...IN BRIEF

Best Practices for Meeting the Needs of Lesbian, Gay, Bisexual, Transgender and Questioning Homeless Youth

There are an estimated 1.8-2.1 million youth who are homeless in the United States every year.[1] A disproportionate number of these youth are lesbian, gay, bisexual, transgender, or questioning (LGBTQ). Research estimates the number to be 20-40% of all homeless youth which is much higher than the 3-5% found in the general population.[2]

Homeless youth face multiple challenges to becoming independent, self-sufficient adults. They struggle to survive from day to day, doing what they can to secure food and temporary shelter. They endure the trauma of street life, often contending with mental health and substance use issues. They lack the education and work experience necessary to find employment. In addition to the issues that confront all homeless youth, homeless LGBTQ youth have additional challenges that they face due to their marginalized status.

There are approximately 5,700 homeless youth in San Francisco, and the majority of these youth receive emergency services, housing, and support services through Larkin Street Youth Services (Larkin Street).[3] Approximately 30% of youth served by Larkin Street identify as LGBTQ. Information collected from these youth during the course of service provision provides a representation of the demographic profile, presenting issues, and service needs of homeless LGBTQ youth.

Why are these youth homeless?

The most common reason for youth becoming homeless is that they come from homes where their parents were either unable or unwilling to care for them. Common family experiences for these youth include child abuse and/or neglect, domestic violence, and parental substance use. Youth leave these homes because the streets seem like a better option. In one study 40-60% of homeless youth stated that physical abuse was a factor in their not living at home.[4]

For LGBTQ youth, in addition to general family instability, issues around their sexual orientation or gender identity are another reason for becoming homeless. One study found that 25% of LGBTQ youth reported family rejection as the reason for their homelessness.[5] Families may be unable to accept LGBTQ youth because of their religious or cultural beliefs which contend that homosexuality is wrong and/or a lifestyle choice. Or parents may lack an understanding of what it means to be a queer youth and this leads to fear and inability to accept their child's sexual orientation or gender identity. The end result may be that youth are kicked out of or leave their homes because it is too dangerous for them to stay. One study found that 50% of gay teens had parents who reacted negatively to their coming out and 26% were kicked out of their home.[6] Another study found that over 1/3 of youth who were either in the care of social services or who were homeless had been physically assaulted in their homes upon coming out to their family.[7]

Similar issues present for youth who are not living in their family of origin. Foster care or group home providers are often ill-equipped to address issues related to sexual orientation or gender identity. Even when family reunification is the goal, social services tend to be unable to adequately address the core issue of parental lack of acceptance. Many youth struggle in out-of-home care, and this makes the situation even more difficult. Youth may find life on the

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street preferable to living in a placement where they feel uncared for, unsafe, and unprotected. A survey study found that 78% of youth and 88% of staff felt that group homes were not safe for LGBTQ youth.[8] Almost half of youth served by Larkin Street have been in foster care or another type of out-of-home placement; this holds for LGBTQ youth.

Who are these youth?

Homeless youth in San Francisco are a diverse group, which is reflected in the youth served by Larkin Street. The majority of youth are heterosexual and/or gender conforming; approximately 30% are LGBTQ. Within the LGBTQ subpopulation the largest groups are bisexual and gay youth.
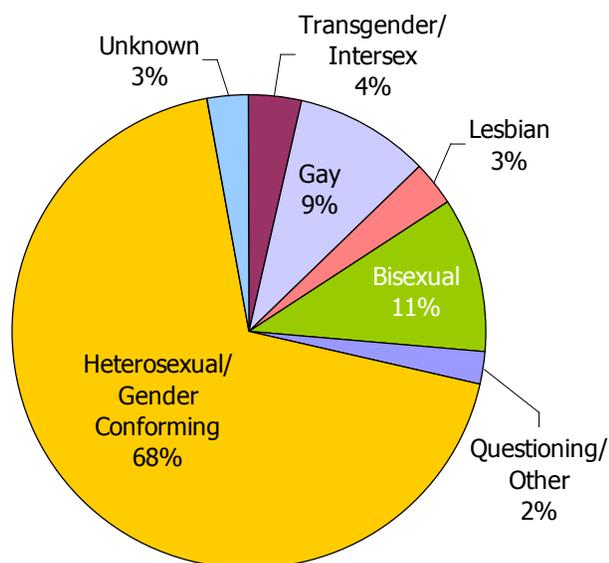

The LGBTQ youth served by the organization are an ethnically diverse group. As found among the overall group served by Larkin Street, no one ethnic group makes up a majority among LGBTQ youth. There were fewer African Americans, more Whites, and more multiracial youth identifying as LGBTQ than non-LGBTQ.

