Seattle Journal for Social Justice

Volume 7 | Issue 2 Article 13

May 2008

Homeless Queer Youth: National Perspectives on Research, Best Practices, and Evidence Based Interventions

Richard A. Hooks Wayman

Homeless Queer Youth: National Perspectives on Research, Best Practices, and Evidence-based Interventions

Richard A. Hooks Wayman[1]

Janelle left the comfort of her home to attend college. During her freshman year, Janelle experienced a lot of stress and anxiety and voluntarily checked herself into a mental health unit at a local hospital for assessment and counseling. Janelle's parents came in from out of state to find out how she was doing and spoke to the hospital staff. During this discussion the hospital staff told them that during counseling, Janelle had come out as a lesbian. The parents asked the hospital to commit Janelle in order to confront her homosexuality. The hospital refused, noting that her anxiety could be treated in the community and that her identity as a lesbian was not a basis for psychological treatment. When Janelle was released from the hospital, she found out that her parents had removed all of her belongings from her dorm room, taken her car, and withdrawn her from college. Janelle spent her first night after discharge at a youth shelter.

Trudy was born with the physical anatomy of a boy, but began dressing in girls' clothes by age six. She often wore pumps around the house and put clips in her hair. By age eleven, child protective services had removed her from her family because of physical abuse and neglect. Between the ages of eleven and eighteen, Trudy was placed in eight foster and group homes—often being physically assaulted by foster youth and called a fag. Trudy was also told by two different foster parents that she would go to hell for being gay. At age seventeen, Trudy ran from a placement after being told falsely that she was transgender only because she had been raped as a child. For

the next two years, Trudy would spend time on the streets, in shelters, and doubled up with others.

Mohammed grew up in a home with his mother and three siblings. At age twelve, his mother's boyfriend moved in and began to verbally abuse Mohammed and call him a faggot and other derogatory terms. His mother did nothing in response to the verbal abuse, which eventually escalated to physical abuse. At age fourteen, Mohammed ran away from home and returned two months later. He stayed another six months until his mom discovered that he was failing school again. Several fights escalated between Mohammed and his mother and his mother's boyfriend. They told Mohammed that he was worthless, lazy, and stupid. Mohammed ended up leaving the home and staying with friends, and he eventually ended up in a shelter at age fifteen. Mohammed never revealed his sexual orientation to shelter staff, telling them he did not like labels. The shelter called his mother only to be told that she was done trying to raise him and did not want him back. Calls to the local child protection office regarding his abandonment and family conflict were investigated, but no services were offered. The local nonprofit organization felt he was too young to participate in their transitional living program.[2]

Western cultures have historically exhibited a disturbing tendency to abandon and throw away children and youth. Rejected and abandoned children were noted as early as ancient Roman society, medieval European communities, and the Renaissance.[3] Colonial America witnessed the phenomenon of runaway youth, who were fleeing rigorous Puritan communities.[4] Although runaway and homeless youth have been a part of society for centuries, policies addressing the needs of unaccompanied homeless youth[5] did not appear until the second half of the twentieth century.[6]

Among the larger population of unaccompanied homeless youth are subpopulations that are often clustered around historically oppressed demographics. American homeless youth consist of an overrepresentation of lesbian, gay, bisexual, transgender, and queer/questioning youth; African American and American Indian youth; and youth with mental health disabilities. The twenty-first century has not yet seen the elimination of homelessness for lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) youth in America. At a time when social tolerance and positive media coverage of LGBTQ issues, individuals, and relationships appear to be increasing, the experience of LGBTQ youth with family conflict, abuse, and abandonment remains entrenched in modern American culture. Severe family conflict, abuse, neglect, and abandonment all contribute to the social crisis of family displacement and homelessness for LGBTQ youth in America. A growing body of research points to the conclusion that each year hundreds of thousands of LGBTQ youth will experience homelessness. When compared to their non-LGBTQ counterparts, LGBTQ youth experience homelessness at more disproportionate rates, and they experience greater levels of physical and sexual exploitation while homeless.

This article will examine the unique characteristics of LGBTQ homeless youth and suggest a framework of service interventions and policies that will end LGBTQ youth homelessness. LGBTQ homeless youth experience instability, abuse, and exploitation during a critical stage in human development. Without residential stability, nurturing, and opportunities for positive youth development, LGBTQ youth are set up for further challenges as adults. Unfortunately, most American communities lack a sufficient supply of programs and resources to prevent and end homelessness for LGBTQ youth. Given the magnitude of LGBTQ homeless youth in America, the LGBTQ overrepresentation among the homeless population, and their amplified levels of risk for physical violence and sexual

exploitation, the current structure of crisis shelters and transitional housing is alone insufficient to address their needs.

I argue that LGBTQ homeless youth experience similar causal factors and precipitating episodes of abuse, neglect, conflict, and abandonment prior to their homelessness, therefore requiring the same foundational core interventions as their heterosexual homeless peers (outreach, prevention, crisis intervention, and housing). However, the unique culture of LGBTQ homeless youth; their disproportionate overrepresentation among homeless populations; and their amplified risk of abuse, assault, and sexual exploitation set them apart from heterosexual homeless youth and mandate a culturally oriented and culturally competent approach to services, shelter, and housing.

Consequently, ending homelessness for LGBTQ youth requires federal and local investment and policies that significantly increase the supply of services and housing, as well as allow for the establishment of community-based programs that are culturally oriented to the needs of LGBTQ homeless youth. Community investment in supportive services, programs, and housing models tailored to the unique challenges of LGBTQ homeless youth can provide residential stability and opportunities for positive development critical to this historically marginalized population. Policies enacted at the federal and local levels can create the structure needed to intervene in and end homelessness for LGBTQ youth.

I. UNDERSTANDING YOUTH HOMELESSNESS

A. Defining Youth Homelessness

Homeless youth are typically defined as unaccompanied persons, aged twelve to twenty-four, who do not have familial support and who are living in shelters, on the streets, in a range of places not meant for human habitation (cars, abandoned buildings), or in others' homes for short periods under circumstances that make the situation highly unstable ("couch

surfing" or highly mobile youth).[7] The age range was established to correspond to the years of adolescent brain development, which current research shows is not primarily completed until the early twenties.[8]

Homelessness among youth can include short runaway episodes, quick stays in shelter programs, or longer periods of time spent between temporary residences and survival on the streets. Unfortunately, there has been little research specifically monitoring youth longitudinally throughout periods of homelessness. Research therefore fails to offer specifics about whether LGBTQ homeless youth are more or less likely to experience chronic homelessness, episodic homelessness, or "doubled-up" situations when compared to their non-LGBTQ peers.[9] Nevertheless, community-based programs consistently report that LGBTQ youth are present and overrepresented in all subcategories of homelessness, which include shelter populations, street populations, and those residing in unstable housing conditions (doubled-up or couch-surfing youth).[10]

One of the few studies that offer a glimpse into the pathways of homelessness among adolescents monitored 264 recently emancipated foster youth.[11] After the youth aged out of foster care from the three largest counties in the metropolitan Detroit area, they were interviewed, on average, 3.6 years after reaching the age of majority.[12] Of the sample group, 17 percent had experienced "literal" homelessness—living in shelters or on the streets—including 3 percent who were literally homeless at the time they were interviewed.[13] Another third of the youth had spent time doubled up with family members or friends.[14] "Couch surfing"was pervasive among the group.[15] The study found that when youth were doubled up with friends or family, they had an average of 2.8 different moves within the three years, with each episode lasting an average thirteen months.[16] Such numbers would seem to indicate that doubled-up youth populations may be more prevalent than those youth who experience homelessness in shelters or on the streets. They also indicate that episodic periods of couch surfing may extend for months or over a year, emphasizing the instability of a living

situation with the attending emotional and physical toll that such an arrangement may have specifically on LGBTQ youth.

Queer youth who experience homelessness (whether on the streets or doubled up) face a lack of stable housing, abuse, and exploitation during a time when they are experiencing changes in their physical, cognitive, and emotional development. Trauma, abuse, and lack of critical needs may result in delays in cognitive and psychological development or may impair social and communication skills, setting them up for further challenges as adults.

B. Incidence of Homelessness Among Youth and the Inadequate Supply of Residential Spaces

Youth homelessness is not a small, social condition confined to a handful of urban centers.[17] The American homeless youth population is substantial and widespread in every state and across urban, suburban, and rural areas.[18] Several studies conclude that over a million homeless youth require services each year in the United States.[19] Most research agrees that, given the stigmatization associated with homelessness and the fact that many youth remain doubled up with extended family and friends, homeless youth are difficult to find and quantify.[20]

The limited incidence research on homeless youth estimates their numbers at 1.6 million.[21] A 1998 large cross-sectional and geographically dispersed study of adolescent populations supports a finding that each year 5 percent (1.6 million) of the adolescent population experience one episode of homelessness.[22] The study found that adolescents in the general population had a surprisingly wide variety of experiences with homelessness, including staying in various sleeping arrangements: in a youth or adult shelter (3 percent); a public place (2 percent); an abandoned building (1 percent); outside (2 percent); underground (0.4 percent); or with a stranger (1 percent).[23] This study does not, however, account for youth over eighteen or youth staying temporarily with an acquaintance or relative.

Rather, it suggests that homelessness among adolescents is not simply an urban problem and that prevention programs targeting homeless youths should be implemented nationwide.

Monica opened a bike and skateboard store in a small midwestern town of less than three thousand residents. The shop quickly became a hangout for townie and farm children who were disenchanted with the predominant athletic culture at school. Eventually, Monica had three youth ask her to sleep in her store because they could not return home. One of them was a girl who had been slapped and told to leave her house when her mom found out she was a lesbian.[24]

Determining the exact number of homeless youth is a futile exercise if access to services and housing resources are inadequate for even the most conservative estimate of homeless youth. Whether one hundred thousand or one million youth experience periods of homelessness each year, most do not receive services intended to facilitate family reunification or opportunities to find housing. Communities lack capacity and adequate public investment in crisis intervention and housing services to aid homeless youth. In every state, there is an appalling lack of programs and housing focused on youth and young adults.[25]

Since 1974, Congress has offered federal funds to aid homeless youth through the Runaway and Homeless Youth Act (RHYA). The RHYA[26] offers funds to community nonprofits to supply street-outreach, shelters with family reunification services, and transitional housing to homeless youth. However, in 2008, federally funded nonprofit organizations made contact with over seven hundred forty thousand homeless and runaway youth in street outreach programs, but less than 10 percent (a little less than forty-six thousand homeless youth) actually received entrance into a shelter or housing program.[27]

A report that same year by the Congressional Research Service indicated that federally funded shelter and housing programs serve only a fraction of the homeless youth population.[28] Notably, only a small fraction of the existing shelter and transitional housing supply for homeless youth is delivered with a programmatic focus on LGBTQ youth.[29]

Tragically, few of the LGBTQ homeless youth needing community and residential support are offered opportunities through this limited federal funding stream.[30] Most communities report a glaring lack of capacity to intervene and offer hope.[31] Without community and adult assistance, many youth are exposed to abuse, are sexually exploited, and develop chronic diseases and disabilities while homeless and street dependent in America.

C. Pathways to Youth Homelessness

Homeless youth are a large and diverse group; LGBTQ youth are only a subpopulation of the total homeless youth population. Although unique in their cultural aspects—linked to freedom of individual and political expression regarding sexual orientation and gender identity—the causal factors leading to homelessness appear to be relatively similar to those of heterosexual homeless youth. There are often multiple factors which cause both heterosexual and LGBTQ youth to leave home: severe family conflict,[32] physical abuse,[33] sexual abuse,[34] neglect,[35] substance abuse,[36] mental health disabilities,[37] and abandonment.[38] Forty to 60 percent of all homeless youth have experienced physical abuse, and between 17 and 35 percent have experienced sexual abuse.[39] Additionally, youth consistently report severe family conflict as the primary reason for their homelessness.[40] Some youth may be rejected and abandoned by their parents due to their pregnancy, sexual orientation or gender identity.[41] It is important to acknowledge that systemic issues also contribute to youth homelessness. Poverty, lack of affordable housing, inaccessible health care, and systemic racism all contribute to youth homelessness.

