBT), Trauma Focused Cognitive Behavioral Therapy (TFCBT), and Person Centered/Recovery-Oriented Therapy. Participants were given the chance to indicate why specific interventions are best suited to help homeless LGBTQ youth. Table 2 includes responses gathered from participants, please refer below:

Table 2. Evidenced Based Practices

|                                  |  |
|----------------------------------|--|
| <p>Female 1, Graduate Degree</p> | <p>“Person Centered/Recovery-Oriented approaches tend to help create trust quickly and work with the person’s strengths and internal motivations. CBT might be useful because it couples both cognitive and behavioral interventions. Homeless LGBTQ Youth are likely to have experience some sources of trauma in their lives, and CBT and TFCBT can be very effective in working with this population. ” (Personal correspondence, February 2016).</p> |
| <p>Female 2, Graduate Degree</p> | <p>“CBT can be provided to help change their thoughts and behaviors in hope of improving their given situation. ”(Personal correspondence, February 2016).</p>   |

It was apparent from responses in Table 2 that most participants believed that CBT and TFCBT are the best interventions that help target both behaviors and cognitions among youth.

Subtheme 2: Community Outreach and Empowerment. In addition to evidenced based practices, (n=5) participants also provided responses that included community outreach/empowerment and the importance of such interventions.

Please refer to Table 3 for participant responses regarding community outreach and empowerment.

Table 3. Community Outreach and Empowerment

|                                   |   |
|-----------------------------------|---|
| <p>Male 1, Graduate Degree</p>    | <p>”Everything starts with engagement. No matter what evidence based model or theory one uses, if the client does not show up or come back, the intervention is useless. So, I think having intensive therapist examination around internalized heterosexists messages and related countertransference is critical to helping LGBTQ Youth. Second, I think clinicians truly need to develop empathy beyond just the simple notion of “understanding” and truly take themselves through a process of what It means to have this life experience, that connection will serve better than any specific intervention.” (Personal correspondence, February 2016)</p> |
| <p>Female 3, Associate Degree</p> | <p>“Street outreach; meeting them where they are because that is where they are comfortable. Appropriate shelters that include LGBTQ affirmative training and practices because it makes them feel welcomed and valued.” (Personal correspondence, February 2016).</p>  |
| <p>Female 4, Bachelor Degree</p>  | <p>“I have found that parent support groups such as PFLAG have been hugely helpful for those LGBTQ Youth who are experiencing housing instability because of their orientation and identity.”(Personal correspondence, February 2016).</p>  |

All participants included a form of community outreach and empowerment in responses. Participants stressed the importance of including empowerment approaches along side clinical interventions.

### Clinical Intervention Effectiveness

Participants were asked, “Under what environmental circumstances do you find clinical interventions being most effective?” six out nine participants considered “recently homeless” environmental circumstances will provide better outcomes for youth and three out of nine participants believed “homeless for a few months” can also provide better outcomes. When participants were asked, “Under what environmental circumstances do you find clinical interventions being ineffective?” six out nine participants answered “homeless for more than a year” and two out of nine participants believed clinical interventions are deemed ineffective if the youth have been “homeless for a few months.” Please refer to Figure 1. and Figure 2. for participants responses.