LGBTQ youth have often had negative school experiences which in turn limits educational aspirations and attainment. Almost nine out of ten LGBTQ youth (86%) reported verbal harassment by other students in the past year.[8] But the behavior goes beyond name-calling: 44% had been physically harassed (pushed or shoved) and 22% had been physically assaulted

(punched, injured by weapon) by another student.[10] Experiences are even worse for transgender youth. Transgender students reported experiencing verbal harassment (87%), physical harassment (53%), and physical assault (26%) in school during the past year because of their gender expression.[11] The adverse conditions at school contribute to absenteeism among LGBTQ students who would rather skip school than face torment at the hands of other students. Over 30% of LGBTQ youth had either skipped a class or missed a day of school because they felt unsafe; in comparison approximately 5% of non-LGBTQ youth miss school for the same reason.[12]

Half of youth served by Larkin Street have either a high school diploma or their GED (53% of LGBTQ and 49% of non-LGBTQ). In the United States 75% of youth ages 18-24 have a high school diploma or equivalency.[13] Few youth have gone on to post-secondary although slightly more LGBTQ youth have attended college or obtained a post-secondary degree, 18% compared to 13% of non-LGBTQ. More than 75% of youth are unemployed at intake with no difference between LGBTQ and non-LGBTQ youth. Among unemployed youth 85% are currently seeking employment. This is in sharp contrast to the 48% of 18-24 year-olds nationally who are employed full time.[14]
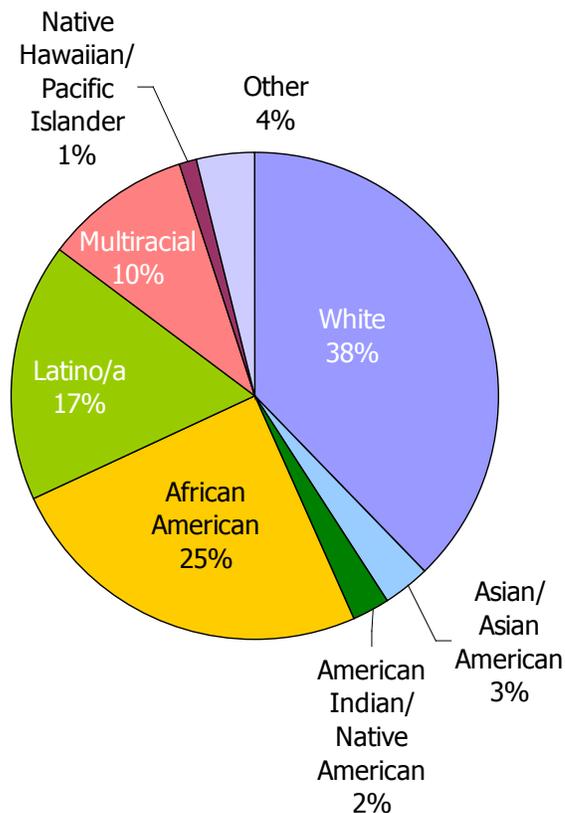
Approximately half of LGBTQ youth receiving services at Larkin Street report that they have been homeless/without stable housing for a short period of time, 1-3 months. This is similar to the 48% of non-LGBTQ youth who had been homeless for the same time period. An additional 30% of LGBTQ youth had been homeless/unstably housed for 3-12 months.