These factors often accumulate and converge to force a youth out of her/his home; rarely is there only one occurrence that causes individual homelessness. Youth consistently report severe family conflict as the primary reason for their homelessness but also report multiple barriers to reunification, including parental substance addiction and emotional abuse.[42] A third of all homeless youth in one study reported exposure to problems related to parental alcohol and substance abuse.[43] An eight-city survey of homeless youth in 2005 found that 75 percent of LGBTQ homeless youth and 63 percent of heterosexual homeless youth reported having family members with severe alcohol and drug problems.[44]

Jose was abandoned by his chemically addicted mother when Jose was four. For the next ten years, Jose was passed between three different aunts and finally came to reside with his cousin. Jose's cousin used drugs and was not attentive to Jose or his needs. Lack of food, unclean living conditions, violent arguments over drug usage, and a revolving door of overnight visitors forced Jose into a youth shelter at age seventeen. Shelter staff was not able to find alternative family placements and child welfare would not open a case due to Jose's "advanced" age. Jose ended up crashing at high school friends' homes and eventually came out as transgender. With the help of counselors and a free medical clinic, Jose began to transition in order to become more congruent with his gender identity. He remained homeless for two years before being accepted into a transitional housing program.[45]

Rejection by family members as a response to a youth's sexual orientation and gender identity occurs far too often. Although parent or family decisions to expel youth from their homes due to revelations of a youth's LGBTQ status is a reality for some, it does not appear to be the primary factor leading to displacement for most LGBTQ homeless youth. In a survey of eighty-four LGBTQ homeless youth in Seattle, only 14 percent

left home because of conflict with parents over their sexual orientation and gender identity.[46] In a statewide survey of homeless youth in Minnesota, only 25 percent reported that the primary reason they left home was intolerance due to sexual orientation.[47]

Beyond these individual and family problems, youth homelessness is also fed by a lack of affordable housing, poverty, child welfare, and juvenile correction systems—all of which fail to protect youth from the streets. Court-involved youth (foster youth and those in the juvenile justice system) are often discharged from custodial care into society with few resources and numerous challenges. Some run from group homes and end up living in street environments. Every year, about twenty thousand youth aged sixteen and older transition from foster care to legal emancipation, or "age out" of the system.[48] Furthermore, "[e]very year approximately 200,000 juveniles and young adults, aged 10 to 24 years, are released from secure correctional facilities and reenter their communities."[49]

There is little research on the number of LGBTQ youth in child welfare systems, but recent studies suggest that these youth make up between 5 and 10 percent of the total foster youth population.[50] The actual percentage may be higher, since LGBTQ youth experience high rates of physical and sexual abuse which may place a stigma on self-reporting at LGBTQ. One study found that LGBTQ homeless youth were more likely to have a history of out-of-home placement[51] than heterosexual homeless youth.[52]

D. Common Characteristics and Life Experiences Among LGBTQ and Heterosexual Homeless Youth and Unfounded Stereotypes

Once homeless, most youth will not experience long episodes of homelessness. Most shelter-using homeless youth are typically homeless for less than a month before entering shelter, and approximately half have a good chance of being quickly reunified with their families.[53] One study noted that homeless youth report an average lifetime experience of homelessness of approximately 123 days (four months).[54] This discussion,

however, should not be interpreted to promote a decreased investment in early intervention services. Field experts stress that even short periods of homelessness can result in exposure to sexual exploitation, HIV, violence, psychological harm, and even death for vulnerable youth.

Studies focused on runaway, homeless, and street-dependent youth point to several consistent characteristics among homeless youth populations. Youth typically experience childhoods wrought with abuse and neglect, with over a third experiencing exposure to problems related to parental alcohol and substance abuse.[55] While runaway youth come from every socioeconomic class, youth accessing shelters often come from families living in poverty and low-income neighborhoods.[56] A majority of homeless youth experience broken family relationships of single parent households, blended extended families, or even no parental contact.[57] Most studies cite severe family conflict as a predictive factor for homelessness and high rates of sexual activity.[58] Research also shows that most homeless youth have troubles with educational success and advancement.[59]

Susan lived with her mother and younger sister in public housing. Susan's mother started drinking heavily when Susan was in middle school. By the time Susan was in high school, she was going to area food banks collecting food to keep her little sister fed. Escalating fights with her drunk mother led to fist fights. Susan left her home and began to live with a series of friends. She came out as a lesbian and found a girlfriend who introduced her to stripping. Susan is now sixteen and regularly dances at a local adult entertainment venue. She and her roommate make enough cash to rent a small studio and give money to Susan's mother to meet her younger sister's basic needs. However, Susan regularly abuses alcohol and is beginning to use cocaine more often.[60]

On the other hand, sometimes what we "know" about LGBTQ and heterosexual homeless youth appears to be unfounded stereotypes or myths.

A community's attempt to establish and deliver intervention services and housing to homeless youth may be hindered by myths and unfounded stereotypes. A review of research finds the following general conclusions about the homeless youth population:

- Most are not dropouts. Although they exhibit poor academic progress, most homeless youth (60 to 70 percent) were in attendance at school the day of the survey.[61]
- Most are not criminals. Less than a quarter of homeless youth reported engaging in criminal activity (including criminal activities such as prostitution that are intended to supply income to meet basic needs).[62]
- The majority are not impaired with several mental health disabilities. While mental health disabilities are often diagnosed in a third to half of all homeless youth, most diagnoses are associated with depression and anxiety, not more severe diagnoses related to delusional attributes or severe impairment of functioning and judgment.[63]
- The majority of homeless youth will not experience long-term homelessness. Most homeless youth experience only short, multiple bouts of homelessness and do not live long periods on the streets.[64]
- Most homeless youth do not have alcohol dependency or chemical addiction. Only 19 to 45 percent of homeless youth show behaviors associated with abuse of drugs and alcohol, and an even smaller percentage are shown to be actually dependent.[65]
- The majority of homeless youth have had no prior involvement in the child welfare or foster care system. Foster youth are not exposed to homelessness in large numbers; although 12 to 35 percent of foster youth will experience homelessness after discharge, the majority never experience homelessness. Of those who experience homelessness, research does not indicate long periods of homelessness.[66]
- Most homeless youth are not HIV positive. Exposure to HIV is a serious concern but public health clinic records indicate that only 2 to 7 percent of homeless youth are HIV positive.[67]

- Homeless youth in metropolitan areas are significantly likely to be local youth and not transplants. A large majority of homeless youth, approximately 80 percent, are from metropolitan areas or surrounding regions.[68]

Services, shelters, and housing should respond to actual needs of homeless youth—not the stereotypes. Like their heterosexual homeless peers, LGBTQ homeless youth are likely to be found in school and not to be significantly impaired by criminal histories, alcoholism, chemical dependency, or HIV. The majority of LGBT homeless youth will be better served by programs focused on access to housing opportunities and positive youth development than by programs primarily centered on mental health, chemical abuse, or HIV prevention. I believe youth professionals have an ethical obligation to document the histories and current challenges of youth participants and have skills and resources to respond to individual needs concerning educational, health, and interpersonal challenges. But basing the entire framework of services delivery on meeting every conceivable health, educational, vocational, or interpersonal deficit would be costly and would divert attention away from providing access to housing. The disparity of experiences between LGBTQ and heterosexual youth lies not with the precedent causal factors but in the increased exposure to abuse, violence, and sexual exploitation while homeless.

Homeless youths' experience with multiple overlapping problems (medical, substance abuse, emotional, mental) may have a cumulative detrimental effect on their development and progress. Discussions with field experts in homeless services have theorized that the cumulative impact of multiple experiences of abuse, neglect, and crisis necessitates not just long-term nurturance but a transformational experience in order to ensure a healthy and productive adulthood. Comprehensive and tailored services are needed to address immediate and long-term needs. Services should include assistance in meeting basic needs, which serves as a gateway to find help meeting other needs. Evidence suggests that individual and group

differences may exist between subtypes of homeless youth, which calls for unique approaches to interventions.[69] Services tailored to helping a young, first-time runaway, transgender youth with services will differ from services tailored to a lesbian, street-dependent youth who is squatting and traveling across country.

Given the similarities of precedent and causal factors between LGBTQ and heterosexual homeless youth, policies and practices geared toward ending homelessness for LGBTQ and heterosexual youth would incorporate similar foundational or core intervention methodologies of outreach, prevention, crisis intervention shelters, and affordable housing coupled with positive youth development services.

II. LGBTQ HOMELESS YOUTH AS A MARGINALIZED AND VULNERABLE SUBPOPULATION OF YOUTH HOMELESSNESS

A. The Overrepresentation of LGBTQ Youth Among Homeless Youth Population

A growing body of research indicates that between 15 to 25 percent of homeless youth identify as LGBTQ.[70] This indicates overrepresentation among the ranks of homeless youth when compared with the number of LGBTQ youth—estimated at around ten percent—in the general population.[71] A review of research by the National Alliance to End Homelessness and the National Gay and Lesbian Task Force reveals a wide spectrum of LGBTQ youth representation among homeless youth populations: 4 to 50 percent.[72] The higher estimates tend to be based on surveys of homeless youth in metropolitan areas known for queer culture (New York, Los Angeles, and Seattle).[73] Programs offering services to homeless youth recognize that some urban areas may attract LGBTQ youth due to their reputation as having inclusive cultures for LGBTQ adults. Such cities as Los Angeles, San Francisco, Portland, Seattle, Minneapolis, Chicago, New York, Boston, Austin, Atlanta, and Miami may experience a

high proportion of LGBTQ youth homelessness due to the perception by youth that they maybe afforded greater safety and employment opportunities in such communities.

Conversely, the lower estimates regarding the prevalence of LGBTQ youth among homeless youth populations are based on older surveys that fail to take into account increased recent awareness of LGBTQ culture, are based on studies of teenagers only (excluding adults aged eighteen to twenty-four), and are drawn from large national data sets.[74] Flawed data collection methods that fail to ensure confidentiality or surveys that ask loaded questions may result in underreporting of LGBTQ due to cultural stigma. However, a cluster of research establishes a conservative estimate that concludes 20 percent of the homeless youth population self-identity as LGBTQ.[75]

Research does not illuminate why LGBTQ youth are disproportionately overrepresented among the homeless when the causal factors contributing to their pathway into homelessness appear to be similar to those of their non-LGBTQ counterparts.

Alex knew he was attracted to boys at age six. He loved to dress in his mother's clothes and was routinely called fag or sissy during his elementary school years. By middle school he had become very withdrawn, shy, and depressed. He quickly gained weight and his self-esteem plummeted. Continued harassment at school and a fight with his best friends led Alex to attempt an overdose. Alex ended up in the hospital where he told counselors that he was gay. His mother agreed to the hospital's discharge plan with the understanding that Alex could not be openly gay at home or invite boyfriends over to their house. During his high school years, Alex lost some weight and began to gain the attention of other gay youth and adult men. His self-esteem improved. However, when he was fifteen his mother caught him cruising a gay pornography site on the computer and told him that he either had to cut his hair and act straight or leave. Alex went to the local

youth shelter that night. For the next two months, Alex sometimes stayed at the shelter and sometimes stayed overnights with other men that he finds through computer chat sites.[76]

Any survey of youth where they are asked to disclose their sexual orientation or gender identity will result in some underreporting. Even if one concludes that current research supports a conservative estimate that 20 percent of homeless youth self-identify as LGBTQ, the result would be over three hundred thousand LGBTQ youth experiencing one episode of homelessness each year in America. Federally funded programs shelter and house just over forty-seven thousand homeless youth each year, creating a sizable gap in our community infrastructure to intervene and assist LGBTQ homeless youth.