**Under what environmental circumstances do you find clinical interventions being most effective?**

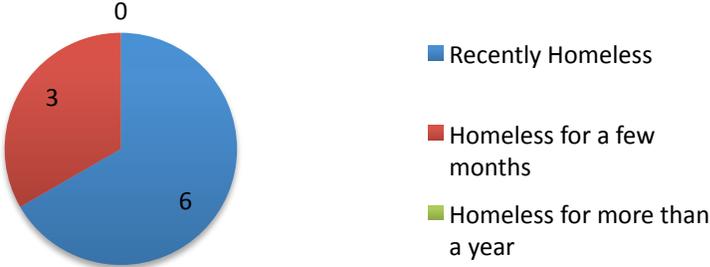


Figure 1. Clinical Intervention Effectiveness

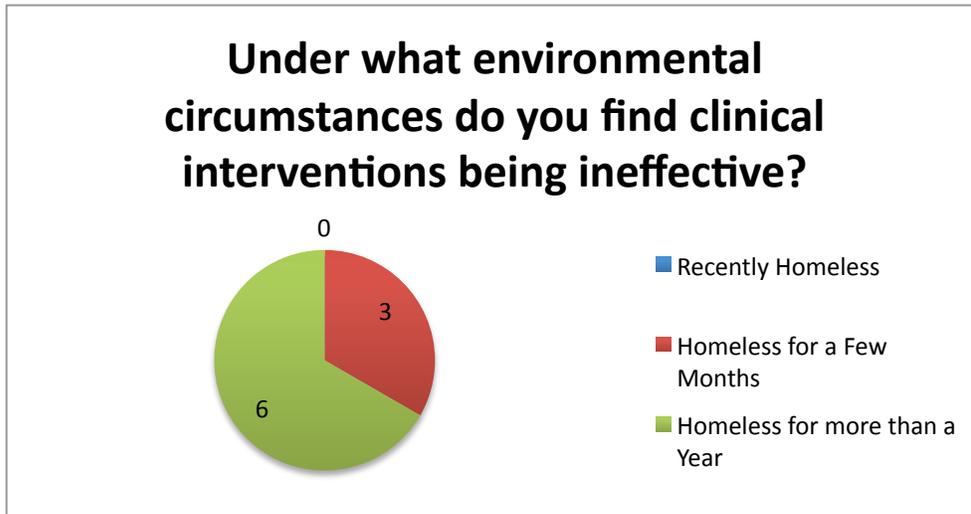


Figure 2. Clinical Intervention Ineffectiveness

Theme 2: High Risk Behaviors

Respondents were able to indicate particular behaviors that they have seen among homeless LGBTQ youth. When asked “What high risk behaviors are seen among homeless LGBTQ Youth”, the subthemes that emerged were both physical harm and emotional distress; (n=5) participants focused on behaviors such as cutting, suicide, substance use and sex trade whereas (n=4) participants focused on emotional distress such as depression, anxiety and academic dropout.

Subtheme 3: Physical Harm. Please refer to Table 4 for participant responses.

Table 4. Physical Harm

|   |   |
|---|---|
| <p>Male 1, Graduate Degree (Personal correspondence, February 2016)</p>   | <p>“Any high risk behaviors for the homeless in general, are concentrated with homeless LGBTQ Youth. Behaviors such as substance use, sex trade, STD transmission, poor hygiene due to limited hygiene supplies, and victims of crime (e.g. physical assault and rape)”</p> |
| <p>Female 5, Bachelor Degree (Personal correspondence, February 2016)</p> | <p>“High risk behaviors can include self-harm, suicide attempts or completion, and eating disorders”</p>  |

Subtheme 4: Emotional Distress. Please refer to Table 5 below for participant responses.

Table 5. Emotional Distress

|                                   |   |
|-----------------------------------|---|
| <p>Female 2, Graduate Degree</p>  | <p>“ Poor academic participation, lack of motivation, depression and suicidal thoughts.”(Personal correspondence, February 2016).</p> |
| <p>Female 3, Associate Degree</p> | <p>“Higher rates of drug/alcohol, suicide, sex-working and criminal involvement.”(Personal correspondence, February 2016)</p>         |

It is evident that participants agree that housing instability and the trauma that arises from being or becoming homeless can result in severe high-risk behaviors.

Theme 3: Environments

Participants were asked about environments in housing shelters and how these environments can ultimately impact LGBTQ youth in negative and positive ways. Three subthemes were present when discussing environments, inclusive/exclusivity, cultural competence, and social perceptions.

Subtheme 5: Inclusivity/Exclusivity. An **inclusive environment** is one in which individuals feel respected and connected to other individuals; an **exclusive environment** is one in which individuals feel disrespected or disconnected to other individuals. When participants were asked, “How does inclusivity and exclusivity in housing shelters impact high risk behaviors?” participants responded with some of the following: Please refer to Table 6 and 7 below.