Length of time without stable housing	LGBTQ	Non-LGBTQ
1-3 months	51%	48%
3-6 months	13%	11%
6-12 months	18%	15%
1-2 years	9%	10%
2-3 years	1%	5%
3-5 years	3%	5%
5-10 years	5%	4%
10+ years	1%	2%

The last stable living situation for 76% of LGBTQ youth was a private residence, which includes parents, friends, other relatives, or living on their own. Ten percent were in a group home or foster care placement, and 3% were in a transitional living program. In the previous month 55% were living in a private residence, 27% on the streets, and 10% in a shelter. Almost half, 46%, report that they became homeless before age 19.

What are the issues they are dealing with?

Daily Survival: The most fundamental challenge these youth face is in meeting their basic needs every day. At a time when most youth are provided for by their families, these youth are left to fend for themselves. Many will be forced to beg for food or money and sleep in public spaces. Safety is also a challenge, since many of these youth are exposed to ongoing threats and victimization. While on the streets, between 30% and 50% of runaway youth are physically assaulted, and one in four reports being seriously hurt by a violent attack.[15] LGBTQ homeless youth report higher rates of harassment and victimization than non-LGBTQ youth. One study found that LGBTQ youth were seven times more likely to be a victim of a crime than non-LGBTQ youth.[16]

A lack of alternatives often results in youth trading sex for money, shelter, or other basic needs. Homeless LGBTQ youth are more likely to engage in survival sex than non-LGBTQ youth.[17] Gay, lesbian, and bisexual youth were more likely to report recent unprotected anal sex, higher numbers of sexual partners, sex with persons known to be HIV-positive, sex while high on drugs, exchanging sex for money, sex with an injection drug user, and injection drug use when compared to heterosexual youth.[18] There is a difference in the degree of participation in survival sex among Larkin Street youth: 12% of non-LGBTQ youth report engagement in survival sex compared to 29% of LGBTQ youth. There is also a difference among LGBTQ youth with the highest rates found among transgender youth (38%) and gay youth (31%) followed by bisexual youth (28%) and lesbian youth (19%).

Physical Health: Homeless youth have greater medical needs than their housed peers. This is due largely to lack of food, exposure to the elements, and irregular sleep.[19] Homeless youth are at high risk for a number of health problems including hepatitis, asthma, pneumonia, nutritional disorders, and skin infections.[20] Because of their limited access to medical and dental services, they receive little or no prevention or treatment services. More than 1 in 5 Larkin Street youth, and 26% of LGBTQ youth, report fair to poor health at intake. In addition, approximately half of Larkin Street youth report a lack of health insurance at intake with no significant difference between LGBTQ and non-LGBTQ youth.

Mental health issues: Homeless youth have lives filled with instability and stress. As a result many are dealing with trauma, depression, anxiety, or another mental health issue. Two-thirds of homeless adolescents experienced at least one of a range of disorders, while only an estimated

26% of the adult population in the United States experience a mental disorder.[21] Given their life experiences, it is no surprise that Larkin Street youth report an extensive history of formal mental health care at intake.

There is a high rate of mental health issues among LGBTQ youth in the general population and research has shown that homeless LGBTQ youth have higher rates of mental health issues than are found among the homeless youth population overall. Feelings of loneliness and isolation are high among homeless youth in general but even more so among homeless LGBTQ youth. They are more likely to have depressive symptoms, social withdrawal, social problems, and suicidality. Mental health issues are exacerbated for this population due to the stress of living in a society that is not fully accepting of them. LGBQ youth have high rates of suicidality and attempts. One study found that 73% of LGBQ youth had thought about suicide (compared to 53% of heterosexual youth) and half had attempted suicide at least once.[22] Another study found that 83% of transgender youth had thought about suicide and 54% had attempted suicide.[23]