Additionally, it should be noted that research supports the conclusion that a sizable segment of the LGBTQ homeless youth population are youth of color.[77] African American and American Indian youth are disproportionately represented in the homeless youth population.[78] Furthermore, homeless youth tend to come from low-income communities and their families are disproportionately poor or working class.[79] Therefore, LGBTQ homeless youth may be youth of color from low-income communities. As youth experiencing multiple cultures, programs should be aware that they will have varying degrees of self-identification and may have stronger self-perception as youth of color or as a member of the economic underclass as compared to sexual orientation or gender identity.

B. LGBTQ Homeless Youth Face Greater Harm than Their Non-LGBTQ Homeless Peers

LGBTQ homeless youth are not only at greater risk of becoming homeless than their non-LGBTQ peers, but, once homeless, they have more frequent runaway situations and are exposed to greater victimization while on the streets.[80] Prior to becoming homeless, they experience more physical

and sexual abuse from caretakers than heterosexual youth.[81] LGBTQ youth in general are at greater risk for substance abuse[82] and suicide,[83] and they are at high risk for being both victims[84] and perpetrators[85] of physical violence compared to the general adolescent population.[86] Additionally, they may face stigma, verbal harassment, high rates of sexual coercion, lack of support, homophobia, involvement in sex at an early age, and potential exposure to multiple partners.

When homeless, LGBTQ youth experience a higher incidence of mental health problems. A study of homeless lesbian and gay youth found that lesbians were more likely to experience posttraumatic stress syndrome, conduct disorder, and substance abuse than heterosexual homeless young women.[87] Gay homeless males are less likely to meet criteria for conduct disorder and alcohol abuse than their heterosexual homeless youth men peers, but were more likely to meet criteria for major depressive episodes.[88] Finally, LGBTQ homeless youth are twice as likely to attempt suicide (62 percent) than their heterosexual homeless peers (29 percent).[89]

Very few urban centers have walk-in mental health counseling centers. Some homeless LGBTQ youth can experience nightmares and panic attacks due to posttraumatic stress disorder resulting from previous experiences of physical abuse or rape by family members. Their only recourse is to go to an emergency room and seek placement and assessment in the locked psychiatric unit. Few group therapy services focus on adolescent needs, and accessing regular individual mental health counseling often requires a diagnosis and health insurance. What is a homeless youth to do when their health insurance is held by a working parent who has thrown them out of the house? Given the increased risk among LGBTQ homeless youth for mental health problems and suicide, homeless youth programs should offer access to medical or primary care as well as mental health assessment and treatment options competent in serving these youths' concerns.

Lauren is an eighteen-year-old male-to-female transgender youth who has been homeless since she was sixteen. She has little contact with her family because she does not feel safe returning to her former neighborhood while expressing her gender identity. She was invited to receive free modeling pictures from a gay man while at a gay and lesbian bar. He did take some shots of Lauren and told her that she was exceedingly beautiful. Lauren was impressed when he said a local gay dance club wanted to use her image to advertise in a local gay newspaper. The man gave Lauren gifts of shoes and clothing, eventually convincing her that she could make some quick cash if she shot a sex video with another transgender youth. Lauren did so, appreciating the three hundred dollars in cash she received. Soon the man had convinced Lauren that she could make even more money as an escort. The man referred customers to Lauren and now she routinely exchanges sexual acts for money at area hotels, truck stops, and strip clubs. A lot of the men verbally degrade her and some physically assault her. Although she says she wants to eventually work in retail and travel, she now relies on quick money to pay for her rent and basic needs.[90]

Increased exposure to sexual abuse and exploitation poses another risk for LGBTQ homeless youth. LGBTQ homeless youth are sexually assaulted and exploited at higher rates than heterosexual homeless youth. Over their lifetime, LGBTQ youth experience an average of 7.4 more acts of sexual violence toward them than their non-LGBTQ peers.[91] They may have twice the rates of sexual victimization than their non-LGBTQ peers, and report double the rates of sexual abuse before age twelve.[92] More LGBTQ homeless youth are likely to report having been asked by someone on the streets to exchange sex for money, food, drugs, shelter, and clothing than heterosexual homeless youth.[93] They can be sexually exploited by both heterosexual and LGBTQ adults. Some engage in sex acts for money or to meet basic needs. It is not uncommon for lesbian homeless youth to become pregnant from being raped by johns or engaging in unprotected sex acts

with men. This is a sobering reminder that LGBTQ adults can exploit LBGTQ homeless youth and that the LGBTQ adult community has a responsibility to hold community members accountable for soliciting vulnerable youth into sex acts.

Finally, LGBTQ homeless youth may be at greater risk for drug abuse. At least one study has noted that amphetamine and injection drug use is more prevalent with LGBTQ youth than with their straight peers.[94] Besides all the risks and harms compounded against LGBTQ youth, many barriers remain for LGBT youth to access healthcare and mental health counseling.[95]

C. Framework for Community Interventions to LGBTQ Youth Homelessness

Many people assume that the simple answer to the prevalence of homeless youth is to build more shelters. Shelters are often a needed oasis that allows youth in disequilibrium to rest, escape exploitation on the streets, build trusting relationships with caring adults, and attempt to find pathways back to family or other relatives. However, shelters should not be the only response a community employs, and should not be the primary focus of community investment and development.

Homeless LGBTQ youth require long-term housing options. Shelter services are designed to be short in duration and can be successful in offering counseling and family preservation services. However, when an LGBTQ homeless youth cannot be returned safely to her family, she will be discharged back to the streets. Shelters fill a gap in crisis intervention, but have limited capacity to end youth homelessness for those with no family placement options. Hard-to-serve youth will often be discharged from shelter and banned from the property due to antisocial or threatening behaviors. Additionally, some youth will be unable to return home because their families fail to protect their safety or remain unwilling to reunite. Family reunification will not be possible for a segment of the homeless

youth population, including LGBTQ youth who have been abandoned by their parents, and these youth require alternative housing options.

There are a variety of services available to help LGBTQ homeless youth access and maintain housing opportunities, including outreach, family counseling, drop-in centers, free medical clinics, case management services, employment services, emergency shelter, life skills training, mental health treatment, housing, and after-care supportive services.[96] While communities often seek to expand their local spectrum of services, shelter, and housing, we know little about their comparative effectiveness or efficiency in ending youth homelessness. Almost none of these interventions have been rigorously evaluated.[97] Therefore, it is difficult to offer comparisons between competing service models when limited funding is available.

Perhaps the best option is to design an intervention framework that addresses those causal factors of youth homelessness highlighted by current research. I posit that LGBTQ homeless youth experience similar causal factors or precedent episodes of abuse, neglect, conflict, and abandonment leading to their homelessness as heterosexual homeless youth. Furthermore, they experience similar instability and lack of access to housing while homeless. Therefore, all homeless youth, regardless of sexual orientation or gender identity, require the same foundational, core interventions (outreach, prevention, crisis intervention, and housing) to assist them.

Only once a sufficient framework of services is in place in local communities for all homeless youth can programmatic services be modified and enhanced to best meet the unique cultural needs of LGBTQ youth. All parts of the service spectrum (outreach, prevention, crisis intervention, and housing) can be influenced by policies, practices, and approaches which are culturally oriented to address LGBTQ youth. For example, since the lack of housing is a fundamental cause of homelessness, increasing housing with positive youth development services is a core intervention methodology relevant to LGBTQ youth homelessness. However, different housing

models may include programmatic elements that are culturally oriented to, and employ staff competent to work with, LGBTQ youth.

Communities should invest in a four-prong intervention framework to effectively address youth homelessness, including homelessness among LGBTQ youth:

1. Street- and community-based outreach services to build trusting relationships and help youth navigate systems to receive resources and services
2. Prevention services dedicated to stopping child abuse, preventing homelessness, and enhancing family preservation
3. Crisis intervention and shelter geared toward family/kin counseling and reunification
4. Housing models oriented toward positive youth development and mastery of life skills when family reunification is not possible.

The pathway out of homelessness focuses first on parents, second on kin and extended family, and third on independent living. The first intervention model is *street- and community-based outreach* which attempts to locate vulnerable youth, build trusting relationships, and offer ease of access to resources and services. The second intervention model is *early intervention/prevention* that seeks to avert a homelessness episode or to ensure that a family separation does not result in homelessness or an out-of-home placement. The third intervention model focuses on *reunifying youth* who are already homeless and offers respite shelter for the purpose of rapidly reuniting them with their families, while strengthening the families to achieve more stability. The fourth intervention model advocates for *independent housing options* other than reunification for youth who, due to unfortunate circumstances, will not be able to return to their families.

This intervention framework and logical structure implies a sequential approach to interventions, namely that in the substantial majority of cases it is best to try to reconnect youth with their families. Only after this fails should independent living options be considered. Most youth-serving

agencies agree and use outreach services, drop-in centers, and shelters as a gateway toward family reconciliation and reunification.[98] Even when physical reunification cannot be accomplished, youth will benefit from counseling and mediation that improves communication with, and strengthens emotional attachment to their families.

III. EVALUATING THE FOUR INTERVENTION METHODS FOR LGBTQ HOMELESS YOUTH

The following section reviews this four-prong framework in the context of interventions that have been evaluated and found to have positive outcomes in preventing or ending homelessness with youth participants.

A. Street- and Community-Based Outreach

Youth often do not know about nonprofit organizations or publicly funded child welfare or youth development services. When they experience crisis and disruptions from their family homes, many youth do not know about local youth shelters or community-based services available to them. The goal of street- and community-based outreach is to offer consistent and visible presence in places where youth congregate, build trusting relationships with homeless youth or youth at-risk of becoming homeless, offer information and assistance in accessing community resources and services, and eliminate repeated episodes of homelessness. Street outreach workers promote the transition from street life to stable, independent living without mandating youth approach any particular service or program.[99]

A community hoping to offer services to homeless LGBTQ youth must commit to conducting street- and community-based outreach in places where LGBTQ youth attend or congregate. Outreach is best when conducted in teams, offered routinely each week, and available consistently in the same locations, allowing youth an opportunity to predict or anticipate approaching the outreach team.[100] The gentrification of neighborhoods, violence in street environments, police harassment, and neighborhood

opposition to allowing groups of teenagers to congregate often force homeless youth off the streets and into locations where they either blend in or are less noticeable. Outreach services should be performed both on the streets and community locations like queer dance clubs, drag shows, malls, gay coffee shops, parks, recreation centers, alternative schools, theatre complexes, concerts, bus or subway terminals on heavy traffic lines, or at high school events and dances.[101] Further, reports from nonprofit providers indicate that outreach can be accomplished on-line through various forums or chat rooms.[102]

B. Early Intervention and Prevention Services

Ideally, prevention and early intervention services would be offered in communities to build relationships between youth and their families to address the underlying causal factors to youth homelessness: severe family conflict, physical and sexual abuse, neglect, alcohol and chemical abuse and dependency, and mental health disabilities.

To succeed in preventing homelessness, initial early intervention and prevention services need to address family conflict, abuse, neglect, and youth behavioral problems. Programs focusing on mental health and family systems can often meet the crisis needs of a family and prevent homelessness and foster care placement. Several prevention service models are identified as promising practices because of their effectiveness at improving family functioning, decreasing the risk of abuse and neglect, and avoiding out of home placement. These service models include Multisystemic Therapy, Functional Family Therapy, Family Group Conferencing or Family Group Decision Making, and Intensive Family Preservation Services.