Table 6. Inclusivity

|                            |  |
|----------------------------|--|
| Female 3, Associate Degree | “It promotes a safe place which many of these youth have never experienced, or not since coming out in most cases. It builds self-esteem, confidence, and willingness to move forward positively; definitely decrease high risk behaviors.”(Personal correspondence, February 2016). |
| Female 4, Bachelor Degree  | “By being inclusive, housing programs and shelters allow for homeless LGBTQ Youth to find support in less than harmful social service providers.”(Personal correspondence, February 2016).   |

Table 7. Exclusivity

|                                   |  |
|-----------------------------------|--|
| <p>Female 3, Associate Degree</p> | <p>“It creates the same or similar environments that they potentially ran from or were thrown from in the first place, very damaging and leads to increased high-risk behaviors and additional lack of confidence, trust, and chances of seeking help.”(Personal correspondence, February 2016).</p> |
| <p>Female 2, Graduate Degree</p>  | <p>“Some students I work with at a high school are homeless and have recently turned 18 years old, or are undocumented, or both have a much more difficult time finding a shelter that will accommodate their needs.” (Personal correspondence, February 2016).</p>                                  |

Subtheme 5: Inclusivity/Exclusivity. It was clear that participants believe that inclusivity in housing shelters creates a positive impact on resilience among homeless LGBTQ youth. In addition, participants agreed that exclusivity may impact homeless LGBTQ youth negatively in areas such as behaviors and cognitions.

Subtheme 6: Cultural Competence. Participants were asked if they have ever witnessed discriminatory behaviors against LGBTQ Youth in a professional setting. Please refer to Table 8 for participant responses.

Table 8. Discrimination against Lesbian, Gay, Bisexual, Transgender, and Queer

Youth

|                                   |   |
|-----------------------------------|---|
| <p>Male 1, Graduate Degree</p>    | <p>“ Sometimes it’s subtle- like not considering the client’s needs as important, especially toward developing relationship. Sometimes this is ignorance as the practitioner does not know how to help or their own sex or cisgendered discomfort leads them to avoid because they do not want to consider how difference has impacted the client’s life. They come from an “I treat everyone the same approach” which provides less informed service. I have seen staff insist on calling a trans person by their assigned gender and when confronted they state that is an affront to their religious beliefs to refer to the client by anything but “her god given gender.”(Personal correspondence, February 2016).</p> |
| <p>Female 3, Associate Degree</p> | <p>“Many shelters do not even take in trans youth especially, in some cases LGB face the same, and do not have the appropriate knowledge of LGBTQ youth to identify and address their needs.” (Personal correspondence, February 2016).</p>   |
| <p>Female 5, Bachelor Degree</p>  | <p>“The formation of a GSA was denied on a university campus citing religious beliefs. The administration was against having something they felt was wrong on campus, and didn’t want their name attached to anything that was connected with the LGBTQ community.” (Personal correspondence, February 2016).</p>   |

Although the majority of the participants marked “no” to witnessing discrimination, three participants marked “yes” to witnessing discrimination. The responses given vary in environments; respondents listed witnessing discrimination in the workplace, school, and shelters. Participants were then asked what they believe is needed to help improve current services to homeless LGBTQ youth, refer to Table 9 for participant responses.

Table 9. Improvements of Services

|                                  |   |
|----------------------------------|---|
| <p>Male 1, Graduate Degree</p>   | <p>“Intensive training around internalized negative messages and impact on services. LGBTQ culture exposure and education and clinical understanding of LGBTQ development across ethnic culture and how this translates into intervention strategies.” (Personal correspondence, February 2016)</p>   |
| <p>Female 1, Graduate Degree</p> | <p>“I would guess that staying up-to-date on trends in the field- especially emergent concerns about high-risk behaviors, gaps in resources, network with community programs, training around maintaining and modeling healthy boundaries, strong training and general counseling skills for all staff. Also, greater resources and laws to protect and support youth in these circumstances, more specialized family and services to support the families, and debriefing efforts for staff who are exposed to the vicarious trauma when working with community.” (Personal correspondence, February 2016)</p> |
| <p>Female 5, Bachelor Degree</p> | <p>“Educating communities on the realities of being LGBTQ. Dispelling myths and making them aware of just how human LGBTQ folk are. This help lower ignorance and fear, making the community a safer place for LGBTQ persons and everyone in general; this includes teachers, pastors, nurses, etc. Because all these people have a stake in the community, and by changing the group mentality, the individuals are saved from that potential cruelty.” (Personal correspondence, February 2016)</p>   |

### Subtheme 6: Social Perceptions

In addition to cultural competency, participants were also asked about social perceptions and how these perceptions can impact housing shelters that are trying to help build a relationship with LGBTQ Youth. When asked “how can staff at housing shelters help better the social support perceptions that youth may negatively have” participants responded with some of the following quotes listed in Table 10:

Table 10. Social Perceptions

|                                   |  |
|-----------------------------------|--|
| <p>Male 1, Graduate Degree</p>    | <p>“ Any changes begin with validating and understanding. I think staff should no try to guess or assume motivations but rather spend additional time understanding the perceptions and what value they have for the youth to retain them; once that problem is better understood, then solutions can be negotiated with the client.”(Personal correspondence, February 2016)</p>  |
| <p>Female 3, Associate Degree</p> | <p>“Knowledge, education, compassion, affirmation, and essentially getting the programs to surround the idea of humanity. To identify and highlight, without silencing individual experiences that we are all people and everyone deserves help when they need it. By helping youth see and appreciate their similarities and intersection.” (Personal correspondence, February 2016).</p>   |
| <p>Female 4, Bachelor Degree</p>  | <p>“With youth on the streets, perceptions are shared by conversation and social media. So, sub-satisfactory interaction with housing and program staff is communicated quickly and effectively. It is helpful to have out and open LGBTQ staff for LGBTQ youth to identify as a source of safety and understanding and representation. As well, having clear and active policy of non-discrimination and anti-bullying specifically including varying gender identities is a helpful way to express inclusion. Ensuring that staff is capable and willing to correct discrimination and bullying is greatly significant. As well, sponsoring LGBTQ events and other ways of displaying unashamed support of the community that can help youth perceive a service as LGBTQ-friendly.”(Personal correspondence, February 2016).</p> |

All participants agree that cultural insensitivity may in fact impact the perception youth may have of shelters and providers. It is clear from responses that, involving culture in a positive way such as events or trainings can ultimately help youth empowerment of self and resilience.

### Conclusion

The open-ended survey provided responses that contained detailed information gathered from staff that has worked with LGBTQ youth, Transitional Age Youth (TAY), and homeless youth. From their responses, three major themes (a) clinical interventions, (b) high risk behaviors, and (c) environments emerged. Their observations and interpretation they have made from working along the youth, provide a distinctive perspective on understanding what truly works and doesn't work for homeless LGBTQ youth. In the following chapter the responses given will be analyzed to answer the study's guiding research questions.

## CHAPTER 5

### DISCUSSION

#### Introduction

The purpose of the present study was to explore what housing services, environments, and therapeutic interventions are best suited to help decrease high-risk behaviors among homeless LGBTQ youth. The participants were able to provide unique viewpoints and lend a voice to an underserved population. Results of the study aligned with past and current literature and provided insightful approaches that housing shelters and programs can use. It was apparent through responses that the needs of services for the LGBTQ homeless youth population should be delivered with cultural sensitivity in order to help build resilience among the homeless youth. The participants were able to deliver unique professional perspectives and experiences to help answer the presenting study's guiding research questions.

#### Discussion

The presenting study had two research questions that helped guide the course of the open-ended survey. Responses from participants provided various themes to answer the questions related to homelessness among LGBTQ youth and the specific approaches for services.

Guiding Question 1: What are the specific services that are needed for homeless LGBTQ youth?

### LGBTQ Specific Services

Overall, there appear to be minimal services that meet the specific needs of homeless LGBTQ youth in a cultural competent manner. According to current literature, LGBTQ youth face various high-risk environment stressors, when compared to their heterosexual peers; LGBTQ youth, face high rates of mental health, substance use problems, suicide ideations/acts, violent victimization and a range of HIV risk behaviors (Keuroghlian et. al., 2014). Although little is known about the causes, correlates and consequences of homelessness, these high-risk environmental stressors have shown to be associated with homelessness among LGBTQ youth (Keuroghlian et. al., 2014).

The responses given by the social service providers conveyed that there is a lack of cultural sensitive approaches in the majority of housing shelter programs in areas such as practice approaches and appropriate housing. Participants stated that many shelters do not take in LGBTQ youth simply because they do not have the appropriate knowledge of LGBTQ youth to identify and address their needs; another participant in the study stated that they've encountered practitioners considering the needs of youth with little importance or no understanding. The responses given align with current literature regarding services. According to Quintana Rosentha and Krehely (2010), less than 1% of the federal funding government's budget for homeless programs goes towards homeless youth with only a fraction going to unaccompanied youth; in addition there is no governmental funding for LGBTQ-specific homeless services which is the primary reason behind agencies not

providing the services needed and not having the educational background.

Participants suggested that in order to improve current services and interventions intensive LGBTQ-affirming services should be provided such as: cultural immersion trainings for staff, LGBTQ-affirmative therapy approaches, LGBTQ-affirming medical services and have constant retraining of staff members in order to decrease any possible discrimination and biases.