The youth served by Larkin Street present with both a high level of need and previous mental health service utilization with significant differences between LGBTQ and non-LGBTQ youth. LGBTQ youth have experienced serious anxiety and depression in the previous 30 days and have
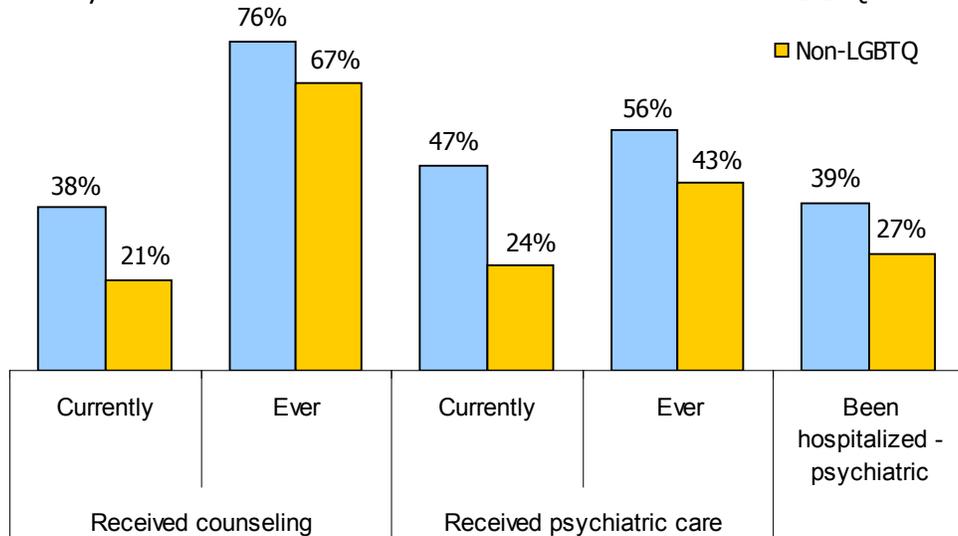
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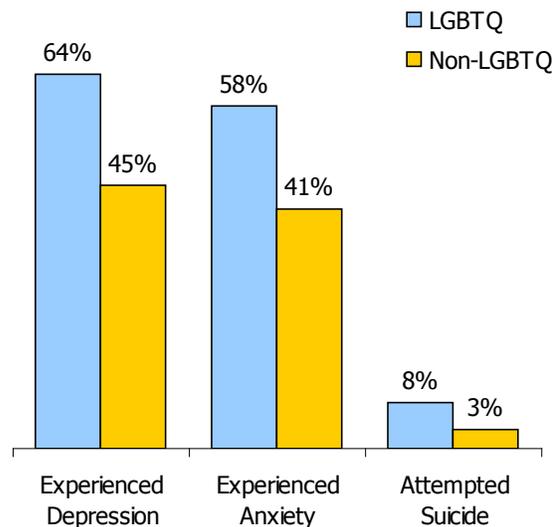
attempted suicide at higher rates that non-LGBTQ youth. The percentage of youth who report attempted suicide in the previous 30 days is more than twice the percentage of non-LGBTQ youth. They also have utilized mental health services to a higher extent than non-LGBTQ youth, both previously and currently. Again there are differences between the two groups with almost twice as many LGBTQ youth currently under psychiatric care than non-LGBTQ youth.

