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Out of the System and onto the Streets: LGBTQ-Identified Youth Experiencing Homelessness with Past Child Welfare System Involvement

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Youth who identify as lesbian, gay, bisexual, transgender, or questioning (LGBTQ) are over-represented in the child welfare system and also among people experiencing homelessness. This article reports on the experiences of youth who identify as LGBTQ and also have previous child welfare system involvement—as compared to youth identifying as heterosexual, cisgender—as a subsample of youth experiencing homeless-

ness in a southeastern metropolitan area. The study sample was comprised of primarily black males who reported an average age of 21. Approximately one third of youth identified as LGBTQ. Over half of the youth in the sample had been in foster care, while 43% indicated some other form of child welfare system involvement. Of those who had been in the foster care system, 11% were eligible to return to care based on their age. When compared to their heterosexual, cisgender counterparts, a greater percentage of youth who are LGBTQ had been kicked out of their homes, had been homeless for more than one year, reported being abused as a child, were victimized while they were homeless, indicated a mental health problem, and identified adult friends or a professional contact (rather than family members)

as a source of support. Fully 95% of both groups in the sample reported some form of trauma. Findings support the need for child welfare system workers to adopt identity affirming, trauma-informed practices with youth who are in care and highlight the challenges in preparing youth for successful, independent living. The child welfare system and homeless providers should deliver a coordinated response to both prevent pathways to system involvement and intervene when necessary.

In 2015, approximately 21,000 youth in the United States became emancipated—commonly referred to as “aged out”—from the foster care system; neither being adopted nor reunified with their family of origin, and were therefore expected to live independent lives (U.S. Department of Health and Human Services, 2016). In addition to the youth who aged out, nearly 1,000 youth ran away from foster care (U.S. Department of Health and Human Services, 2016). Over the past two decades, studies have consistently indicated a strong association between experiencing homelessness and having prior placement in the foster care system (Zlotnick, 2009). Youth who age out of foster care are among the populations at the greatest risk of becoming homeless (Dworsky, Dillman, Dion, Coffee-Borden & Rosenau, 2012) with as many as half of youth experiencing homelessness or housing instability within 18 months of their exit from the foster care system (Kushel, Yen, Gee, & Courtney, 2007). While precise population statistics on the number of youth experiencing homelessness are difficult to ascertain, it is estimated that approximately 1.24 million will face an episode of homelessness in a given year (National Center for Homeless Education, 2014), representing approximately seven percent of the total population who are homeless (Henry, Watt, Rosenthal, & Shivji, 2016).

For youth who identify as lesbian, gay, bisexual, transgender, questioning (LGBTQ), or as non-heterosexual, or gender expansive, the risk of becoming homeless or facing housing instability is greater than that faced by their cisgender, heterosexual counterparts. Youth who identify as LGBTQ are less likely to be adopted or reunited with their family than heterosexual, cisgender youth, with those who identify as transgender or gender-expansive having the least success achieving permanency (Child Welfare Information Gateway, 2013; Jacobs & Freundlich, 2006), contributing to less security and greater risk for becoming homeless. Studies indicate that between 20 and 40% of youth experiencing homelessness identify as LGBTQ (Cochran, Stewart, Ginzler, & Cauce, 2002; Durso & Gates, 2012; Quintana, Rosenthal, & Kehely, 2010; Van Leeuwen et al., 2006; Wright et al., 2016), which is

a significant overrepresentation when compared to general population estimates. Furthermore, youth of color are overrepresented among youth who are LGBTQ and experiencing homelessness (Choi, Wilson, Shelton, & Gates, 2015). To date, there is a significant dearth of published research available to understand, draw attention to, provide appropriate services to, and effectively advocate for a population who, although demonstrate large levels of resilience, face significant risks to their well-being.