Guiding Question 2: What services and environments are helping decrease high-risk behaviors among homeless LGBTQ youth?

### Safe Space Environments

Overall, safe, supportive and trusted environments/services are factors contributing to decreases in high-risk behaviors among homeless LGBTQ youth. According to the National Coalition of the Homeless, the most cited factor associated with homelessness was family rejection based on sexual orientation and gender identity; the second most common reason was being forced out by their parents for coming out. The responses given by participants conveyed that safe environments within housing shelters and outside in communities help decrease high-risk behaviors among homeless LGBTQ youth. Participants stated that having support groups such as Parents, Families, and Friends of Lesbians and Gays (PFLAG) have been helpful for youth experiencing housing instability due to orientation or identity; the responses given aligned with current literature regarding emotional support. According to Quintana et. al. (2010), among the agencies providing services to LGBTQ youth, 80% reported doing family acceptance work with LGBTQ youth.

Participants also suggested that agencies create welcoming and accepting environments in order to reduce fears of participation and fears of discrimination. For instance, participants stated that having housing shelters promote LGBTQ friendly signs indoors/outdoors and attend cultural awareness events could help decrease the negative perceptions youth may have of agencies.

Furthermore, participants spoke about the importance of hiring staff that identify as part of the LGBTQ community in order to increase the sense of safety and belonging. Participants stated that having staff that youth can relate to and being in a position that is making positive changes, allows for youth to see opportunities for themselves in those positions in the future.

#### Recommendations for Future Social Work Research

The present study is beneficial in many ways due to the fact that homeless LGBTQ youth are an underserved and understudied population. Based on the previous literature it is also evident that more research on homeless LGBTQ youth topics is needed. The findings of the present study were able to provide unique insights on the types of services and environments needed but also revealed more intricate variables to explore. Responses from the study conveyed that discrimination and biases against homeless LGBTQ youth exist in various housing shelters, which suggests a crucial need for examination in this area. For future Social Work Practice, it is important to take into account the distinct lives that homeless LGBTQ youth live. By understanding the distinct experiences that

homeless LGBTQ youth go through such as: victimization, discrimination, and mental health related problems, current and future housing shelters can modify the approaches taken when working with homeless LGBTQ youth. In addition, topics such as limited services for undocumented homeless LGBTQ youth and limited cultural awareness training of the LGBTQ community, were topics that were raised and touched upon. Examinations into these issues need to be considered for future social work research.

### Limitations

The group of individuals who participated in the present study consisted of social service providers who have worked with LGBTQ youth, Transitional Age Youth (TAY), and homeless youth. The social service providers held unique experiences and knowledge in the field of social work therefore providing the needed education on the particular issues found among homeless LGBTQ youth. These perspectives can be viewed as beneficial when examining the needs in current housing services. Although the responses given provided useful knowledge and professional experiences, the study also had its limitations in regards to perspectives. Interviewing homeless LGBTQ youth directly would have provided the current study more examples of personal experiences that would have given a different perspective and outlook; for instance interviewing the youth may have provided insight on what services and environments have and have not worked in their favor.

The present study also had limitations in the sample size; the sample consisted of nine participants, which is a relatively a small sample size. In addition to a small sample size, the survey was only distributed to California-based mental health agencies; therefore, the study cannot be generalized outside of the state of California. However, the timeframe given to allot and collect data was limited to 60 days which may have impact the response rate; a longer timeframe for collection may have increased the sample size in the present study.

### Conclusion

LGBTQ youth are overrepresented in the homeless population yet plenty of housing shelter programs does not provide services or are unprepared to work with the minority group. With the lack of culturally sensitive programs and staff, homeless LGBTQ youth will continue to receive ineffective and unfit services, which can lead to youth avoiding services entirely. Ultimately, the lack of services may result in maintaining or worsening the risks these LGBTQ youth encounter such as substance use, academic drop out, mental health challenges, violence and victimization. Recognizing the services needed and providing recommendations to current and future housing shelter programs is a crucial step towards guaranteeing culturally competent services for homeless LGBTQ Youth.

APPENDIX A  
QUESTIONNAIRE

## Demographic Information

What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 to older

What is the highest level of school you have completed or highest degree you have received?