Multisystemic Therapy (MST) is an intensive family- and community-based treatment that addresses multiple aspects of serious antisocial behavior in adolescents.[103] MST employs family members to design the treatment plan and attempts to encourage behavior changes by using

strengths in various areas of the youth's life (family, peers, school, and neighborhood).[104] Treatment plans are family-driven and not authored solely from the therapist's viewpoint. Evaluations of MST have demonstrated many benefits, including improvements in family functioning, decreased recidivism, reduced drug and alcohol use, reduced crime rates, decreased behavioral and mental health problems, and administrative benefits including reduced cost.[105]

Functional Family Therapy (FFT) is so named because it identifies the family as the primary focus of intervention. Therapists employing FFT believe they must do more than simply stop antisocial or unhealthy behaviors; they must motivate families to change by identifying their strengths, helping build on those strengths in ways that enhance self respect, and offering recommendations on particular pathways for improvement. FFT involves between eight and thirty one-hour sessions conducted in outpatient clinics or in the client's home. FFT is a multisystemic prevention program which first works to develop family members' psychosocial strengths and empower them to improve their situation incrementally. Data show that when compared with other forms of community intervention like probation support, residential treatment, and alternative therapeutic approaches, FFT is highly successful. In randomized trials, FFT was shown to have reduced recidivism for a wide range of antisocial or criminal behavior.[106] It has also been shown to be a cost-effective solution for maintaining youth in their family homes.[107] To the extent the functional family therapy has maintained youth in their homes with good mental health outcomes, it may be a logical extrapolation that it has additional benefits of preventing homelessness for youth.

Family Group Conferencing or *Family Group Decision Making* allows extended family, kin, and important people in the youth's life to come together and implement a plan for the continued safety, nurturance, and permanency of the youth. The meetings are facilitated by social workers or case workers to engage the youth participant and family members to reach a

consensus agreement on the best residential plan for the youth participant. These programs show remarkable success in stabilizing youth. Research on Family Group Decision Making found reductions in reabuse, increased family involvement, decreased residential instability, and more extended families accepting care of the youth.[108]

Intensive Family Preservation Services (IFPS) are short-term, intensive, family-based services offered to reunite families when an out-of-home placement or a runaway situation is imminent. In-home services are offered rapidly (within seventy-two hours) and the family receives voluntary, intensive case management services. Because the ultimate goal of family preservation is avoiding out-of-home placement, evaluation of IFPS has focused primarily on that outcome. Research has shown that IFPS is effective in maintaining children safely in their families of origin or with relatives.[109] As compared to family reunification services delivered to foster children through child welfare services, IFPS is more effective in maintaining youth in their homes. Various studies indicate a foster care placement rate of 19 to 56 percent after receipt of IFPS, while typical child protection supportive services experience a foster care placement rate of 36 to 90 percent.[110]

C. Crisis Intervention Services Including Intensive Case Management, Emergency Respite Shelter, and Family Reunification Services

Crisis intervention services are tailored to protect youth and offer immediate, short-term services to youth that have become homeless. The goal of crisis intervention services is to offer protection and safety to youth while quickly diverting them back to stable housing options. An array of services meeting the crisis needs of youth includes emergency respite shelter; youth drop-in centers with access to food, clothing, and medical care; counseling; and family reunification or preservation services. Most shelters are small to foster a home-like environment with professionally trained personnel working closely with youth and their families to facilitate

family reunification when safe and appropriate. While there is a focus on ending the homeless situation for youth by facilitating family reunification or preservation services, the primary focus remains on the best interest of the youth. Youth confronting abusive or neglectful family will likely be referred to child protection for foster care. Unfortunately, many older youth ages eighteen to twenty-four experience physical abuse, neglect, or abandonment from families and cannot return home, but are not eligible to receive child protective or foster care services.

Whether offering shelter or drop-in centers, programs offering shelter, safe spaces, and food act as gateways for youth to access more intensive case management support. Case management services focus primarily on providing a connection between individuals and community resources while assuring that these services lead to improved outcomes for youth participants.[111] Shelters and drop-in centers employ case managers to offer one-on-one assistance to youth participants. Case management program models have proven effective at reuniting homeless youth—even those with troubled histories—with their families. Originally designed to assist young people who have been diagnosed with mental health disabilities and their families, Intensive Case Management (ICM)[112] can work in many settings including shelters, drop-in centers, street outreach, and housing models. Case managers work with families (in conjunction with teachers and other helping professionals) to develop an individualized comprehensive service plan. The case managers are specially trained to conduct an assessment of youth assets, challenges, and needs. Case managers also assist in coordinating supports and services necessary to help children and adolescents live successfully at home and in the community. The coordination of services may entail finding appropriate mental health treatment, medical care, educational support, employment training, life skill training, and opportunities for youth to explore interests that reengage them in their community.[113] Case managers' case loads are small—ten to twelve youth each—and offer round-the-clock access. ICM services have been

used successfully with homeless youth. One of the few experimental studies of homeless youth surveyed the outcomes of participants receiving ICM and found improved psychological well-being, less aggression, and satisfaction with their quality of life.[114]

The Runaway and Homeless Youth Act offers funding for crisis intervention services, including shelter and family reunification services.[115] The bed may induce youth to enter the shelter for safety and rest, but the success of getting youth back with families is credited to caseworkers. Youth are fixated on relationships, and seek caring adults for one-on-one relationships. Programs offering shelter beds coupled with case management services and family counseling are successful in returning a significant majority of youth back to their families; during 2008, 75 percent of all homeless youth accessing shelter were discharged back to their parents or extended family.[116] One study of shelter services in Texas noted that once discharged from emergency shelters, more than half of homeless youth return to their parent's home.[117] Recent studies have shown that those who reunify with their families have more positive outcomes in health and employment than those who reside with others or go back to life on the streets.[118]

However, this method of intervention is far from perfect; a minority of youth do not reunify with their families and others never access a shelter. A Government Accounting Office (GAO) report estimates that only one in twelve homeless youth ever comes into contact with the shelter system.[119] In a study of 688 youth from seventeen shelter and drop-in sites and thirteen street locations in Los Angeles County, only 41 percent were accessing shelter at point of initial contact.[120] In a study of 364 homeless youth in three Washington cities in 1999–2000, just over half (52 percent) were staying in shelters when first contacted to be a part of the study.[121] From these studies, it appears that a significant majority of homeless youth never approaches a shelter for services and remains on the streets, in abandoned buildings, or doubled-up with others.

Unaccompanied homeless youth avoid shelter services for several reasons. Some youth, even when displaced and remaining in couch surfing situations, do not self-define as homeless and may lack insight into their need for support. Other youth are afraid of adult-managed systems of care, especially for those youth with histories of being abused or exploited by adults. Some have tried to access shelters but find themselves at odds with rigid program rules that regulate their actions. Finally, others may not qualify for shelter support given their history as sex offenders, felons, or active use of chemicals.

For those who do not find successful family or kin placement options, or for those who never access shelter, a fourth intervention of youth housing models must be developed.

D. Youth Housing Models

When family reunification is not an option—due to the death of a guardian, patterns of abuse, or concern over neglect—communities must rely on housing programs designed for adolescent development to prevent and end youth homelessness. There are a variety of housing models that meet these needs. Promising examples of youth housing models include a wide spectrum of configuration and structure: host homes,[122] shared housing,[123] community-based group homes,[124] dormitories, scattered site transitional housing, single-site transitional housing,[125] permanent scattered site housing with supportive services, and foyer (employment-focused) housing.[126] These models incorporate life skills training, connection to caring adults, and opportunities for positive youth development.

Youth tend to transition between housing quickly and may stay only an average of six to eight months in a transitional housing program.[127] Youth housing models differ from adult or family supportive or transitional housing because they are infused with positive youth development principles.[128] Such principles focus on creating opportunities for participation, contribution, and leadership by youth participants; offering

experiential learning to develop competencies; and establishing connections to peers and adult community members.[129] Programs designed for youth require great flexibility and the ability to continue support even after a youth transitions from a residential option. Successful youth housing provides easy access to youth development services, as homeless youth depend on healthy adult role models and positive peer-to-peer interaction.

As early as 1984, housing programs specific to LGBTQ youth were established. Teresa DeCrescenzo established the Gay and Lesbian Adolescence Social Services (GLASS) in Los Angeles in 1984.[130] In 1987, Gary Mellon established a GLBT Youth residential program with Green Chimneys Children's Services in New York.[131] Today, there are LGBTQ homeless youth shelters and housing projects in Atlanta,[132] Boston,[133] Los Angeles,[134] Detroit,[135] Minneapolis,[136] New York,[137] San Francisco,[138] and Seattle.[139] However, the smattering of programs dotted across the national landscape is far from meeting current needs. There is a limited supply of housing for youth across the country and only a handful that focus resources on LGBTQ homeless youth.[140] Each year, less than four thousand homeless youth are offered transitional housing with supportive services supported by federal appropriations.[141] Most homeless youth never receive housing benefits because of lack of supply and long waiting lists.

The primary focus of government funding should be centered on increasing the supply of outreach, prevention, crisis intervention services and housing for homeless youth. Most homeless youth never receive opportunities for family reunification, case management services, or housing placements. Ending homelessness for LGBTQ youth will be significantly advanced by offering increased access to housing for LGBTQ homeless youth. When so many are turned away at overflowing shelters, LGBTQ youth advocates must increase involvement in efforts to expand all sources of funding for youth outreach, prevention, crisis intervention and housing.

However, community investment, maintenance of intervention services, and creation of housing will take time. As communities develop greater capacity, by expanding services and housing models for homeless youth, providers must be diligent to offer queer-inclusive programming. Continued hostility, stereotypes, and violence against LGBTQ youth will require services that recognize cultural stigmas and meet the unique needs of LGBTQ homeless youth.

IV. CREATING COMMUNITY-BASED SERVICES MEETING THE NEEDS OF LGBTQ HOMELESS YOUTH

The unique culture of homeless LGBTQ youth; their disproportionate overrepresentation among homeless populations; and amplified risk of abuse, assault, and sexual exploitation set them apart from heterosexual homeless youth. Addressing their needs requires culturally oriented and culturally competent services across the entire spectrum of services, shelter, and housing. As argued above, any expansion of foundational or core services and housing must be coupled with awareness, sensitivity, and competency of the challenges homeless LGBTQ youth face. Research and federal review of programs do not mention concerns regarding discrimination against LGBTQ youth,[142] but anecdotal reports from homeless youth service providers evidence instances of verbal abuse, harassment, and personal judgment from peers and staff in some homeless youth shelters and drop-in centers. Simply creating greater capacity without awareness of the need for queer-inclusive and culturally competent services will lead to the exclusion of LGBTQ homeless youth from much needed help.

We all long for acceptance, nurturance, and celebration of our identities and accomplishments. Diversity training aims to achieve safety and respect as the ultimate outcome for workers. Respect and toleration are a passive form of acceptance. Youth understand and feel the difference between program services that tolerate them versus those that nurture them.

Professionals and agencies must strive to approach LGBTQ youth from a cultural perspective that recognizes their overrepresentation, and acknowledges the unique exposure to harm and exploitation they face in street environments.

Effective programs serving LGBTQ homeless youth must either be (1) *culturally oriented*, with programmatic mission, policies, and practices focused on specifically and primarily meeting the needs of LGBTQ homeless youth as a specific cultural group; or (2) *culturally competent*, with programmatic policies and practices creating awareness, sensitivity, and adequate skills and quality services necessary to produce positive outcomes for LGBTQ homeless youth.