For youth who identify as LGBTQ and have previously been in the foster care system, or have some other form of child welfare system involvement, even more limited attention has been paid to their experience and well-being (McCormick, Schmidt, & Terrazas, 2017). While these youth share common experiences with their heterosexual, cisgender child welfare system-involved (CWS-I) counterparts (i.e., histories of trauma, poor relationships with parents/caregivers), they also have distinctive experiences related to their sexual orientation, gender identity and expression. While some research does exist on the experiences of youth who were previously CWS-I and who are experiencing homelessness, we are not aware of any studies that focus on sexual orientation and gender identity. This study aims to describe characteristics and experiences of youth who are LGBTQ who have previous child welfare system-involvement and are currently experiencing homelessness.

Literature Review

Children and youth with previous child welfare system-involvement are one of the most vulnerable populations in the United States. (American Academy of Pediatrics, 2005). A large body of literature highlights the increased risk for homelessness and subsequently poor social, educational, health, and financial outcomes among youth who age out of the foster care system (Bender, Yang, Ferguson, & Thompson, 2015). This section synthesizes some of these key issues in the literature.

Homelessness

Youth report becoming homeless for a variety of reasons, including social, economic, and environmental influences, but youth who identify as LGBTQ most often report experiencing homelessness due to running away or being ejected from their home of origin because of their sexual orientation or gender identity (Durso & Gates, 2012; Rosario, Scrimshaw, & Hunter, 2012). For youth with histories of foster care system involvement, experiencing physical abuse, engaging in delinquent behaviors, and having symptoms of a mental illness are predictors of homelessness (Dworsky, Napolitano, & Courtney, 2013). Furthermore, research indicates that for emancipated youth aged 17 or 18, 14% had experienced homelessness and 39% were unstably housed (Kushel, Yen, Gee, & Courtney, 2007). Additionally, in a study of former foster youth, 31 to 46% had experienced homelessness at least once by the time they turned 26 years old (Dworsky, Napolitano, & Courtney, 2013).

Trauma and Violence

The process of becoming, experiencing, and identifying as homeless is often traumatic for youth. This trauma is often confounded by previous occurrences of trauma and abuse experienced by youth who have had some form of child welfare system involvement; moreover, youth who are in care have often experienced sexual trauma, making them more likely to engage in risky sexual behaviors (Homma, Wang, Saewyc, & Kishor, 2012; Ramseyer Winter, Brandon-Friedman, & Ely, 2016). Youth experiencing homelessness with a history of foster care are more vulnerable to being recruited into sex trafficking (Fong & Cordosa, 2010). Furthermore, youth who identify as LGBTQ experience higher rates of rejection, abuse and victimization from their families of origin than their heterosexual, cisgender counterparts (Liu & Mustanski, 2012; Marshal et al., 2011; Wilson & Kastanis, 2015). For example, youth who are LGBTQ are 1.2 times more likely to be physically abused and 3.8 times more likely to experience sexual abuse at the hands of a parent or caregiver

than their peers who are heterosexual and cisgender (Friedman et al., 2011). For those who are in foster care, approximately one third report experiencing violence after revealing their identity to their family members (Laver & Khoury, 2008). Also, after becoming homeless, youth who identify as LGBTQ are more likely than youth who are heterosexual, cisgender to experience additional trauma through physical and sexual victimization (Cochran, Stewart, Ginzler, & Cauce, 2002; Gattis, 2011).

Mental Health and Risk Behaviors

Experiences of heterosexism, transgender bias and stress, and distal stress associated with sexual and gender identity are significant threats to the mental health of youth (Steever, Francis, Gordon, & Lee, 2014). Youth who are lesbian, gay, and bisexual report high rates of depression (Marshall et al., 2012), and feelings of sadness or hopelessness that are greater than their heterosexual counterparts (Kann, Olsen, & McManus, 2016). They are also at increased risk for self-harm and suicidal ideation (Liu & Mustanski, 2012; Marshall et al., 2012), with one study reporting youth who are lesbian, gay, and bisexual were four times more likely to attempt suicide (Kann, Olsen, & McManus, 2016). Youth who are transgender face a similar trend in reports of mental health; they are at two to three times greater risk for depression, anxiety, suicidal ideation and attempts, and self-harm (Reisner, Vettes, Leclerc, Zaslow, Wolfrum, Shumer, & Mimiaga, 2015).