Substance use: Adolescence is a time of experimentation, and it is not uncommon for youth to experiment with substance use, regardless of their living conditions. However, homeless youth are exposed to a larger range of substances on the street and presented with greater opportunities for use. Many youth use substances as a wa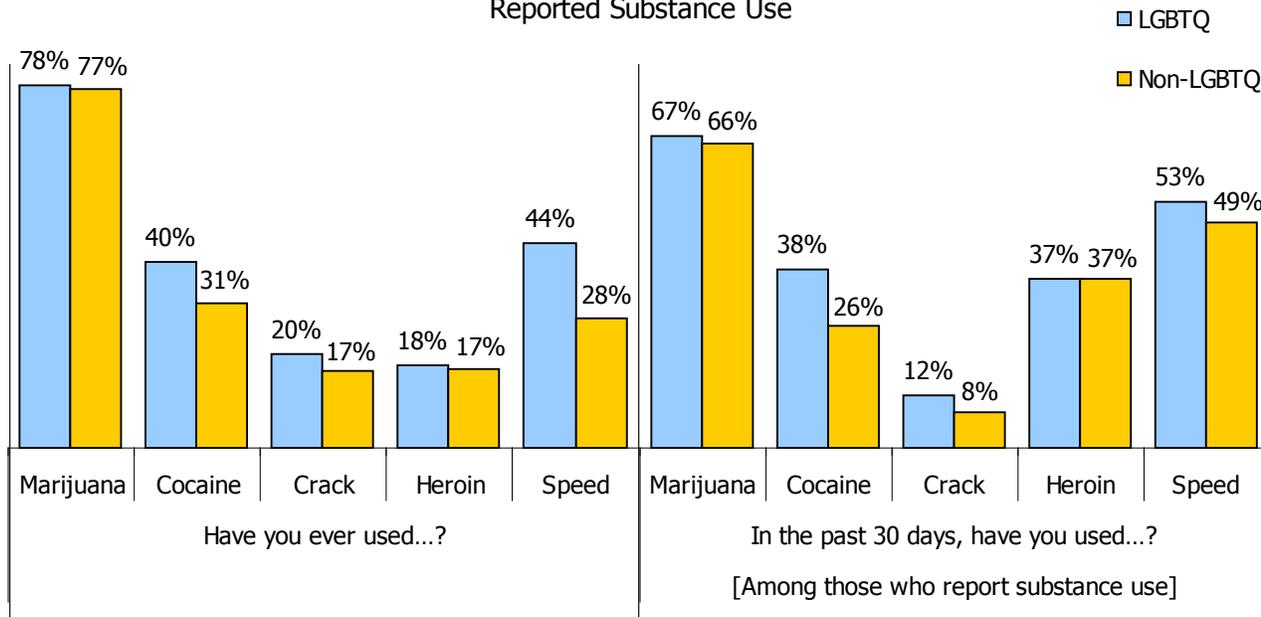y to cope with life on the street or as a way to self-medicate for their mental health issues. Homeless youth use controlled substances at a higher rate than their housed counterparts.[24]

Social stigma and related stress is seen as a major cause for substance use problems among LGBTQ youth. However Larkin Street data does not support previous studies that have found higher levels

Have you...?

Reported Substance Use

Reported Substance Use

Legend: LGBTQ (blue), Non-LGBTQ (yellow)

Have you ever used...?
- Marijuana: 78% / 77%
- Cocaine: 40% / 31%
- Crack: 20% / 17%
- Heroin: 18% / 17%
- Speed: 44% / 28%

In the past 30 days, have you used...? [Among those who report substance use]
- Marijuana: 67% / 66%
- Cocaine: 38% / 26%
- Crack: 12% / 8%
- Heroin: 37% / 37%
- Speed: 53% / 49%

of substance use among LGBTQ youth than among non-LGBTQ youth. This may be due to the high level of substance use found among all homeless youth. Almost 90% of youth report previous substance use, with 14 being the average age of first use. More than ¾ report using in the previous year. The only significant difference between LGBTQ youth and non-LGBTQ youth is in speed use, 44% of LGBTQ youth compared to 28% of non-LGBTQ youth. Among LGBTQ youth 50% of gay, bisexual, and questioning youth have used speed. There is a high percentage of youth who have used drugs intravenously, 19% of LGBTQ youth versus 12% of non-LGBTQ youth. Approximately half of all youth have tried to stop using and approximately ¼ have been in substance use treatment previously.

Transgender youth: Transgender youth face an even greater degree of non-acceptance and stigma than other queer youth which impacts their service needs. There is an overrepresentation of transgender individuals in the homeless population. Research has indicated that as many as one in five need, or are at risk of needing, shelter services.[25]

Transgender youth face barriers to education, employment, and housing due to lack of appropriate identification documents. Social services often require identification that reflects current name and gender. Homeless transgender youth often do not have the resources to obtain these documents. The resulting lack of employment options and housing

instability may lead to participation in survival sex, which is seen at higher rates among this group. One study found the rate of survival sex among transgender homeless youth to be three times that of the rest of the study participants.[26]

Access to medical care is also a significant issue for transgender homeless youth related to both appropriate care for general medical needs and care related to sex reassignment and gender identity. Transgender youth often report negative encounters with medical personnel due to their gender non-conformity, this often results in lack of use of medical services even when needed. There is also a lack of access to medical services to assist youth in reflecting their gender identity in their physical body. There is a high degree of use of street or illegally purchased hormones among the transgender youth population. One study found the rate of self-administered injections outside of a medical setting to be over 50%.[27] The rate may be higher for homeless individuals. Youth also resort to self-injection of industrial grade silicon, which is found on the streets, to change their body. This can result in serious medical issues such as scarring, disfiguration, or death.[28]

How do we best serve LGBTQ homeless youth?