An example of a culturally oriented program would include a shelter program that organizes its core function and mission around creating a safe space for LGBTQ homeless youth. It would incorporate queer culture into facility design and layout, personnel training and orientation, and targeted outreach to the LGBTQ youth community. By contrast, a culturally competent program would include a youth transitional housing program that serves a wide spectrum of special need populations: LGBTQ youth, youth with mental health disabilities, young mothers, and youth of color. It would implement policies and practices that nurture and fully support LGBTQ youth to achieve residential stability and interpersonal development.

In either program approach, service and housing components must recognize the prevalence of abuse, exploitation, neglect, abandonment, and harassment through (1) staff orientation to characteristics and likely behavioral responses in adolescents to abuse and neglect, (2) intake procedures that allow time for youth to open up about their abuse histories, and (3) accessible mental health counseling. Merely acknowledging LGBTQ youth, without greater connection and caring, will lead to barriers in the development of trusting relationships.

The ability of community-based programs to offer change and build trusting relationships rests on the proficiency of caseworkers, youth

advocates, and case managers. Therefore, any attempt to ensure LGBTQ homeless youth receive much needed culturally oriented or competent services should first focus on ensuring the professional practices of case managers and youth advocates. The following global best practices for working with LGBTQ homeless youth were developed by Lambda Legal and the Child Welfare League of America in an effort to provide a foundation for case management skill building:

- Acknowledge LGBTQ youth are present and disproportionately represented in homeless youth populations;
- Examine your own beliefs and attitudes to ensure your ability to professionally and ethically serve your clients;
- Treat LGBTQ youth with the same dignity and respect as others;
- Be aware of your language (no antigay slurs or jokes; use gender-neutral language);
- Do not stereotype LGBTQ youth—accept diversity among the community;
- Create a positive physical environment in your workplace that welcomes and affirms;
- Know what to do when a youth self-discloses their sexual or gender orientation (i.e., offer unconditional support, in-depth conversation, maintain privacy, and seek appropriate services and supports);
- Seek out safe, affirming placements for LGBTQ youth;
- Support and celebrate youth who seek to express their gender identities;
- Provide support and resources to a youth's family, kin, and guardians;
- Ensure youth receive developmentally appropriate sexual health services; and
- Advocate for inclusive and best practices standards at your agency and advocate for political and systems change when necessary.[143]

Additionally, community nonprofit organizations must offer services and housing in a way that recognizes the harassment and exploitation encountered by LGBTQ youth. The Child Welfare League of America

(CWLA) has recognized this issue with reference to LGBTQ youth in foster care. CWLA has offered its own best practices guidelines,[144] written within a positive youth development framework—the ultimate goal being the promotion of positive youth development opportnities for LGBTQ youth participants.[145] While the publication focused on youth in out-of-home care, this approach is easily transferable to shelter or housing services offered to LGBTQ homeless youth. The CWLA best practices mirror the Lambda Legal guidelines in places, and elaborate on others, including the following:

Agency Culture and Space

- Acknowledge presence of LGBTQ youth
- Offer dignity and respect of youth participants by treating them fairly and equally
- Prevent harassment and discrimination by valuing and affirming differences
- Create physical spaces that outwardly affirm and celebrate LGBTQ youth (silence could be taken as a form of rejection or oppression)
- Address misunderstandings and mistreatment when homeless youth are exposed to harassment, abuse, and self-destructive behavior
- Be aware of language (use gender-neutral pronouns)[146]

Expectation of Staff and Volunteers

- Offer sensitivity and skill building training to all staff and volunteers
- Support the positive development and expression of sexual orientation and gender identity through discussion, participation in social activities, permission for individual expression through clothing and grooming, and access to queer-inclusive materials and books
- Be prepared to offer supportive information and services to youth and their family members
- Refuse to isolate LGBT youth as a response to harassment or assault from others—address the inappropriate behavior of the harasser or assailant

- Refuse to refer to reparative therapy because leading mental health and medical associations caution this practice
- Be aware of the mental health and medical services which are supportive of transgender youth
- Ensure receipt of developmentally appropriate sexual health services;
- Seek out safe placements and spaces for LGBTQ youth
- Increase and diversify placement options (not just congregate group homes) through recruitment and training[147]

Procedures to Enhance Inclusion

- Establish written policies concerning disclosure and management of private data (including sexual and gender orientation)
- Adopt and enforce nondiscrimination policies and grievances procedures
- Provide training for agency personnel and volunteers
- Support family acceptance and reconciliation through education, intensive home-based services, and reunification counseling
- Develop procedures that ensure permanence in placement and connection to caring adults (with youth being consulted in the creation of their permanency plans)[148]

Residential Services

- Likewise, the CWLA developed standards to assist group homes in offering safe, inclusive, and competent services to foster or juvenile justice youth, which are directly applicable to homeless youth shelters and shared or congregate facilities offering transitional housing:
- Take immediate steps to address harassment and verbal abuse and physical assault
- Adhere to policies on age appropriate adolescent romantic behavior
- Make appropriate, individualized classifications and housing decisions

- Ensure freedom from unreasonable restrictive conditions and confinement (no stigmatization or humiliation in staff reactions)
- Offer sound classification system for program levels
- No housing with other sex offenders if there is no history of sexual assault
- Policies governing supervision and treatment of suicidal youth[149]

Rocki checked herself into an emergency youth shelter after fights with her foster parents had escalated. Rocki considered herself queer because she liked to dress in retro boys clothes and make out with girls. She told one of the shelter caseworkers that she had a crush on another resident. The caseworker told her that if she tried anything she would be kicked out, and that the Bible punished homosexuals in hell. Rocki got angry and began to hurl verbal epithets at the caseworker. She eventually left that night in order to prevent herself from hitting the worker. Rocki told an outreach worker about her experiences at the shelter and the outreach worker subsequently brought a formal complaint to the agency. After an investigation, the caseworker was reassigned to work in another program focused on infants and toddlers in care. The agency conducted an assessment of its policies and practices in regard to inclusionary and cultural competency standards for serving LGBTQ youth. It implemented a formal complaint process, adopted a nondiscrimination policy inclusive of LGBTQ persons, changed its intake questions so as not to assume sexual orientation or gender identity, re-arranged some of its shelter beds to allow for transgender youth to receive a bed assignment based on their gender identity and not their biological sex, instituted a curriculum packet on LGBTQ culture for all new employees, and conducted training for all staff. During the training, Rocki was invited to come back and talk about her experiences. Rocki was empowered by the experience and became more involved in her school's gay-straight alliance student group.[150]

V. CONCLUSION

The prevalence of LGBTQ youth among homeless populations is alarming and disquieting in a resource rich country like the United States. A conservative estimate puts hundreds of thousands LGBTQ youth experiencing homelessness each year in America with over 10,000 LGBTQ youth experiencing survival for long periods on the street. Not only are LGBTQ youth disproportionately represented among the homeless population, but these youth experience greater physical and sexual exploitation while homeless than their non-LGBTQ peers. It is not an exaggeration that each year in America, LGBTQ homeless youth die on the streets of communities.[151] Their personal histories of severe family conflict, abuse, neglect, exploitation, and homelessness occur during the critical developmental stage of adolescence, setting them up for further adversity as adults.

The pathways into homelessness are diverse and cumulative. It is too simplistic to assume that a majority of LGBTQ youth become homeless merely due to parental rejection. Instead, long standing conditions of family conflict, abuse, neglect, and poverty converge to propel youth away from their homes. Once homeless, LGBTQ youth will be exposed to the risk of violence, sexual exploitation, chronic health diseases, and death.

Meanwhile, the outlook for increased shelter, housing, and services for homeless youth remains bleak. America's private service systems have an abysmal capacity to support homeless youth, and most nonprofit organizations serving homeless youth remain disjointed from public child welfare systems. Government support does not fare much better. Over $115 million each year is appropriated to housing and services through the Runaway and Homeless Youth Act, but federally funded street outreach programs make over seven hundred forty thousand street contacts annually—far fewer than the fifty thousand homeless youth who find access to a shelter bed or the four thousand youth who annually make their way through transitional housing programs.[152] Most communities have no

resources (shelter or housing) for homeless youth, and most cities have a tremendous deficit of resources. Youth are denied services because of a lack of local, state, and federal public investment.

Homeless LGBTQ youth are among us and searching for connections to caring and loving adults. The social crisis of LGBTQ youth homelessness will not be solved by increased funding alone. Relationships transform people. Caring adults who give of their time to build safe relationships with homeless youth, offer a chance for youth to believe in themselves and lead lives of greater self-determination. If we truly want to demonstrate a commitment towards ending youth homelessness, we must require the involvement of community-based volunteers, committed businesses, and community resources to be in relationship with youth.

There is also a role for the broader LGBTQ community to play in ending youth homelessness. Its members can act as advocates to ensure that vulnerable, homeless youth are not assaulted in street environments and not recruited into the commercial sex industry through strip clubs and prostitution. Public systems must offer increased funding to increase community capacity to support and house LGBTQ homeless youth. Agencies must ensure that their practices and policies support culturally oriented or culturally competent approaches to LGBTQ homeless youth. This social condition is not so large that concerted community intervention and public investment could not end youth homelessness in this century.

LGBTQ homeless youth are resilient, creative, and often damaged by adults in their lives. They require opportunities to master life skills and experience positive development. The breakdown of families and the lack of federal, state, and local funding are the primary barriers in assisting communities with addressing the needs of LGBTQ homeless youth. This social condition is remediable and can be solved with adequate community investment. However, until a substantial level of private volunteerism and public investment is reached, LGBTQ homeless youth will continue to live lives of meager survival on the streets, invisible and exploited.

[1] Richard Hooks Wayman is the senior youth policy analyst with the National Alliance to End Homelessness (www.endhomelessness.org). The author wishes to express his love and gratitude to his partner, Aaron Hooks Wayman, for his support and assistance during the research and authorship of this article.

[2] These stories and subsequent "notes from the field" are not true stories but are reality-based narratives altered from actual cases experienced by service professionals serving LGBTQ homeless youth.

[3] *See* JOHN BOSWELL, THE KINDNESS OF STRANGERS: THE ABANDONMENT OF CHILDREN IN WESTERN EUROPE FROM LATE ANTIQUITY TO THE RENAISSANCE (1998).

[4] Ken Libertoff, *The Runaway Child in America: A Social History*, 1 J. FAM. ISSUES 151, 153 (1980).

[5] Unaccompanied youth are minors that are homeless, without a stable night-time residence, and without the presence of their parents or legal guardian. While many of these youth have parents who hold physical and legal custody right to the minor, the parents have failed to maintain control and custody of the minor.

[6] The federal Runaway and Homeless Youth Act, 42 U.S.C. § 5701, was enacted in 1974.

[7] Under the federal Runaway and Homeless Youth Act, homeless youth are defined as being under age eighteen if applying for shelter and between sixteen and twenty-one years old if applying for transitional housing. Specifically, the law defines homeless youth as "an individual . . . (A) who is . . . (i) not more than 21 years of age, or, in the case of youth seeking shelter in a center under part A, not more than 18 years of age; and (ii) for the purposes of part B, not less than 16 years of age; (B) for whom it is not possible to live in a safe environment with relatives; and (C) who has no other safe alternative living arrangement." 42 U.S.C. § 5732a (2008).

[8] Sharon Begley, *Getting Inside a Teen Brain*, NEWSWEEK, Feb. 28, 2000, at 58; CTR. FOR JUVENILE JUSTICE REFORM & JIM CASEY YOUTH OPPORTUNITIES INITIATIVE, SUPPORTING YOUTH IN TRANSITION TO ADULTHOOD: LESSONS LEARNED FROM CHILD WELFARE AND JUVENILE JUSTICE (2009), *available at* http://cjjr.georgetown.edu/pdfs/TransitionPaperFinal.pdf.