- Less than a high school degree
- High school degree or equivalent (e.g. GED)
- Some college but no degree
- Associate Degree
- Bachelor Degree
- Graduate Degree

What is your gender?

- Male
- Female
- Other(please specify) \_\_\_\_\_

Do you consider yourself to be

- Straight
- Gay
- Lesbian
- Bisexual
- Other (please specify) \_\_\_\_\_

What clinical interventions do you find most helpful for Homeless LGBTQ Youth and why?

Under what environmental circumstances do you find clinical interventions being effective?

- Recently Homeless
- Homeless for a few months
- Homeless for more than a year

Under what environmental circumstances do you find the clinical interventions being ineffective?

- Recently Homeless
- Homeless for a few months
- Homeless for more than a year

What high risk behaviors are often seen among Homeless LGBTQ Youth?

How does exclusivity in housing shelters affect high-risk behaviors among Homeless LGBTQ youth?

How does inclusivity in housing shelters affect high-risk behaviors among Homeless LGBTQ Youth?

Have you ever witnessed discriminatory behaviors among LGBTQ Youth within a professional setting? If yes, please provide example

How can staff at housing shelters/transitional living programs help better the social support perceptions that youth may have?

Do you believe it makes a difference among Homeless LGBTQ Youth if the social service provider/ worker was part of the LGBTQ community as well? If yes how so? If no how so?

How can staff in housing shelters help create a safe and comfortable environment for Homeless LGBTQ Youth?

What do you think is needed to help improve current services to Homeless LGBTQ Youth? Please provide examples

Adapted from Forge, N. R. (2012). *A longitudinal investigation of risk and resiliency among homeless LGBT youth residing in a transitional living shelter.*

Retrieved from

[http://search.proquest.com/docview/1237257322?accountid=10359.](http://search.proquest.com/docview/1237257322?accountid=10359)

Created by Melissa Morales and Thomas Davis (2015)

APPENDIX B  
INFORMED CONSENT FORM

### INFORMED CONSENT

The study in which you are being asked to participate is designed to investigate the services being provided to Homeless LGBTQ Youth. This study is being conducted by Melissa Morales under the supervision of Dr. Ray Liles, Lecturer of Social Work, California State University, San Bernardino. This study has been approved by the School of Social Work Sub-Committee Institutional Review Board, California State University, San Bernardino.

**PURPOSE:** The purpose of this study is explore the services that help provide better life outcomes for Homeless LGBTQ Youth. The results of this study may help transitional living programs and housing shelters change approaches when addressing high risk factors, involve evidence-based practices and enhance current housing services.

**DESCRIPTION:** Eleven detailed questions will be asked of the participants about the environments and interventions needed to better assist the unique needs of homeless LGBTQ Youth.

**PARTICIPATION:** Your participation is completely voluntary and you do not have to answer any questions you do not wish to answer. You may skip or not answer any questions and can freely withdraw from participation at any time.

**DURATION:** The interview will take approximately 20 to 30 minutes.

**RISKS:** There are no foreseeable risks in participating in this study

**BENEFITS:** There will not be any direct benefits to the participants but participants in this study may help enhance current housing shelters and transitional living programs.

**CONTACT:** If you have any questions about this study please contact Dr. Ray Liles at 909-537-5557.

**RESULTS:** Results of the study can be obtained from the CSUSB ScholarWorks database after July 2016.

#### CONFIRMATION STATEMENT:

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

X \_\_\_\_\_ Date: \_\_\_\_\_

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APPENDIX C  
DEBRIEFING STATEMENT

## DEBRIEFING STATEMENT

Homeless LGBTQ youth have life experiences that are unique and separate from their heterosexual counterparts. Additionally, homeless LGBTQ youth lack social services that fit their unique needs. Once LGBTQ youth experience homelessness the possibility of high-risk behaviors begin to emerge. This study you have just completed was designed to distinguish which service, environments, and interventions are best suited to help decrease high-risk behaviors.

Thank you for your participation. If you have any questions about the study, please feel free to contact Melissa Morales or Professor Rosemary McCaslin at (909) 537-5507. If you would like to obtain a copy of the group results of this study, please contact the Pfau Library at the end of Spring Quarter of 2016.