Housing: Housing must be at the core of services for homeless youth, acting as the primary

stabilizing force in their lives. A range of housing options with varying levels of support and expectations will ensure that each youth can find a suitable housing option. Providing stable housing increases the opportunity for youth to engage in support services including education and employment, which is crucial to self-sufficiency.

Emergency housing is often the first step from the streets for youth. The main focus is to provide safety and stability while engaging youth in a deeper level of services. Transitional housing is for youth who have achieved some degree of stability and demonstrated their ability to follow-through with their case plans. Youth in transitional housing are actively engaged in case management and other support services. Permanent housing is for youth in need of longer-term housing and ongoing support services.

It is important for housing services to be culturally appropriate for LGBTQ youth, particularly in congregate models. Housing programs must be safe places for all youth. This includes creating a LGBTQ-friendly community, having a zero tolerance policy related to discrimination, and putting systems in place for youth to report harassment. In addition programs must work to provide sleeping areas for youth that allow for gender expression while simultaneously protecting youth.

Developing housing specific to LGBTQ youth is another option which allows youth to establish stability in the context of a supportive peer group. Larkin Street developed the Castro Youth Housing Initiative to address the needs of homeless LGBTQ youth in the Castro District of San Francisco. The Castro is the geographic heart of the San Francisco LGBTQ community and it is important to keep youth who identify it as home within the neighborhood. The program came out of a community collaborative of public and nonprofit service providers. It is a formalized partnership that provides a range of services including case management, access to mental health and substance use treatment, education and employment services, and health care that specifically addresses the needs of the population.

Behavioral Health: Due to the high degree of mental health and substance use issues, which are often barriers to stable housing, it is important to provide behavioral health services. It is also important that these services are provided in a culturally appropriate manner by a provider who understands the unique issues that may present for this group. Provision of behavioral health services can be achieved within the program or through collaborative relationships with providers in the larger community.

Educational Support: Slightly over half of LGBTQ homeless youth served by Larkin Street have their high school diploma or GED, therefore educational support is essential as many will want to work toward high school completion. Research has shown that LGBTQ youth have often had negative experiences in educational settings since schools are often environments where youth are bullied, harassed, or not accepted due to their sexual orientation or gender identity. Therefore creating safe, nurturing, education spaces must be part of the program model. Educational services should include tutoring, GED assistance, adult basic education, and college counseling.

Workforce Development: Homeless youth have high levels of unemployment despite their desire to find employment. Most have limited job histories which decrease their employment options. Workforce development services are crucial for increasing employability and should provide a variety of progressive options to match the diverse backgrounds of youth. For youth with minimal experience in the workforce, the development of basic job skills is important. To assist youth in developing a career, providing formal work experiences to build their resume may be necessary. At a minimum, workforce development services for homeless youth should include job readiness services, workforce placement, and career development services. Programs should also address the unique barriers to employment that exist for transgender youth.

Independent Living Skills: A large number of LGBTQ youth become homeless prior to age 19 and have not had the opportunity to develop the

life skills needed to live on their own. These types of skills are often taken for granted as things people learn growing up, but without them youth will never be able to live independently. Many youth have never rented an apartment, opened a bank account, been responsible for utilities, or made a doctor's appointment. They also need to develop basic skills used in everyday life such as grocery shopping, cooking, and maintaining a household. Development of independent living skills is crucial to self-sufficiency.

Snapshot - Where are they from?