[9] Research and study of homeless youth in the past forty years have provided the professional field with ample information regarding the demographics of homeless youth, but not the services or program methodologies that assist in securing residential stability for youth. Many studies have small samples that are geographically restricted, making their application to the entire homeless youth population suspect. Furthermore, research on homeless youth is often completed using data and information from surveys that failed to inquire as to the sexual orientation or gender identity of participants. Even when this inquiry occurred, few studies offer comparative results between LGBTQ homeless youth and their non-LGBTQ peers. Finally, much of the specific research on LGBTQ homeless youth has clustered around several cities that are perceived as having large LGBTQ adult populations and culture, such as New York, Los Angeles, San Francisco, Seattle, and Minneapolis. Very few rural or suburban environments have offered substantive research or data responses from homeless youth.

[10] NICHOLAS RAY, NAT'L GAY & LESBIAN TASK FORCE, LESBIAN, GAY, BISEXUAL AND TRANSGENDER YOUTH: AN EPIDEMIC OF HOMELESSNESS 1 (2007), *available at* http://www.thetaskforce.org/downloads/HomelessYouth.pdf.
[11] PAUL A. TORO, AMY DWORSKY & PATRICK J. FOWLER, HOMELESS YOUTH IN THE UNITED STATES: RECENT RESEARCH FINDINGS AND INTERVENTION APPROACHES 9 (2007), *available at* http://www.huduser.org/publications/pdf/p6.pdf.
[12] *Id.*
[13] *Id.*
[14] *Id.*
[15] *Id*.
[16] *Id*.
[17] *Id.*
[18] MARJORIE J. ROBERTSON & PAUL A. TORO, HOMELESS YOUTH: RESEARCH, INTERVENTION, AND POLICY 4 (1998), *available at* http://aspe.hhs.gov/ProgSys/homeless/symposium/3-Youth.htm.
[19] Sanna J. Thompson et al., *Differences and Predictors of Family Reunification Among Subgroups of Runaway Youths Using Shelter Services*, 25 SOC. WORK RES. 163, 163 (2001); Christopher L. Ringwalt et al., *The Prevalence of Homelessness Among Adolescents in the United States*, 88 AM. J. PUB. HEALTH 1325, 1325 (1998); Heather Hammer et al., *National Estimates of Missing Children: Selected Trends, 1988-1999,* NAT'L INCIDENCE STUD. MISSING, ABDUCTED, RUNAWAY, & THROWNAWAY CHILDREN, Dec. 2004, at 1, 14, *available at* http://www.ncjrs.gov/pdffiles1/ojjdp/206179.pdf; JODY M. GREENE ET AL., INCIDENCE AND PREVALENCE OF HOMELESS AND RUNAWAY YOUTH 1-2 (2003), *available at* http://www.acf.hhs.gov/programs/opre/fys/design_opt/reports/incidence/incidence.pdf.
[20] ROBERTSON & TORO, *supra* note 18, at 4.
[21] TORO, DWORSKY & FOWLER, *supra* note 11, at 3.
[22] Ringwalt et al., *supra* note 19, at 1326.
[23] *Id.* at 1325–26.
[24] *Supra* note 2.
[25] A map of locations of existing runaway and homeless youth shelters, outreach programs, and transitional housing programs has been created by the Family Youth Services Bureau of the U.S. Department of Health and Human Services. U.S. Dep't of Health & Human Svcs., Locate a FYSB Program, http://www.acf.hhs.gov/programs/fysb/content/youthdivision/programs/locate.htm (last visited Mar. 28, 2009).
[26] *See* 42 U.S.C. §§ 5701–5711 (2008).
[27] This data has been collected by the U.S. Department of Health and Human Services, National Extranet Optimized Runaway and Homeless Youth Management Information System (NEO-RHYMIS). The data has not been published. For more information on NEO-RHYMIS and to search its databases, see U.S. Dep't of Health & Human Services, NEO-RHYMIS, https://extranet.acf.hhs.gov/rhymis/ (last visited Mar. 28, 2009) [hereinafter NEO-RHYMIS].

[28] *See* CONGR. RESEARCH SERV., RUNAWAY AND HOMELESS YOUTH: DEMOGRAPHICS, PROGRAMS, & EMERGING ISSUES (2007), *available at* http://www.endhomelessness.org/content/general/detail/1451.

[29] Examples of community-based agencies offering services, shelters, and housing culturally oriented and targeted toward LGBTQ youth, include: Gay and Lesbian Adolescent Social Services (GLASS) in Los Angeles, CA; Ruth Ellis Center, Detroit, MI; Green Chimney's New York Services, New York, NY; Ali Forney Center, New York, NY; Host Home Program, Different Avenues for Homeless Youth, Minneapolis, MN; and Transgender Health Empowerment, Inc., Washington, D.C.

[30] RAY, *supra* note 10, at 4–5.

[31] *See Incidence and Vulnerability of LGBTQ Homeless Youth,* YOUTH HOMELESSNESS SERIES BRIEF NO. 2, Dec. 8, 2008, at 1, *available at* http://www.endhomelessness.org/content/article/detail/2141.

[32] Bryan N. Cochran et al., *Challenges Faced by Homeless Sexual Minorities: Comparison of Gay, Lesbian, Bisexual, and Transgender Homeless Adolescents with their Heterosexual Counterparts*, 92 AM. J. OF PUB. HEALTH 773, 774 (2002).

[33] *Id.*; WILDER RESEARCH, HOMELESS YOUTH IN MINNESOTA: 2003 STATEWIDE SURVEY OF PEOPLE WITHOUT PERMANENT SHELTER 1, 27–32, 53–55 *(*2005), *available at* http://www.wilder.org/download.0.html?report=410.

[34] Cochran et al., *supra* note 32, at 774.

[35] WILDER RESEARCH, *supra* note 33, at 27–32, 53–55; LES WHITBECK ET AL., MIDWEST LONGITUDINAL STUDY OF HOMELESS ADOLESCENTS 2 (2002), *available at* http://netnebraska.org/extras/statewide/pers/media/annual_overall_2002.pdf.

[36] Cochran et al., *supra* note 32, at 774; WILDER RESEARCH, *supra* note 33, at 36, 47–48

[37] WHITBECK ET AL., *supra* note 35, at 7–8.

[38] Cochran et al., *supra* note 32, at 774.

[39] U.S. DEP'T OF HOUSING AND URBAN DEVELOPMENT & U.S. DEP'T OF HEALTH AND HUMAN SERVICES, PRACTICAL LESSONS: THE 1998 NATIONAL SYMPOSIUM ON HOMELESSNESS RESEARCH 3–9 (Linda B. Fosburg & Deborah L. Dennis eds., 1999).

[40] Cochran et al., *supra* note 32, at 774.

[41] *Id*.

[42] WILDER RESEARCH, OVERVIEW OF HOMELESSNESS IN MINNESOTA 2006: KEY FACTS FROM THE STATEWIDE SURVEY, 1, 34 (2006) *available at* http://www.wilder.org/download.0.html?report=1963; HOMELESS YOUTH IN MINNESOTA, *supra* note 30, at 27–32, 53–55.

[43] ROBERTSON & TORO, *supra* note 18, at 13. *See also* MARJORIE J. ROBERTSON, CAL. DEP'T OF MENTAL HEALTH, REP. TO THE NAT'L INST. ON ALCOHOL ABUSE & ALCOHOLISM: HOMELESS YOUTH IN HOLLYWOOD (1989).

[44] James M. Van Leeuwen et al., *Lesbian, Gay, and Bisexual Homeless Youth: An Eight City Public Health Perspective*, 85 CHILD WELFARE 151, 161 (2006).

[45] *Supra* note 2.

[46] Cochran et al., *supra* note 32, at 774.

[47] Wilder Research, *supra* note 42, at 34. *But see* Gary Remadfedi, *Male Homosexuality: The Adolescent's Perspective*, 79 PEDIATRICS 326, 326 (1987) (showing

that 43 percent of gay male youth experienced familial conflict due to their sexual orientation).

[48] CTR. FOR JUVENILE JUSTICE REFORM & JIM CASEY YOUTH OPPORTUNITIES INITIATIVE, *supra* note 8, at 7.

[49] TORO, DWORSKY & FOWLER, *supra* note 11, at 10. One study found that youth involved with the correctional system were more likely to be homeless or precariously housed. This study compared 209 court-involved youth and 419 non-court-involved youth who participated in a youth employment program. The study found that court-involved youth were less likely to be living with their parents and more likely to have no permanent address. DEBORAH FELDMAN & DAVIS PATTERSON, CHARACTERISTICS AND PROGRAM EXPERIENCES OF YOUTHFUL OFFENDERS WITHIN SEATTLE-KING COUNTY WORKFORCE INVESTMENT ACT (WIA) PROGRAMS (2003), *available at* http://www.seakingwdc.org/pdf/Reports/Youth/YouthOffenderStudy_33.pdf.

[50] COLLEEN SULLIVAN, SUSAN SOMMER, & JASON MOFF, LAMBDA LEGAL DEFENSE & EDUCATION FUND, YOUTH IN THE MARGINS: A REPORT ON THE UNMET NEEDS OF LESBIAN, GAY, BISEXUAL, & TRANSGENDER ADOLESCENTS IN FOSTER CARE 11 (2001), *available at* http://data.lambdalegal.org/pdf/25.pdf; *see also* R. WORONOFF, R. ESTRADA, & S. SOMMER, CHILD WELFARE LEAGUE OF AMERICAN & LAMBDA LEGAL DEFENSE & EDUCATION FUND, OUT OF THE MARGINS: A REPORT ON REGIONAL LISTENING FORUMS HIGHLIGHTING THE EXPERIENCES OF LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUESTIONING YOUTH IN CARE 5 (2006).

[51] Out-of-home placements typically are family-based foster care, group home residential care, treatment residential services, and juvenile justice detention centers or jails.

[52] *See* Van Leeuwen et al., *supra* note 41, at 152.

[53] Michael Windle, *Substance Use and Abuse Among Adolescent Runaways: A Four-Year Follow-Up Study*, 18 J. YOUTH & ADOLESCENTS 331, 332 (1989); WILDER RESEARCH, *supra* note 33, at 29–30.

[54] *See* Les B. Whitbeck, Dan R. Hoyt & Kevin A. Yoder, *A Risk-Amplification Model of Victimization and Depressive Symptoms Among Runaway and Homeless Adolescents*, 27 AM. J. CMTY. PSYCHOL. 273, 282 (1999).

[55] ROBERTSON & TORO, *supra* note 18, at 13; ROBERTSON, *supra* note 43.

[56] TORO, DWORSKY & FOWLER, *supra* note 11, at 4 (citing Pamela A. McCaskill, Paul A. Toro & Susan M. Wolfe, *Homeless and Matched Housed Adolescents: A Comparative Study of Psychopathology,* 27 J. CLINICAL CHILD PSYCHOL. 306 (1998)); Les B. Whitbeck, Danny R. Hoyt & Kevin A. Ackley, *Abusive Family Backgrounds and Later Victimization Among Runaway and Homeless Adolescent*s, 7 J. RES. ON ADOLESCENCE 375 (1997)).

[57] *Id.* at 5 (citing Paul A. Toro et al., Maltreatment in a Probability Sample of Homeless Adolescents: A Subgroup Comparison (Nov. 1995) (paper presented at the Annual Meeting of the American Public Health Association, San Diego, Cal.) (on file with author)); Milton Greenblatt & Marjorie J. Robertson, *Homeless Adolescents: Lifestyle, Survival Strategies and Sexual Behaviors*, 44 HOSP. & COMMUNITY PSYCHIATRY 1177 (1993)).

[58] *Id.* (citing WHITBECK ET AL., *supra* note 35; WILDER RESEARCH, *supra* note 33).