Homelessness is related to high levels of daily stressors (Ecker, 2016) and mental health symptoms (Cauce et al., 2000; Yoder, Hoyt, & Whitbeck, 1998). Lack of permanency and feelings of insecurity, together with decreased levels of sleep, nutritional needs, combined with loneliness and a decreased sense of self-worth, serve to induce and exacerbate depressive symptoms (De Rosa, Montgomery, Hyde, Iverson, & Kipke, 2001; Whitbeck & Hoyt, 2000). Youth who are LGBT and experiencing homelessness also experience increased levels of post-traumatic stress disorder (PTSD) and depressive symptoms, including feelings of sadness or hopelessness (Cochran, Stewart, Ginzler, &

Cauce, 2002; Gangamma, Slesnick, Toviessi, & Serovich, 2008; Walls, Hancock, & Wisneski, 2007; Whitbeck, Chen, Hoyt, Tyler, & Johnson, 2004).

When a young person experiences homelessness, their risk for substance use and abuse increases (Cauce et al., 2000; De Rosa, Montgomery, Hyde, Iverson, & Kipke, 2001; Whitbeck, Hoyt, Yoder, Cauce, & Paradise, 2001), although, the prevalence of use is similar irrespective of previous child welfare system-involvement (Hudson & Nandy, 2012). Substance use and abuse among youth who are LGBTQ has been reported at higher rates when compared to their heterosexual, cisgender counterparts (Cochran, Stewart, Ginzler, & Cauce, 2002; Salomonsen-Sautel et al., 2008; Unger et al., 1998; Unger, Kipke, Simon, Montgomery, & Johnson, 1997). Although there are conflicting findings when examining use of specific substances, youth who are LGBTQ and experiencing homelessness are more likely to use marijuana (Walls, Hancock, & Wisneski, 2007).

Unstable housing also places youth at risk for contracting HIV and other sexually transmitted infections, including hepatitis C (Moon et al., 2000; Rew, Whittaker, Taylor-Seehafer, & Smith, 2005; Walls, Hancock, & Wisneski, 2007). Young males who are gay and experiencing homelessness are less likely to say they intend to use condoms and show lower levels of self-efficacy in using condoms when compared to heterosexual males (Taylor-Seehafer et al., 2007). Regarding actual usage, one study found, among 13–21 year olds experiencing homelessness, youth who are LGBTQ report high rates of unprotected intercourse (Cochran et al., 2002). Additionally, youth who are lesbian-identified and experiencing homelessness have higher rates of unprotected vaginal and anal sex than lesbians who were housed (Walls, Hancock, & Wisneski, 2007).

Furthermore, there is an established body of research that posits that many youth experiencing homelessness engage in “survival sex” (Clatts & Davis, 1999; Ennett, Bailey, & Federman, 1999; Gaetz & O’Grady, 2002; Haley et al., 2000; Kipke, O’Connor, Palmer, & MacKenzie, 1995). Survival sex refers to the exchange of sexual behaviors for resources such as food, shelter, and money. For those young adults who

are LGBTQ-identified, the rate of engagement in survival sex has been reported to be greater (44%) compared to 32% of their heterosexual and cisgender counterparts (VanLeeuwen, et al., 2006).

Social Support

Young people experiencing homelessness often have few social resources and low levels of social support (Johnson, Whitbeck, & Hoyt, 2005). Social support is an important protective factor that safeguards against negative experiences (Cohen, 2004) and predicts episodes of homelessness for youth who were previously in foster care; the more perceived social support, the less likely a youth is to experience homelessness (Dworsky & Courtney, 2009). Among the general population, youth who are lesbian, gay, and bisexual report low levels of social support (Marshal, et al., 2011). While on the street, youth seek support from their street based peers which is a relationship associated with more risky behaviors (Wenzel, Tuckers, Golinelli, Green, & Zhou, 2010). However, these peer networks are integral for both support and survival among youth (Garrett, Higo, Phares, Peterson, Wells, & Baer, 2008). For example, Smith (2008) found that youth often create “street families” that mirror the roles of family life which often alleviates stressors associated with homelessness.

