



Services to LGBTQ runaway and homeless youth: Gaps and recommendations



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ABSTRACT

This article identifies gaps in services to lesbian, gay, bisexual, transgender, and queer (LGBTQ) runaway and homeless youth (RHY) and offers recommendations from the literature to fill them. Participants were 24 staff from 19 LGBTQ-RHY-serving agencies across the country. Over a 2-month period, researchers conducted 1-hour phone interviews with program staff and agency directors. Data from the interview transcripts were coded using template analysis, and the researchers modified the themes using an iterative coding process. Analyses yielded the following themes: a) housing services, b) educational services, c) employment services, d) family services, e) LGBTQ-affirming services, f) cultural competency training, and g) advocacy and organizing. Participants' perceptions of these gaps are provided, as are literature-driven recommendations to address those gaps. The findings from this study have the potential to guide program developers and policy makers in providing comprehensive, LGBTQ-affirming services for a substantial portion of the RHY population.

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1. Introduction

According to the U.S. Department of Housing and Urban Development (U.S. Department of Housing and Urban Development, 2014), 23% of homeless persons in January 2014 were children and youth; factor in ages 18–24, and that number increases to 33%—a full one third of the total homeless population. Nearly a quarter of those were unaccompanied young people under the age of 25 who were on their own and without a place to stay. Given their young age, housing instability, and constellation of risk factors, runaway and homeless youths (RHY) are an exceptionally vulnerable population. Add to that a sexual- or gender-minority identification, and that vulnerability increases. A disproportionate number of RHY identify as lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ). At 20–40%, they are overrepresented in the homeless youth population compared to their heterosexual and cisgender (i.e., non-transgender, non-gender variant) counterparts (de Kervor, 2004; Durso & Gates, 2012), and some experts suggest that LGBTQ RHY may be underreporting their sexual orientation and gender identity (Cray, Miller & Durso, 2013). By conservative estimates, then, out of an estimated 45,205 unaccompanied RHY in the United States (U.S. Department of Housing and Urban Development, 2014), as many as 18,082 may be LGBTQ, especially lesbians and gay males (Corliss, Goodenow, Nichols & Austin, 2011).

Despite this overrepresentation, service providers are often unprepared to work with LGBTQ RHY, as programs and policies are commonly aimed at heterosexual and cisgender youth (e.g., healthy relationship programming that discusses only opposite-sex partnerships, policies that exclude sexual orientation and gender identity), even if benignly by omission (Berger, 2005; Guzder, 2005; Shelton, 2015). The result at best is a dearth of services targeting the unique needs of LGBTQ RHY, and at worst, an oversupply of existing services that alienate this population due their heteronormative bias (Berger, 2005; Guzder, 2005). Substance use, violence and victimization, school dropout, and family rejection, to name a few, often have origins for LGBTQ youths that are different from those of their heterosexual and cisgender peers (Marshall, Burton, Chisolm, Sucato & Friedman, 2013; Newcomb, Heinz & Mustanski, 2012; Snapp, Hoening, Fields & Russell, 2015). LGBTQ-affirming services (i.e., those that fully embrace a youth's non-heterosexual identity) recognize the differential origins of these life challenges and their influence on LGBTQ RHYs' developing identity while aiming to mitigate risk and promote healthy identity development and outcomes.

In the present study, the authors investigated services for LGBTQ youths among 19 RHY agencies across the US known to provide such services to this population. Understanding the unique characteristics and needs of LGBTQ RHY, the existing services available to meet these needs, and the gaps in extant service provision may help researchers, practitioners, and policy-makers to better customize programs and interventions for this population. Thus, the purpose of this article was to identify those gaps and to recommend programs and other means to

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address them, while simultaneously adding to the dearth of literature on the subject. To accomplish this aim, this study addressed the following research questions: 1) What deficits in policies and programs for LGBTQ RHY do agency staff perceive are created by governmental, funding, ideological, and other obstacles? and 2) What evidence-based and evidence-informed policies and programs does the literature recommend to address those deficits?

2. Literature review

This section presents an overview of what is already known about the needs and characteristics of LGBTQ RHY, the existing policies and services, as well as the gaps in policies and services for this population.

2.1. Unique characteristics and needs of LGBTQ RHY

2.1.1. Characteristics

Estimates of sexual orientation among RHY vary. A survey of RHY in six communities across the country found an average of 19% of youth identifying as LGB (Cunningham, Pergamit, Astone & Luna, 2014), whereas a national survey of RHY service providers (Durso & Gates, 2012) identified 30% of residents as lesbian and gay and 9% as bisexual. transgender youth accounted for 5.3%–6.1% of a NYC sample, with transgender females (3.7%–9.2%) outnumbering transgender males (1.9%–2.4%) nearly 4:1 (Freeman & Hamilton, 2008, 2013). On a broader scale, the survey of six communities found 3% of RHY identifying as transgender (Cunningham et al., 2014).

Youth of color are overrepresented in an already disproportionate RHY subpopulation. In RHY samples in New York City (NYC), for example, Freeman and Hamilton (2008, 2013) found 27.8%–31% of African American and 28.6%–31.6% of Hispanic/Latino youth identifying as LGB. The researchers also found that 4.8%–7.4% of African American and 4.4%–6.3% of Hispanic/Latino youth identify as transgender.