California 51%
Other State 36%
Unknown 10%
Non-U.S. 3%
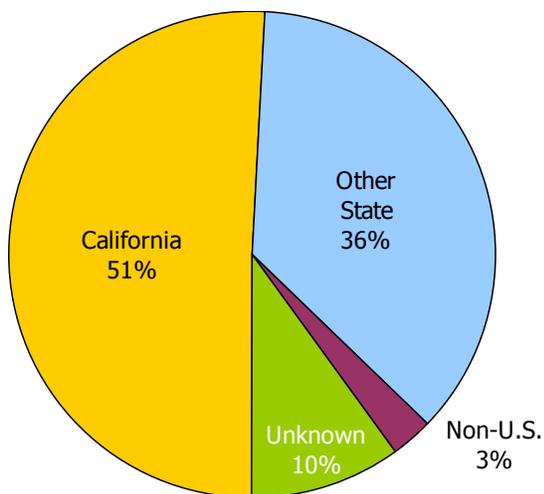
San Francisco is often a destination for LGBTQ youth who have fled from the discrimination they encountered in their homes or communities based on their sexual orientation and/or gender identity in search of a more welcoming environment. This is demonstrated by the number of youth who come from outside of California, 36% of LGBTQ youth versus 28% of non-LGBTQ youth. In addition, a lower percentage of LGBTQ youth are originally from San Francisco, 33% compared to 45%.

What are essential program components?

Program Policies: Policies must be developed that specifically address issues that can arise due to difference around sexual orientation and gender identity. There should be clear guidelines for staff around how to appropriately respond to youth who disclose information related to their sexual orientation or gender identity. For example, a youth may reveal to a staff person that they are transgender but is not ready to have that information shared with other youth. Having protocols in place will help staff support the youth in making decisions about further disclosure as well as how to manage the process with other program participants. There must be a zero tolerance policy related to harassment and violence toward LGBTQ youth as well as internal procedures for how to deal with these instances when they occur. In housing programs it is essential to have a policy related to sleeping arrangements which balances youth expression with potential safety issues.

Staff Training: Training must be provided to staff members so that they are able to provide culturally competent care. This includes training related to diversity issues, general LGBTQ information (for example what does transgendered mean? How is gender identity different than sexual orientation?), providing a safe and nurturing space for LGBTQ youth (acceptance rather than tolerance), and appropriately managing issues related to difference that arise between youth. In addition, staff must be able to have productive conversations with youth around sexuality, sexual orientation, and gender identity. Finally issues of transphobia, homophobia, and internalized homophobia, among both staff and youth, must be explicitly addressed. Training must be comprehensive and ongoing.

Data Collection: All intake and data collection forms should reflect options for various sexual orientations and gender identities. Inclusion is important for two major reasons. It allows providers to accurately capture services provided to LGBTQ youth within their programs as well as to document their demographic profile and presenting issues. Second, by reflecting the range of options it sends a message to youth that they are welcome in the program and accepted.

Community Collaboration: It is important to have collaborative relationships with service providers in the community who have a focus on meeting the needs of LGBTQ persons. This is especially true for programs that are not LBGTQ specific. This should include behavioral health, medical, and social networks.

Conclusion

LGBTQ youth are overrepresented among the homeless youth population and have distinct needs. Meeting these needs can be reached through two strategies – LGBTQ specific programs and LGBTQ-friendly programs. There is a need to create more LGBTQ specific programs as many LGBTQ youth have had negative experiences in various settings, from school to foster care to shelters. Also, there is a peer support element that exists in these programs that provide an additional level of support for youth. Simultaneously, as it is not always feasible to create a population-specific program, it is imperative to increase the cultural competence among all service providers to meet the needs of LGBTQ youth. All programs should be able to appropriately address the needs of any youth who comes through their door, including LGBTQ youth.

There are also specific program services that should be included. A range of culturally appropriate housing options are needed, from shelter to longer-term supportive housing. Key issues are ensuring that sleeping arrangements are provided in a way that balances safety with youth expression of their gender identity or sexual orientation. Youth are also in need of services that address both physical and behavioral health as there is a high level of need related to medical issues, mental health issues, and substance use. Case management and access to education and workforce development services are also important to goal-setting and improving long-term outcomes for youth. Finally, programs must provide supportive and nurturing environments for LGBTQ youth. This is attained through staff training and creation of LGBTQ affirming policies and procedures.

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Since 1984, Larkin Street Youth Services has been committed to helping San Francisco's most vulnerable youth ages 12-24 move beyond street life. This commitment has fueled the development of a comprehensive continuum of services that is nationally recognized as a model of innovative and effective care. We offer stability, safety and the opportunity for a better life.

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