Methods

Data

This descriptive study used data from the 2015 *Atlanta Youth Count* (AYC) collected between May 15 and July 31, 2015. The full sample was comprised of 693 homeless and runaway youth between the ages of 14 and 25, who were experiencing homelessness in metro Atlanta at the time of the survey. The survey collected important demographic information about youth experiencing homelessness including age, race, gender, sexual orientation, gender identity, personal and family

background, trauma exposure, educational status, financial and employment status, health and mental health status, health risk behaviors, involvement with the child welfare, and criminal justice systems and contact with health and outreach organizations.

The study was approved and overseen by Georgia State University's Institutional Review Board (IRB, study number H15427). A waiver of parental consent was obtained for the initial study as the IRB determined that the population would likely include youth who had run away from home or were otherwise unaccompanied. A 'minor response protocol' was developed and followed each time researchers encountered a youth under the age of 18. This protocol included following state mandated reporting requirements and alerting a local police liaison if the youth was in imminent danger.

Recruitment

The AYC study used a sophisticated capture-recapture field sampling method to obtain a sample representative of the current population of youth experiencing homelessness in metro Atlanta. While originating in the biological sciences, capture-recapture methodologies have been successfully implemented in social science research (Bloor, Leyland, & McKeganey, 1991; Rossmo & Routledge, 1990; Smit, Toet, & van der Heijden, 1997). In the initial study, during the first wave of data collection respondents received a token. During two separate, two-week periods, additional waves of data collection followed, where respondents were asked if they had in their possession, or had seen, the token. This enabled the researchers to determine the number of respondents who were "unique" to each wave of data collection, and enabled the researchers to calculate a population estimate (for further description of the methodology used, see Wright et al., 2016). Teams of trained outreach workers, service providers, students and youth conducted the sweeps of metro area shelters, streets and known locations where youth experiencing homelessness routinely spend their time.

Study Participants

Youth who were homeless or runaway between the ages of 14 and 25, who were (1) living independently (i.e., no consistent support from parents or other family members) and (2) without a permanent stable residence at the time of the survey, were eligible to participate in the full AYC study. Eligible participants were incentivized to take a brief 15-minute survey. At the completion of the survey, participants received a \$10 Visa gift card and a list of community resources to access a wide array of services if necessary.

Study Measures

The survey instrument contained measures that indicated whether participants had been in the foster care system due to abuse and /or neglect, had been in foster care due to juvenile delinquency or had received any child welfare services other than foster care. Demographic information that included age, race, ethnicity, sexual orientation, and gender identity were included. Participants were asked to indicate the reason for and length of time they had been homeless. To explore each participant's exposure to trauma, a series of questions were asked related to abuse and victimization, exposure to violence, and commercial sexual exploitation. The instrument included measures of mental health problems, indicators of serious mental health challenges and health-risk behaviors such as substance use and risky sexual behavior. Aspects of social support measures included the number of family, friends or professionals that participants felt they could rely on, as well as membership in a street family or crew. A detailed description of all study measures used on the survey instrument can be found in Appendix A.

Statistical Analysis

IBM SPSS 24 software was used for data screening, variable transformation, and analyses. Since the current study focused on youth experiencing homelessness who had previous child welfare system involvement, only participants who answered affirmative to one or more of the child

welfare system-involvement variables were included in the analyses for this study ($n = 295$). Other respondents were excluded.

Results

Descriptive Statistics

Youth with prior CWS-I comprised 43% of the full AYC sample. Within the CWS-I sample, 60% indicated they had been in foster care because of previous abuse and/or neglect, 38% had been in care because of juvenile delinquency or criminal behavior and 43.2% reported receiving services from the child welfare system, other than foster care. Of youth who had been in the foster care system, 11% were under the age of 21 and eligible to return to care. A large percentage (56.3%) of the youth in the CWS-I sample experienced a parent going to jail or prison. The CWS-I sample was comprised of respondents who were primarily Black (65%) and male (65.6%), with a mean age of 21.4. Within the CSW-I sample, 29.8% of youth self-identified as LGBTQ and 8.8% identified as transgender. There were no significant age, race or ethnicity differences between LGBTQ and heterosexual, cisgender participants (See Table 1.).