[59] *Id*. (citing MARJORIE J. ROBERTSON ET AL., SURVIVING FOR THE MOMENT: A REPORT ON HOMELESS YOUTH IN SAN FRANCISCO (1996); Paul A. Toro et al., Outcomes Among Homeless and Matched Housed Adolescents: A Longitudinal Comparison (Aug. 2000) (paper presented at the 108th Annual Convention, American Psychological Association, Washington, D.C.) (on file with author)).
[60] *Supra* note 2.
[61] ADRIENNE L. FERNANDES, CONGRESSIONAL RESEARCH SERV. RUNAWAY AND HOMELESS YOUTH: DEMOGRAPHICS, PROGRAMS, AND EMERGING ISSUES 1, 18 (2007), *available at* http://www.endhomelessness.org/content/general/detail/1451.
[62] *See, e.g.* WILDER RESEARCH, *supra* note 42, at 31.
[63] McCaskill, Toro & Wolfe, *supra* note 56, at 309, 312–14.
[64] Windle, *supra* note 53, at 332.
[65] *See generally* Doreen Rosenthal et al., *Changes Over Time Among Homeless Young People in Drug Dependency, Mental Illness and Their Co-Morbidity*, 12 PSYCHOL., HEALTH & MED. 70, 74–78 (2007).
[66] *See* RONNA COOK, A NATIONAL EVALUATION OF TITLE IV-E FOSTER CARE INDEPENDENT LIVING PROGRAMS FOR YOUTH: PHASE 2 FINAL REPORT (1991).
[67] James T. Kennedy et al., *Health Care for Familyless Runaway Street Kids in* UNDER THE SAFETY NET: THE HEALTH AND SOCIAL WELFARE OF THE HOMELESS IN THE UNITED STATES 82, 99 (Philip W. Brickner et al., eds., 1990).
[68] WILDER RESEARCH, *supra* note 42, at 30; WILDER RESEARCH, *supra* note 33, at 30.
[69] ROBERTSON & TORO, *supra* note 18, at 18.
[70] Edward M. Adlaf & Yola M. Zdanowicz, *A Cluster-Analytic Study of Substance Problems and Mental Health Among Street Youths,* 25 AM. J. DRUG & ALCOHOL ABUSE 639, 643 (1999); Justeen Hyde, *From Home to Street: Understanding Young People's Transitions Into Homelessness*, 28 J. ADOLESCENCE 171, 175 (2005); TIMOTHY P. JOHNSON & INGRID GRAF, UNACCOMPANIED HOMELESS YOUTH IN ILLINOIS: 2005, 14 (2005), *available at* http://www.srl.uic.edu/Publist/StdyRpts/HomelessYouthIllinois2005.pdf; Norweeta G. Milburn et al., *Cross-National Variations in Behavioral Profiles Among Homeless Youth*, 37 AM. J. CMTY. PSYCHOL. 63, 67 (2006); s*ee also* Michael C. Clatts et al., *Correlates and Distribution of HIV Risk Behaviors Among Homeless Youth in New York City*, 77 CHILD WELFARE 195, 199 (1998); Cleta L. Dempsey, *Health and Social Issues of Gay, Lesbian, and Bisexual Adolescents*, 75 FAMILIES SOC'Y 160, 165 (1994). It should be noted that a youth's need for social desirability may result in underreporting when asked about issues pertaining to sexual orientation, gender identity, and family and personal substance abuse. Cochran et al., *supra* note 32, at 773.
[71] Dempsey, *supra* note 70, at 160.
[72] *Incidence and Vulnerability of LGBTQ Homeless Youth*, *supra* note 28, at 3–4; *see also* NICHOLAS RAY, NAT'L GAY & LESBIAN TASK FORCE, LESBIAN, GAY, BISEXUAL AND TRANSGENDER YOUTH: AN EPIDEMIC OF HOMELESSNESS 1 (2007), *available at* http://www.thetaskforce.org/downloads/HomelessYouth.pdf.
[73] *Id.*
[74] *Id.*
[75] *See* E. Aldef & Y. Zdanowicz, *A Cluster-Analytic Study of Substance Problems and Mental Health Among Street Youths*, 25 AM. J. DRUG & ALCOHOL ABUSE 639-60 (1999);

B. Cochran, B. Stewart, J. Ginzler, & A. Cauce, *Challenges Faced by Homeless Sexual Minorities: Comparison of Gay, Lesbian, Bisexual, and Transgender Homeless Adolescents with their Heterosexual Counterparts*, 92 AM. J. PUBLIC HEALTH 773-77 (2002); T. JOHNSON & L. GRAF, UNACCOMPANIED HOMELESS YOUTH IN ILLINOIS 46 (2005), *available at* http://www.srl.uic.edu/Publist/StdyRpts/HomelessYouthIllinois2005.pdf; M. Kennedy, *Homeless and Runaway Youth Mental Health Issues: No Access to the System*, 12 J. ADOLESCENT HEALTH 575-79 (1991); G. Kruks, *Gay and Lesbian Homeless/Street Youth: Special Issues and Concerns*, 12 J. ADOLESCENT HEALTH 515-18 (1991); N. Milburn, M. Rotheran-Borus, E. Rice, S. Mallet, & D. Rosenthal, *Cross-National Variations in Behavioral Profiles Among Homeless Youth*, 37 AM. J. COMMUNITY PSYCHOL. 63-77 (2006); G. OWEN, J. HEINEMAN, & M. DECKER-GERRARD, OVERVIEW OF HOMLESSNESS IN MINNESOTA 2006: KEY FACTS FROM THE STATEWIDE SURVEY (2007), *available at* http://www.wilder.org/download.0.html?report=1963; G. OWEN, J. HEINEMAN, & M. DECKER-GERRARD, HOMELESS YOUTH IN MINNESOTA 2003: STATEWIDE SURVEY OF PEOPLE WITHOUT PERMANENT SHELTER (2005), *available at* http://www.wilder.org/download.0.html?report=410; L. Rew, M. Taylor-Seehafer, N. Thomas, & R. Yockey, *Correlates of Resilience in Homeless Adolescence*, 33 J. NURSING SCHOLARSHIP 33-40 (2001); M. Solorio, N. Milburn, R. Anderson, S. Trifskin, & M. Rodriguez, *Emotional Distress and Mental Health Service Use Among Urban Homeless Adolescents*, 33 J. BEHAV. HEALTH SERVS. & RES. 381-93 (2006); A. Tenner, L. Trevithick, V. Wagner, & R. Burch, *Seattle YouthCare's Prevention, Intervention and Education Program: A Model of Care for HIV-Positive, Homeless, and At-Risk Youth*, 28 J. ADOLESCENT HEALTH 96-106 (1998); J. Unger, M. Kipke, T. Simon, S. Montgomery, & C. Johnson, *Homeless Youths and Young Adults in Los Angeles: Prevalence of Mental Health Problems and the Relationship Between Mental Health and Substance Abuse Disorders*, 25 AM. J. COMMUNITY PSYCHOL. 371-94 (1997); J. Van Leeuwen, S. Boyle, S. Salomonsen-Sautel, D. Baker, J. Garcia, A. Hoffman, & C. Hopfer, *Lesbian, Gay, and Bisexual Homeless Youth: An Eight City Public Health Perspective*, 85 CHILD WELFARE 151-70 (2006); L. Whitebeck, X. Chen, D. Hoyt, K. Tyler, & K. Johnson, *Mental Health Disorders, Subsistence Strategies, and Victimization Among Gay, Lesbian, and Bisexual Homeless and Runaway Adolescents*, 41 J. SEX. RES. 329-42 (2004); G. Yates, R. Mackenzie, J. Pennbridge, & E. Cohen, *A Risk Profile Comparison of Runaway and Non-Runaway Youth*, 78 AM. J. PUBLIC HEALTH 820-21 (1988).

[76] *Supra* note 2.

[77] An eight-city study of one hundred fifty LGBTQ homeless youth found that 41 percent were African American, American Indian, Latino, or Asian or Pacific Islander and 39 percent were white (20 percent did not fall into one of these categories). Van Leeuwen et al., *supra* note 41, at 159.

[78] Patrick Fowler et al., *Community Violence and Externalizing Problems: Moderating Effects of Race and Religiosity in Emerging Adulthood*, 36 J. COMMUNITY PSYCHOL. 835 (2008).

[79] TORO, DWORSKY, & FOWLER, *supra* note 11.

[80] Cochran et al., *supra* note 32, at 774.

[81] Les B. Whitbeck, Xiaojin Chen, Dan R. Hoyt, Kimberly A. Tyler & Kurt D. Johnson, *Mental Disorder, Subsistence Strategies, and Victimization Among Gay, Lesbian, and Bisexual Homeless and Runaway Adolescents*, 41 J. SEX RES. 329, 334 (2004).
[82] Arnold H. Grossman, *Lessons from Greg Louganis in Relating To Gay, Lesbian and Bisexual Youth*, 24 J. LEISURABILITY 14, 17–18 (1997); *see also* Eva D. Olson, *Gay Teens and Substance Use Disorders: Assessments and Treatment,* 3 J. GAY &LESBIAN PSYCHOTHERAPY 69 (2000).
[83] Grossman, *supra* note 75, at 16; Curtis D. Proctor & Victor K. Groze, *Risk Factors for Suicide Among Gay, Lesbian, Bisexual Youths*, 39 SOC. WORK 504, 504 (1994).
[84] Grossman, *supra* note 75, at 15, 19; Stephen T. Russell, Brian T. Franz & Anne K. Driscoll, *Same-Sex Romantic Attraction and Experiences of Violence in Adolescence*, 91 AM. J. OF PUB. HEALTH 903, 905–906 (2001).
[85] Russell, Franz & Driscoll, *supra* note 77, at 904–905.
[86] Grossman, *supra* note 75, at 15, 19.
[87] Van Leeuwen et al., *supra* note 41, at 155. *See also*, Whitbeck, Chen, Hoyt, Tyler & Johnson, *supra* note 81, at 334.
[88] Whitbeck, Chen, Hoyt, Tyler & Johnson, *supra* note 81, at 334.
[89] Van Leeuwen et al., *supra* note 41, at 161.
[90] *Supra* note 2.
[91] Lynn Rew et al., *Sexual Health Risks and Protective Resources in Gay, Lesbian, Bisexual, and Heterosexual Homeless Youth,* 10 J. FOR SPECIALISTS PEDIATRIC NURSING 11, 14–15 (2005).
[92] *Id.*
[93] Van Leeuwen et al., *supra* note 41, at 153.
[94] John W. Noell & Linda M. Ochs, *Relationship of Sexual Orientation to Substance Use, Suicidal Ideation, Suicidal Attempts, and Other Factors in a Population of Homeless Adolescents*, 29 J. ADOLESCENT HEALTH 31, 34–35 (2001).
[95] Daniel M. Medeiros, Mavis Seehaus, Jennifer Elliott & Adam Melaney, *Providing Mental Health Services For LGBT Teens in a Community Adolescent Health Clinic*, 8 J. GAY LESBIAN PSYCHOTHERAPY 83, 93 (2004); Caitlin Ryan, *Lesbian, Gay, Bisexual and Transgender Youth: Health Concerns, Services and Care,* 20 CLINICAL RES. & REG. AFF. 137, 140–41 (2003). *See also* Elizabeth M. Saewyc, Linda H. Bearinger, Robert W. Blum & Michael D. Resnick, *Sexual Intercourse, Abuse and Pregnancy Among Adolescent Women: Does Sexual Orientation Make a Difference*, 31 FAM. PLANNING PERSPECTIVES 127 (1999).
[96] *See* TRUDEE ABLE-PETERSON & RICHARD A. HOOKS WAYMAN, STREETWORKS: BEST PRACTICES IN STREET OUTREACH METHODOLOGIES (2006).
[97] TORO, DWORSKY & FOWLER, *supra* note 8, at 11.
[98] The guidelines to the federal Runaway and Homeless Youth Act, as administered by the Family and Youth Services Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, emphasize crisis intervention and shelter services as methods for family reunification. For more information on the guidelines, see U.S. Department of Health & Human Services, Administration for Children & Families, Fact Sheet: Family and Youth Services Bureau, http://www.acf.hhs.gov/programs/fysb/content/aboutfysb/factsheet.htm (last visited Apr. 2, 2009).