## REFERENCES

- Anderson, L., Janger, M., & Panton, K. (1995). *An evaluation of state local efforts to serve the educational needs of homeless children and youth*. Washington, D.C: Department of Education.
- Baams, L., Grossman, A. H., & Russell, S. T. (2015). Minority stress and mechanisms of risk for depression and suicidal ideation among lesbian, gay, and bisexual youth. *Developmental Psychology, 51*(5), 699-696.
- Balsam, K. F., Rothblum, E. D., & Beauchaine, T. P. (2005). Victimization over the life span: A comparison of lesbian, gay, bisexual, and heterosexual siblings. *Journal of Consulting and Clinical Psychology, 73*(3), 477-487.
- Bartlett, M., Copeman, A., Golin, J., Miller, D., & Needle, E. (2004). *Unlocking the potential of homeless older adolescents: Factors influencing client success in four New England transitional living programs*. [Report] Burlington, VT: New England Network for Child, Youth and Family Services
- Boisen, L., & Syers, M. (2004) The intergrative case analysis model for linking theory and practice. *Journal of Social Work Education, 40*(2), 205-217.
- Booth, R., Zhang, R., Kwiatkowski, C. (1999). The challenge of changing drug and sex risk behaviors of runaway and homeless adolescents. *Child Abuse and Neglect, 23*(12), 1295-1306.
- Cochran, B. N., Stewart, A. J., Ginzler, J. A., & Cauce, A. M. (2002). Challenges

- faced by homeless sexual minorities: Comparison of gay, lesbian, bisexual, and transgender homeless adolescents with their heterosexual counterparts. *American Journal of Public Health*, 92(5), 773-777.
- DHHS. (2008). Promising strategies to end youth homelessness: Department of Health and Human Services.
- Durso, L. E., & Gates, G.J. (2012). *Serving our youth: Findings from a national survey of service providers working with lesbian, gay, bisexual, and transgendered youth who are homeless or at risk of becoming homeless*. Los Angeles, CA: The Williams Institute with True Colors Fund and The Palette Fund. Retrieved from <http://williamsintitute.law.ucla.edu/research/safe-schools-and-youth/serving-our-youth-july-2012/>
- Elder, G. H., Jr. (1994). Time, human agency, and social change: Perspectives on the life course. *Social Psychology Quarterly*, 57(1), 4-15.
- Ensign, J., & Santelli J. (1997). Shelter-based homeless youth. *Health and Access to Care*, 151(8), 817-23.
- Forge, N. R. (2012). *A longitudinal investigation of risk and resiliency among homeless LGBT youth residing in a transitional living shelter*. Retrieved from <http://search.proquest.com/docview/1237257322?accountid=10359>.
- Gaetz, S., & O'Grady, B. (2002). Making money: Exploring the economy of young homeless workers. *Work, Employment and Society*, 16(3), 433-456.
- Gangamma, R., Slesnick N., Toviessi P., Serovich J. (2008). Comparison of HIV

- risks among gay, lesbian, bisexual, and heterosexual homeless youth. *Journal of Youth and Adolescence*. 37, 456-464.
- Gattis, M. N. (2009). Psychosocial problems associated with homelessness in sexual minority youths. *Journal of Human Behavior in the Social Environment*, 19(8), 1066-1094.
- Greene, J. M. (1999). Prevalence and correlates of survival sex among runaway and homeless youth. *American Journal of Public Health*, 89, 1406-1409.
- Kelleher, C. (2009). Minority stress and health: Implications for lesbian, gay, bisexual, Transgender and questioning (LGBTQ) young people. *Counseling Psychological Quarterly*. 373.
- Keuroghlian, A. S., Shtasel, D., & Bassuk, E. L. (2014). Out on the street: A public health and policy agenda for lesbian, gay, bisexual, and transgender youth who are homeless. *American Journal Of Orthopsychiatry (American Psychological Association)*, 84(1), 66-72.
- Kidd, S. A. (2007). Youth homelessness and social stigma. *Journal of Youth & Adolescence*, 36(3), 291-299.
- King, M., Semlyen, J., Tai, S. S., Killaspy, H., Osborn, D., Popelyuk, D., & Nazareth, I. (2008). A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay, and bisexual people. *BMC Psychiatry*, 8, 70-97.
- Kosciw, J. G., Greytak, E. A., Bartkiewicz, M. J., Boesen, M. J., & Palmer, N. A.