Most CWS-I study participants (61.8%) reported living in Georgia when they first became homeless. At the time of the survey, 44% of the participants had been experiencing homelessness for over six months and over 60% of the sample reported being homeless between two and three times in the past three years. Twenty percent of the CWS-I sample reported a developmental or learning disability and over half had attained less than a high school education (53.4%). Characteristics of the CWS-I sample compared to the full AYC sample can be found in Table 1.

Comparing Youth who Identify as LGBTQ with Youth who are Heterosexual, Cisgender

Table 2 displays the results that compare differences between youth who are LGBTQ and youth who are heterosexual, cisgender. Within the description that follows, statistically significant results are noted with their respective

Table 1. Individual Characteristics as a Percentage of Each Sample

Characteristic	Child Welfare System-Involved (n = 295)	Full sample (n = 693)
Age (Mean)	21.4	21.5
Race		
White	6.1	5.3
Black	65.0	71.0
Native American	1.0	.7
Asian	0.0	.7
Pacific Islander	0.3	.3
Biracial	4.1	4.4
Multiracial	16.7	11.8
Ethnicity		
Hispanic or Latino	10.4	8.2
Sex assigned at Birth		
Female	34.4	33.5
Male	65.6	66.4
Sexual Orientation		
Straight	70.2	71.6
Gay or Lesbian	14.9	13.8
Bisexual	11.5	10.9
Undecided/Questioning	3.4	3.7
Gender		
Cisgender-male	58.0	60.5
Cisgender-female	33.2	32.9
Transgender	8.8	6.5
Education		
Currently attending	14.7	14.1
Less than high school	53.4	45.1
Graduated or GED	35.0	38.6
Some College	8.5	12.4
College Graduate	1.4	1.0

Table 2. Differences Between Youth Who Identify as LGBTQ and Heterosexual, Cisgender

Variable	LGBTQ (%)	Heterosexual, Cisgender (%)
Pathway to homelessness		
Alcohol/Drugs	9.8	5.9
Mental Illness	5.4	2.0
Runaway	3.3	3.3
Family Violence	20.7	28.6
Kicked Out of Home*	32.6	19.7
Child Welfare Problems	7.6	6.4
Length of time homeless		
Less than one month	15.4	13.3
One month to one year	52.7	59.6
More than one year	31.9	27.1
Individual Trauma		
Child abuse	66.3	57.6
Sexual violence as child**	39.1	23.2
Sex Trafficking*	32.6	21.2
Trauma while homeless**	51.1	34.0
Robbed/something stolen	69.7	63.0
Exposure to Violence		
Home	66.3	57.6
Neighborhood	39.1	23.2
Mental Health		
Ever experienced mental health problems	44.6	37.1
Indicators of serious mental illness	33.0	35.5
Risk Behaviors		
Alcohol use past year*	70.3	52.2
Marijuana use past year	73.6	66.5
Other drugs past year	18.9	17.8
Unprotected intercourse	56.8	63.8

(continued)

Table 2. Differences Between Youth Who Identify as LGBTQ and Heterosexual, Cisgender (*Continued*)

Variable	LGBTQ (%)	Heterosexual, Cisgender (%)
Social Support		
Family members	47.1	57.0
Friends same age	66.7	59.5
Adult friends*	69.0	54.8
Professional	44.8	33.5
Identify street family	55.2	49.0

Note: * $p < .05$. ** $p < .01$.

p-values. The percentages for noteworthy variables that are not statistically significant are also included to inform the discussion. We examine findings related to homelessness and then trauma, mental health and health risk behaviors, and finally social support (see Table 2 for complete data).