The average age of youth utilizing RHY services in NYC was 22.4 ($SD = 1.50$) for lesbian and gay youth, 20.8 ($SD = 2.20$) for bisexual youth, and 20.5 ($SD = 2.00$) to 20.7 ($SD = 2.38$) for transgender youth (Freeman & Hamilton, 2008, 2013). These findings mirror reports among RHY service providers nationally that the majority of LGB (62%) and transgender (70%) RHY are over 18 (Durso & Gates, 2012).

2.1.2. Needs

The needs of LGBTQ RHY vary by “age, sex, ethnicity, geographic region, sexual behavior, self-identified sexual orientation, and gender identity” (Keuroghlian, Shtasel & Bassuk, 2014, p. 70); however, Choi, Wilson, Shelton and Gates (2015) identified several needs that LGBTQ RHY have in common. The authors surveyed 138 RHY service providers and found that next to housing, acceptance and emotional support was the greatest need among LGBTQ RHY, while for transgender RHY it was transition support (i.e., assistance in transitioning to his or her identified gender). When asked directly about their service preferences, a sample of 544 LGBTQ homeless youth identified LGBTQ-specific sex education and LGBTQ peer support, as the top two areas of need (Wells et al., 2013).

2.2. Existing policies and services available to meet those needs

2.2.1. Housing

Less than 1% of the federal government’s budget for homeless programs goes towards homeless children and youth, with only a fraction of that going towards unaccompanied homeless youth (Quintana, Rosenthal & Krehely, 2010). Moreover, the federal government offers no funding for LGBTQ-specific homeless services, the primary reason cited by agencies for not providing them (Quintana et al., 2010).

Recruiting through the National Runaway Switchboard, CenterLink (national resource for LGBTQ community centers), and partner agencies of a private foundation, Durso and Gates (2012) identified 354 agencies

providing services to homeless youth or those at risk of becoming homeless. Nearly a quarter (24%) of the sample offered LGBTQ-specific services. This leaves the majority of LGBTQ RHY to obtain services from integrated RHY agencies, if they obtain them at all. The most common services offered by these agencies, whether solely or as part of a comprehensive assortment of services, were drop-in centers (82%), street outreach (52%), transitional living (51%), and emergency shelters (46%). LGBT youth were most likely to use drop-in centers (43.2%), host homes (36.6% LGB youth, 5.4% transgender youth), permanent housing (35.5%, 3.3%), independent living (19.3, 2.9%), transitional living (18.8%, 2.7%), and emergency shelters (17.4, 3.5%; Durso & Gates, 2012).

2.2.2. Acceptance and emotional support

Unlike heterosexual youth, LGBTQ youth often leave home for reasons related to their sexual orientation or gender identity. RHY service providers report that LGBTQ youth run away (46%) or are thrown out (43%) because their family has rejected their orientation or identity (Durso & Gates, 2012), a premise that is supported by LGBTQ RHY themselves, especially lesbian and gay RHY (73%) compared to bisexual RHY (25.6%; Rew, Whittaker, Taylor-Seehafer & Smith, 2005). Among agencies providing services to homeless youth under the age of 18, 80% and 75% reported doing family acceptance work with LGB and transgender youth, respectively, compared to 46% and 51% who do the same work with LGB and transgender youth 18 and older (Durso & Gates, 2012). Researchers (Quintana et al., 2010) have recommended federal funding for family counseling to reunify LGBTQ RHY with their parents; however, Congress has failed in its attempts to pass such legislation (Reconnecting Youth to Prevent Homelessness Act of 2011, 2011).

2.2.3. Transition support

Transgender youth experience higher rates of depression and suicidality than their cisgender peers (Olson, Schragger, Belzer, Simons & Clark, 2015). In a sample of 97 patients with gender identity disorder (now known as gender dysphoria) referred to a pediatric hospital, one quarter presented with depression, and 9% had attempted suicide (Spack et al., 2012). Olson and her colleagues (Olson, Schragger, Belzer, Simons & Clark, 2015) found mild to extreme depression among 35% of their sample, ages 12–24, and suicide attempts among nearly a third (30%). Although researchers (Dean et al., 2000; Olson et al., 2015) suggest that depression and suicide can be mitigated with early treatment, private health insurance does not cover the associated costs (Cray et al., 2013; Ray, 2006), leaving some transgender persons to rely on black-market hormones, treatment from unscrupulous practitioners (Dean et al., 2000), and needle-sharing, which can result in HIV transmission (Lombardi, 2010). In a subsample of 233 transgender individuals currently using hormones (Rotondi et al., 2013), 26.8% reported having ever used hormones that were not prescribed to them, which the authors considered “relatively low...compared with other reports” (p. 1833).

Some state insurance programs do cover transition services (Quintana et al., 2010). For example, Medi-Cal, California’s Medicaid program, covers hormone therapy and gender reassignment surgery (Medi-Cal, 2013). Literature on RHY agencies providing or facilitating transition services is limited. The extent of known services to transgender youth by RHY agencies is providing information on and facilitating access to health, mental health, and legal transition services (Ferguson-Colvin & Maccio, 2012; Shelton, 2015).

2.2.4. LGBTQ-specific sex education

A thorough search of the extant literature revealed a dearth of knowledge on sex education for LGBTQ RHY. This is surprising, given that the topic was ranked by LGBTQ RHY as first among their self-identified needs (Wells et al., 2013). Considering their high rates of risky sexual behavior (Gangamma et al., 2008; Rice et al., 2013; Tyler, 2013; Whitbeck et al., 2004) and sexually transmitted infections (Rew et al., 2005), sometimes due to survival sex (Whitbeck et al., 2004),

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