- (2012). The 2011 national school climate survey: *The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools*. New York: GLSEN.
- Maccio, E. M., & Ferguson, k. m. (2016). Services to LGBTQ runaway and homeless youth: Gaps and recommendations. *Children & Youth Services Review, 63* 47-57.
- Mallett, S., Rosenthal, D., Myers, P., Milburn, N., & Rotheram-Borus, M. (2004). Practicing homelessness: A typology approach to young people's daily routines. *Journal of Adolescence, 27*(3), 337-349.
- Meade, M. A., & Slesnick, N. (2002). Ethical considerations for research and treatment with runaway and homeless adolescents. *The Journal of Psychology, 136*(4), 449-63.
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*(5), 674-697.
- Milburn, N. G., Rotheram-Borus, M., Batterham, P., Brumback, B., Rosenthal, D., & Mallet, S. (2005). Predictors of close family relationships over one year among homeless young people. *Journal of Adolescence, 28*(2), 263-275.
- Moon, M. W., McFarland, W., Kellogg, T., Baxter, M., Katz, M. H., MacKellar, D., & Valleroy, L. A. (2000). HIV risk behavior of runaway youth in San Francisco: Age of onset and relation to sexual orientation. *Youth & Society, 32*(2), 184-201.

- National Coalition for the Homeless. (2009). *Minorities and Homelessness*. Retrieved <http://www.nationalhomeless.org/factsheets/minorities.html>
- Nolan, T. C. (2006). Outcomes for a transitional living program serving LGBTQ youth in New York City. *Child Welfare*, 85(2), 385-406.
- Patterson, G. R., Dishion, T. J., Bank, L. (1984). Family interaction: A process model of deviancy training. *Aggressive Behavior*, 10(3), 253-267.
- Patton, M.Q. (2002). *Qualitative research and evaluation methods*. Thousand Oaks, CA: Sage.
- Rew, L., Fouladi, R. T., Yockey, R. D., (2002). Sexual health practices of homeless youth. *US National Library of Medicine National Institutes of Health*, 34(2), 139-45.
- Rew, L., Whittaker, T. A., Taylor-Seehafer, M. A., Smith, L. R. (2005). Sexual health risks and protective resources in gay, lesbian, bisexual, and heterosexual homeless youth. *Journal for Specialists in Pediatric Nursing*, 10(1), 11-9.
- Robertson, M. J., & Toro, P. A. (1998). *Homeless youth: Research, intervention, and policy*. United States Department of Health and Human Services. Retrieved October 12, 2015, from <http://aspe.hhs.gov/progsys/homeless/symposium/3youth.htm>
- Robertson, M. J., & Toro, P. A. (1999). *Homeless youth: Research, intervention,*

- and Policy. In L. B. Fosburg & D. L. Dennis (Eds.), *Practical Lessons: The 1998 National Symposium on Homelessness Research* (pp.3-1-3-32).
- Rosenthal, D., Moore, S., & Buzwell, S. (1994). Homeless youths: Sexual and drug related behavior, sexual beliefs and HIV/AIDS risk. *AIDS Care*, 6(1), 83-94.
- Slesnick, N. (2004). *Our runaway and homeless youth: A Guide to Understanding*. Westport, CT: Praeger.
- Van Leeuwen, J. M., Boyle, S., Salomonsen-Sautel, S., Baker, N. D., Garcia, T. J., Hoffman, A., & Hopfer, C. J. (2006). Lesbian, gay, and bisexual homeless youth: An eight-city public health perspective. *Child Welfare*, 85(2), 151-170.
- Walls, N. E., Hancock, P., & Wisneski, H. (2007). Differentiating the social service needs of homeless sexual minority youths from those of non-homeless sexual minority youths. *Journal of Children & Poverty*, 13(2), 177-205.
- Whitbeck, L. B., Chen, X., Hoyt, D. R., Tyler, K. A., & Johnson, K. D. (2004). Mental disorder, subsistence strategies, and victimization among gay, lesbian, and bisexual homeless and runaway adolescents. *Journal of Sex Research*, 41(4), 329-342.
- Whitbeck, L. B., Hoyt, D. R., & Bao, W. (2000). Depressive symptoms and co

occurring depressive symptoms, substance abuse, and conduct problems among runaway and homeless adolescents. *Child Development*, 71(3), 721-732.

Whitbeck, L. B., Hoyt, D. R., & Yoder, K. A. (1999). A risk-amplification model of victimization and depressive symptoms among runaway and homeless adolescents. *American Journal of Community Psychology*, 27(2), 273-296.