Pathway to Homelessness and Length of Time of Homeless

A third of youth who are LGBTQ were kicked out of their homes (33%) compared to 19.7% of youth who are heterosexual, cisgender ($p = .016$; $p < .01$). More youth who are heterosexual cisgender (28.6%) reported being homeless due to family violence compared to 21% of youth who are LGBTQ, but this difference was not statistically significant. The majority of youth experienced homelessness one month to a year. However, approximately one third (31.9%) of youth who are LGBTQ had been homeless for more than one year, compared to approximately one quarter (27.1%) of youth who are heterosexual, cisgender.

Trauma

Two-thirds of youth who are LGBTQ and over one half of youth who are heterosexual, cisgender reported experiencing child abuse. Additionally, 77% of youth who are LGBTQ and 71% of youth who

are heterosexual, cisgender reported exposure to violence in their homes and neighborhoods of origin (77% and 82% respectively). There were significant differences between youth who are LGBTQ and youth who are heterosexual, cisgender around their experiences with sexual violence as a child ($p = .005$; $p < .01$), sex trafficking ($p = .035$; $p < .05$) and victimization while homeless ($p = .005$; $p < .01$). Over half (51.1%) of youth who are LGBTQ were victimized while they were homeless compared to one third (34%) of youth who are heterosexual, cisgender youth.

Mental Health and Health-Risk Behaviors

There were no significant differences between youth who are LGBTQ and youth who are heterosexual, cisgender regarding experiences with mental health problems or indicators of serious mental health. However, 45% of youth who are LGBTQ and 37% of youth who are cisgender self-identified that they have experienced a mental health problem. More youth who are LGBTQ (70.3%) reported using alcohol in the past compared to 52.2% of youth who are heterosexual, cisgender ($p = .004$; $p < .01$). Although it was not significant, it is worth noting that both LGBTQ and heterosexual, cisgender groups reported high rates of unprotected intercourse (57% and 64%, respectively).

Social Support

Overall, most youth who are LGBTQ identified adult friends as their main source of social support ($p = .025$; $p < .05$). This finding was similar for youth who are heterosexual, cisgender. Almost one half of youth who are LGBTQ identified at least one professional contact as a source of support compared to one third of youth who are heterosexual, cisgender.

Discussion

This is the first study known to the authors that focuses on a comparison of youth who are LGBTQ and youth who are heterosexual,

cisgender with previous child welfare system-involvement and who were currently experiencing homelessness. While the vast majority of child welfare system-involved youth in our study were Black or African American, it should be noted that a similar proportion of the non-CWS-I AYC sample were Black or African American (See Table 1). Child welfare system-involved youth are overrepresented in the full AYC sample which parallels other studies of youth experiencing homelessness (Bender, Yang, Ferguson, & Thompson, 2015; Forge, 2012). This study examined whether a subsample, comprised of youth previously involved in the child welfare system, had distinctive experiences when compared on their sexual and gender identity. An alarming 95% of the CSW-I sample reported that they had experienced some form of trauma during childhood. Although this is to be somewhat expected in a child welfare involved sample, it contributes to the cumulative trauma these youth continue to experience after their child welfare system-involvement ends.

Research indicates that youth who age out of foster care often have not been taught basic life skills needed to achieve successful independent living (Scales, Benson, Leffert, & Blyth, 2000). Among the youth in our sample, 11% who had been in foster care were of an age at the time of the study where they could have continued receiving services from the child welfare system to assist with housing and other supports (i.e., mental health, education, employment). Furthermore, one fifth reported a developmental or learning disability and over half had not finished high school. Sixty-five percent of youth who had been in foster care, and were between the ages of 18 and 21 at the time of the study, did not have a high school diploma or a GED. It appears that for youth who were experiencing homelessness, the very system designed to promote safety, permanency and well-being, has fallen short, and draws attention to the fact that youth fall through the relative safety net of mainstream services (Ream & Forge, 2014).