[99] ABLE-PETERSON & HOOKS WAYMAN, *supra* note 87, at 15.
[100] *Id.* at 30–31, 243.
[101] *Id.* at 31.
[102] Different Avenues, a nonprofit organization in Washington, D.C., engages in on-line outreach services to connect marginalized individuals with services. *See* Different Avenues, Outreach Services, http://www.differentavenues.org/outreach.html (last visited May 20, 2009).
[103] For more information on Multisystemic Therapy, see MST Services, http://www.mstservices.com (last visited Apr. 2, 2009). *See also* SCOTT W. HENGGELER, SONJA K. SCHOENWALD, CHARLES M. BORDUIN, MELISA D. ROWLAND & PHILLIPPE B. CUNNINGHAM, MULTISYSTEMIC TREATMENT OF ANTISOCIAL BEHAVIOR IN CHILDREN AND ADOLESCENTS (1998).
[104] MST Services, *supra* note 92.
[105] *Id.*
[106] JAMES F. ALEXANDER & BRUCE V. PARSONS, FUNCTIONAL FAMILY THERAPY 1–7 (1982).
[107] *Id. See also* James F. Alexander et al., *Functional Family Therapy, in* BLUEPRINTS FOR VIOLENCE PREVENTION, BOOK 3 (Delbert S. Elliott ed., 2000).
[108] Lisa Merkel-Holguin, Paul Nixon & Gale Buford, *Learning with Families: A Synopsis of FGMD Research and Evaluation in Child Welfare*, 18 PROTECTING CHILDREN 1 & 2 at 2, 10 (2003), *available at* http://www.americanhumane.org/assets/docs/protecting-children/PC-pc-article-fgdm-research.pdf.
[109] MARK W. FRASER, PETER J. PECORA & DAVID A. HAAPALA, FAMILIES IN CRISIS: THE IMPACT OF INTENSIVE FAMILY PRESERVATION SERVICES 168 (1991). *See also* NAT'L FAM. PRESERVATION NETWORK, INTENSIVE FAMILY REUNIFICATION SERVICES PROTOCOL 6–7 (2003), *available at* http://www.nfpn.org/images/stories/files/ifrs_protocol.pdf.
[110] National Coalition for Child Protection Reform, Issue Paper 11: Does Family Preservation Work?, http://www.nccpr.org/newissues/11.html (located on August 15, 2007) (last visited May 20, 2009). A study in Michigan randomly assigned high-risk families from child welfare to either IFPS or traditional child welfare foster care services. After six months of receiving IFPS, 94 percent of children were living at home or with relatives, compared to only 34 percent of non-IFPS children. The twelve-month follow-up data showed 92 percent of IFPS children living at home compared to 28.3 percent of non-IFPS children. NAT'L FAM. PRESERVATION NETWORK, *supra* note 99, at 7. Another study in Utah and Washington used a comparison group and found that after one year, 85.2 percent of the children in the comparison group were placed in foster care, compared to only 44 percent of the children who received IFPS. FRASER, PECORA & HAAPALA, *supra* note 99, at 168.
[111] *See* TEX. HEALTH & HUMAN SERV. COMM'N, CASE MANAGEMENT OPTIMIZATION: BEST PRACTICES AND EMERGING TRENDS IN CASE MANAGEMENT, *available at* http://www.hhsc.state.tx.us/about_hhsc/reports/CaseManagement_BestPractices.pdf.
[112] Caseloads are small (twelve recipients or less to one ICM) and ICM services are offered twenty-four hours a day, seven days per week to respond to the intensity level of ICM for children and youth. Barbara J. Burns, Kimberly Hoagwood & Patricia J.

Mrazek, *Effective Treatment for Mental Disorders in Children and Adolescents*, 2 CLINICAL CHILD & FAM. PSYCHOL. REV. 199, 216–19 (1999).

[113] ABLE-PETERSON & HOOKS WAYMAN, *supra* note 87, at 48–49.

[114] *See* Ana Mari Cauce et al., *Effectiveness of Intensive Case Management for Homeless Adolescents: Results of a 3-Month Follow Up*, 2 J. of Emotional and Behav. Disorders 219 (1994).

[115] 42 U.S.C. § 5701 (2002).

[116] *See* NEO-RHYMIS *supra* note 24.

[117] S. Thompson, A. Safyer, and D. Pollio. *Differences and Predictors of Family Reunification Among Subgroups of Runaway Youths Using Shelter Services*, 25(3) SOCIAL WORK RESEARCH 163 (2001); s*ee also* S. Thompson, D. Pollio, and L. Bitner, *Outcomes of adolescents using runaway and homeless youth services*, 3(1) J. HUM. BEHAV. & SOC. ENV'T 3(1): 79-97 (2000); J. Teare, D. Furst, R. Peterson, and K. Authier, *Family reunification following shelter placement: Child, family and program correlates,* 61(1) AM. J. ORTHOPSYCHIATRY 142-46 (1992).

[118] DEBORAH BASS, HELPING VULNERABLE YOUTHS: RUNAWAY AND HOMELESS ADOLESCENTS IN THE UNITED STATES 3, 3 (1992); Thompson et al., *supra* note 16, at 164.

[119] U.S. GOV'T ACCOUNTING OFFICE, HOMELESSNESS: HOMELESS AND RUNAWAY YOUTH RECEIVING SERVICES AT FEDERALLY FUNDED SHELTERS 21 (1989), *available at* http://archive.gao.gov/t2pbat12/140382.pdf.

[120] M. Rosa Solorio et al., *Emotional Distress and Mental Health Services Use Among Urban Homeless Adolescents*, 33 J. BEHAV. HEALTH SERVICES & RES. 381, 383–84, 386 (2006).

[121] Ana Mari Cauce et al., *The Characteristics and Mental Health of Homeless Adolescents: Age and Gender Differences,* 8 J. EMOTIONAL & BEHAV. DISORDERS 230, 324 (2000).

[122] Host homes are operated by voluntary community members who open up their homes to youth to offer short-term stability and mentorship. Typically, they function similar to foster homes, except the host has no guardianship responsibility (custody rights) over the youth participant.

[123] Shared houses are homes that youth share with a live-in staff member. Housemates share a communal kitchen and living area.

[124] Most often associated with foster care or juvenile justice placements, community-based group homes are nonsecure residential programs emphasizing family-style living in a single home.

[125] Transitional housing programs offer rental assistance and case management services to youth participants for eighteen to twenty-four months and are an eligible intervention for funding under the Runaway and Homeless Youth Act. The transitional housing unit may be rented from a private landlord, which allows for a nonprofit to find housing in a variety of locations (scattered sites), or the nonprofit may decide to buy or rent an entire building and keep all the youth together in a single site.

[126] The Foyer housing model is extensively employed in Britain, Ireland, Scotland, and France. The model incorporates rental subsidies, income assistance, and single-site housing with programmatic services emphasizing employment and career skills. Many

Foyer programs offer employment opportunities in the same building as the housing unit by combining a commercial endeavor and apartments in the same structure. For more information, see Foyer Federation, http://www.foyer.net/mpn (last visited Apr. 2, 2009).

[127] *See* NEO-RHYMIS *supra* note 24.

[128] LAKESHA POPE, NAT'L ALLIANCE TO END HOMELESSNESS, HOUSING FOR HOMELESS YOUTH 1, 2 (2009), *available at* http://www.endhomelessness.org/content/article/detail/2206/.

[129] *Id.* at 3.

[130] For more information concerning Gay and Lesbian Adolescent Social Services (GLASS), see GLASS Youth and Family Services, http://glassla.org/wp/ (last visited Apr. 2, 2009).

[131] For more information about Green Chimney's Triangle Tribe Apartment Program, Green Chimney, Triangle Tribe Apartment Programs, http://www.greenchimneys.org/index.php?option=com_content&view=article&id=131&Itemid=235 (last visited Apr. 2, 2009).

[132] *See* CHRIS Kids, http://www.chriskids.org/ (last visited Apr. 2, 2009).

[133] *See* The Home for Little Wanderers, http://www.thehome.org/site/PageServer (last visited Apr. 2, 2009).

[134] *See* Gay and Lesbian Adolescent Social Services (GLASS); GLASS Youth and Family Services, http://glassla.org/wp/ (last visited Apr. 2, 2009). Also, the Los Angeles Gay and Lesbian Center has a transitional housing program. Information about homeless youth services is available at http://www.lagaycenter.org/site/PageServer?pagename=YW_Youth_Services.

[135] *See* Ruth Ellis Center, http://www.ruthelliscenter.com/home/index.html (last visited Apr. 2, 2009).

[136] *See* Avenues for Homeless Youth, http://www.avenuesforyouth.org/index.html (last visited Apr. 2, 2009).

[137] *See* Ali Forney Center, http://www.aliforneycenter.org/ (last visited May 12, 2009); *see also* Green Chimney, Triangle Tribe Apartment Programs, http://www.greenchimneys.org/index.php?option=com_content&view=article&id=131&Itemid=235 (last visited Apr. 2, 2009).

[138] *See* Larkin Street Youth Services, http://www.larkinstreetyouth.org/ (last visited Apr. 2, 2009).

[139] *See* YouthCare, http://www.youthcare.org/ (last visited Apr. 2, 2009).

[140] In 2007, federally funded outreach programs made over sixty hundred sixty thousand contacts with youth through street outreach programs, but less than forty-four thousand youth received access to a shelter bed. *See* NEO-RHYMIS *supra* note 24.

[141] *See id.*

[142] Fernandes, *supra* note 56.

[143] *See* SHANNAN WILBER, CAITLIN RYAN & JODY MARKSAMER, CWLA BEST PRACTICE GUIDELINES: SERVING LGBT YOUTH IN OUT-OF-HOME CARE (2006), *available at* http://www.cyfdivision.com/documents/2798_Best_Practices_LGBTQ_5-06.pdf; s*ee also* NAT'L NETWORK FOR YOUTH, AGENCY READINESS INDEX: A SELF-ASSESSMENT AND PLANNING GUIDE TO GAUGE AGENCY READINESS TO WORK WITH LESBIAN, GAY, BISEXUAL, AND TRANSGENDER YOUTH (2003).

[144] *See* WILBER, RYAN & MARKSAMER, *supra* note 143.
[145] WILBER, *supra* note 132, at xiv.
[146] S. Wilber, S., C. Reyes, and J. Marksamer, *The Model Standards Project: Creating Inclusive Systems for LGBT Youth in Out-of-Home Care*, 82 CHILD WELFARE 133, 136−38 (2006)..
[147] WILBER, *supra* note 143.
[148] WILBER, ET AL., *supra* note143, at 9-11; Wilber, et al., *supra* note 146, at 137.
[149] WILBER, ET AL., *supra* note143, at 47-50.
[150] *See supra* note 2.
[151] Paul Toro, Amy Dworsky, and Patrick J. Fowler, *Homeless Youth in the United States*, *in* TOWARD UNDERSTANDING HOMELESSNESS: THE 2007 NATIONAL SYMPOSIUM ON HOMELESSNESS RESEARCH, *available at* http://aspe.hhs.gov/hsp/homelessness/symposium07/toro/index.htm; *see also* Ali Forney Center, http://www.aliforneycenter.org (last visited May 20, 2009).
[152] National Alliance to End Homelessness, FY2010 RHYA Appropriations, http://www.endhomelessness.org/content/article/detail/2210 (last visited May 20, 2009).