Youth who are LGBTQ were overrepresented in our sample, similar to findings from previous studies of youth experiencing homelessness (Durso & Gates, 2012; Quintana, Rosenthal, & Kehely, 2010;

Van Leeuwen et al., 2006). Our results reinforce previous research that indicates it is common for youth who are LGBTQ to report being kicked out of their home as their primary reason for experiencing homelessness (Ecker, 2016). This was the case for one third of the youth in our study, which may indicate more complex challenges presented to child welfare professionals when engaging with families who reject their child based on their sexual orientation or gender identity. Professionals need to be equipped with the training and skill sets to engage in potentially uncomfortable discussions with families around affirming the identity and meeting the needs of their children.

All youth, irrespective of sexual orientation or gender identity, experienced exceptionally high rates of individual trauma and exposure to violence in their homes and neighborhoods. This again highlights the cumulative trauma that youth in our sample have sustained. We also found an exorbitant number of youth had been sexually victimized both as children and while homeless. Of particular concern is that more youth who are LGBTQ had experienced child abuse, sexual violence as a child, and victimization while living on the street compared to heterosexual, cisgender youth. This finding is similar to other research specific to youth who are LGBTQ experiencing homelessness (Rew et al, 2005; Taylor-Seehafer et al., 2007). However, in our sample, despite all participants having some form of prior child welfare system intervention, youth who are LGBTQ reported high rates of physical or sexual re-victimization and substance use. This is a clear indication of the need for targeted interventions to engage youth while they are living on the streets, while at the same time doing so with the full understanding that many youth consider the streets safer than their experiences with previously encountered service providers and programs (SAMHSA, 2010). A first step to ensure service providers create safe spaces for youth who are LGBTQ is to evaluate organizational culture and practices. While housing based services and interventions designed specifically for LGBTQ-identified youth are few and far between (Quintana, Rosenthal, & Krehely, 2010) and the availability of “best practices” is limited (Ferguson & Maccio, 2015), all providers

should adopt identity affirming practices within a trauma-informed practice framework. Youth experiencing homelessness utilize social support networks that oftentimes includes social media. Youth-serving agencies can create identity-affirming messaging through social media, agency branding, and community outreach.

There are two overarching contexts that are relevant for discussion in our study; the child welfare system and homeless providers and services. Too often, each are siloed as two separate entities, with little acknowledgement of the intersection of each that young people often experience, and the supportive role they play in their lives. Our findings indicate that over half of youth who are LGBTQ in our study identified a professional contact as a form of social support. While we were not able to ascertain from which professions these supportive adults identified, it is common for youth who were formerly in foster care to continue contact with, and feel support from, adults in the child welfare system (Collins, Spencer, & Ward, 2010), and such adults may be in a position to provide support across systems of care.

The aforementioned findings speak to the challenges child welfare and policy advocates face in preventing the pathways to system-involvement that begin within the youths' family of origin. Child welfare personnel, including foster parents, better educated and trained on their critical role in the lives of youth identifying as LGBTQ in their care to avoid re-traumatizing and further victimization of youth. To do this, child welfare systems should implement strategic foster parent training and recruitment to attend to the general well-being of youth who are LGBTQ and their life skill needs well before they age out of foster care.

Additionally, The Preventing Sex Trafficking and Strengthening Families Act P.L. 113–183, which was enacted in September 2014, requires Title IV-E agencies to identify, document, and respond to children in the child welfare system who are at risk of becoming, or who are currently, trafficking victims (see <https://www.congress.gov/bill/113th-congress/house-bill/4980/text>). Findings in this study reinforce that this act is an excellent first step in acknowledging the high

rates of sexual victimization among child welfare system-involved youth. Ultimately this can also prevent the trafficking of youth who are at high risk for it.

Significantly, community partners face the challenge of engaging youth experiencing homelessness in services that are trauma-informed and delivered with cultural humility (Ortega & Coulborn Faller, 2010). Child welfare organizations, homeless service providers, law enforcement and the education system must work together to develop and implement prevention initiatives to eliminate homelessness among youth, in particular youth aging out of, or running away from, foster care. Youth must be engaged in services that address their past trauma and be involved in ongoing, practical activities that develop life, social, and job readiness skills, and ones that help them develop support systems by identifying mentors and other supports. Since youth in Georgia can remain in foster care until the age of 21, and so many youth in our sample chose to leave foster care, it is important to explore this trend further. Policies should reflect the importance of developing independent living skills for all youth in the child welfare system well in advance of them preparing to exit care, regardless of sexual orientation or gender identity, as close to half are currently counted among our nations homeless population.

Lastly, the high percentage of youth being robbed and victimized on the street highlights the need to engage law enforcement in collaborative partnerships to combat the ongoing victimization and trauma that youth are experiencing while they are homeless. We need to work with law enforcement to better understand the nature of youth experiencing homelessness, especially youth who are LGBTQ and homeless. The law enforcement agencies who come in contact with youth should obtain training on trauma-informed approaches so that they can be more aware of and responsive to the cumulative trauma these youth experience in their homes, neighborhoods and on the streets. Along with training, an additional component could be the assigning of community liaisons to work specifically with youth who identify as LGBTQ and are experiencing homelessness, and who

demonstrate cultural humility, assisting with building capacity within law enforcement as a whole.

Limitations

Although descriptive studies allow us to identify patterns and make sense of data, the findings in the current study cannot be generalized to any other group or population. The AYC relied on self-report for all measures which inherently introduces bias into study findings. Additionally, measures of past experiences (i.e., trauma from childhood) relied on retrospective recall, which can introduce threats to the internal validity of studies (Hassan, 2005). To minimize recall bias, the AYC used a structured interview process conducted by trained interviewers and survey responses were anchored to specific time frames throughout the survey.

There was also the potential for response bias in the current study for several reasons. Participants may not have been willing, or felt safe enough, to disclose their sexual orientation or gender identity to interviewers. Furthermore, they may have been reluctant to report instances of sexual violence, sex trafficking, and other forms of violence perpetrated against them, especially for youth who may view sex work as a means of survival, not victimization. Participants were asked to report their true age, but they were also informed that researchers were mandated to report youth who were under the age of 18. Despite describing consent procedures and methods for protecting their identity, some respondents may have inflated their age.

The current study presents findings that aggregate responses from study participants who self-identified as lesbian, gay, bisexual, transgender, or questioning (LGBTQ). While this study is unique and makes a much-needed contribution to the dearth of understanding of youth who have had a form of child welfare involvement and who are currently homeless, youth experiences may be associated with particular sexual or gender identities, whereas this study examines the population as a whole. It is our aim to disaggregate these in a future study. Additionally,

because the majority of participants in the sample identified as black or African American, meaningful comparisons based on race and ethnicity were prohibited. While on the one hand this is a limitation to the current study, on the other it highlights the enormous over-representation of youth of color in the study population. It is our aim to explore this, as well as encourage others to do the same, in future studies.

How child welfare system-involvement was defined in the study may also limit the findings. While prior foster care system involvement was measured clearly, the item measuring other system involvement could have been more comprehensive; the definition was not expanded upon during the interview, leaving “other child welfare system involvement other than foster care” to be interpreted by participants. It should also be noted that it was possible for participants to indicate all three categories of child welfare involvement, which may have caused confusion for some, thus our results may underrepresent the prevalence of child welfare system-involvement among participants in this sample. Future studies should be focused on an in-depth examination of the number, timing, form and length of involvement with the child welfare system, along with the experiences of those youth who are LGBTQ who are now experiencing homelessness.

Conclusion

To date, the AYC is the most comprehensive study of youth experiencing homelessness who also have prior child welfare system involvement. The study also focused on youth in one of the largest cities in the southeastern United States. Despite the limitations, our findings have important implications for policy and practice in both child welfare and homeless services. Nearly half of our sample had some previous involvement with the child welfare system, and just under half of those youth self-identified as LGBTQ. This alarming overrepresentation indicates the need for child welfare policy makers and front-line workers to implement early interventions that prevent children’s exposure to sexual abuse and violence at home, address the associated trauma, and develop

community interventions to reduce neighborhood violence. Such efforts in achieving permanency and reducing exposure to trauma will serve as important protective factors that will interrupt the pathway to homelessness.

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