Characteristics, experiences, and service utilization patterns of homeless youth in a transitional living program: Differences by LGBQ identity

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ABSTRACT

Homeless youth who identity as lesbian, gay, bisexual, or queer (LGBTQ) face considerable issues including victimization, mental health needs, and substance use, yet are less likely than their heterosexual homeless peers to utilize services. Although research in this area is growing, studies tend to focus on the experiences and service use of homeless youth in drop-in or emergency shelters, instead of longer-term transitional living programs (TLPs). Therefore, the purpose of this study was to expand the homeless youth literature by examining differences in sociodemographic characteristics, victimization, mental health, and substance use histories, and service utilization patterns of homeless youth by LGBQ identity (LGBQ vs. non-LGBQ) in a TLP. We extracted secondary data from closed case files of homeless youth ($N = 101$) ages 16–20 who accessed services in a mid-Michigan TLP between 2011 and 2018. Using independent sample t-tests and Chi-square, we assessed patterns by LGBQ. Results indicate that LGBQ homeless youth were more likely than their non-LGBQ homeless peers to identify as female, report being sexually victimized, and have greater mental health-related needs. All youth, but especially LGBQ youth underutilized available services, resulting in greater unmet mental health needs. These findings confirm the vulnerability of LGBQ homeless youth in TLPs and provide essential information regarding service utilization for homeless youth practitioners, including the need for trauma-informed and LGBQ-specific services. Additionally, the data suggest that service providers must encourage youth engagement in services offered within TLPs.

1. Introduction

Over the past decade, strides have been made to more accurately define, understand, and eliminate youth homelessness (National Alliance to End Homelessness, 2016). Yet, in a recent national study it was estimated that roughly 700,000 youth ages 13 to 17 and 3.5 million young adults ages 18 to 25 experience at least one night of homelessness annually (Morton et al., 2018; Voices of Youth Count, 2017). Further, research suggests that youth who identify as lesbian, gay, bisexual, or queer (LGBQ) comprise approximately 20% to 40% of the homeless youth population, and these numbers are on the rise (Morton et al., 2018; Quintana, Rosenthal, & Kehely, 2010; Voices of Youth Count, 2017). Existing research also confirms that LGBQ homeless youth are more likely than their heterosexual or cisgender homeless peers to report sexual and physical victimization, mental health-related issues, and substance use (Cochran, Stewart, Ginzler, & Cauce, 2002; Corliss, Goodenow, Nichols, & Austin, 2011; Frederick, Ross, Bruno, & Erickson, 2011; Gattis, 2013; Whitbeck, Chen, Hoyt, Tyler, & Johnson,

2004). Despite these tremendous hardships and need for services, LGBQ homeless youth cite a lack of available and appropriate resources, as well as personal safety concerns related to their sexual orientation or gender identity, as barriers to accessing runaway and homeless (RHY) programs and services (Burwick, Oddo, Durso, Friend, & Gates, 2014; Cray, Miller, & Durso, 2013; Hussey, 2015; Quintana, Rosenthal, & Kehely, 2010; Shelton, 2015, 2016).

Although this growing body of literature has begun to expand our understanding of many of the issues homeless youth face, few studies have focused on the needs of homeless youth in longer-term transitional programs (TLPs). For example, are homeless youth who enter TLPs likely to have mental health diagnoses? How long do they tend to stay in longer term programs? What services are offered in TLPs and do the youth use these services? Do LGBQ youth differ from young people who identify as heterosexual and/or cisgender? These questions are critical for service providers as they seek to effectively meet the needs of this vulnerable group. Therefore the goal of this exploratory study was to add to the homeless youth literature by examining the

characteristics, experiences, and service utilization patterns of homeless youth in a mid-Michigan TLP, with a focus on differences by LGBQ identity.

2. Literature review

2.1. Transitional living programs and services

The federal runaway and homeless youth (RHY) program, established in 1974 as a part of the Runaway and Homeless Youth Act (RHYA), began as a handful of community-based drop-in shelters where youth under the age of 18 could come in off the streets and get their basic needs met including shelter, food, or clothing (Family and Youth Service Bureau, 2018). Since that time, the needs of the homeless youth population have evolved, prompting the expansion of legislation to include street outreach services and a longer-term transitional living program for older youth and young adults (Fernandes-Alcantara, 2018). The transitional living program, which was established as a component of the 1988 reauthorization of RHYA, was designed to provide runaway and homeless youth, ages 16 to 22, alternative housing when returning to the home of a parent or guardian is not viable; youth are able to seek shelter in a TLP for up to 18 months while they learn and develop skills that facilitate their transition out of homelessness. TLPs provide living accommodations within host homes, group home-based living, or individual apartments dependent on the agency as well as the youth's need and/or ability (Family and Youth Service Bureau, 2018).

In addition to extended housing, federally funded TLPs are required to offer service coordination and transitional living plans for each youth based on individual need, including the provision of or referral to services such as mental health counseling, independent living skills, interpersonal skill development, education assistance, employment training and placement, and connection to health care (Fernandes-Alcantara, 2018; Perl, Bagalman, Fernandes-Alcantara, Heisler, McCallion, & McCarthy, 2014). The overarching goal of these coordinated services is to facilitate the youth's transition from homelessness to self-sufficiency, while promoting overall well-being. Unfortunately, we know a large proportion of homeless youth identify as LGBQ and may have different needs as a result of their unique experiences, but there are few formal guidelines or requirements related the provision of LGQ-specific services within TLPs (Quintana et al., 2010).

2.2. Lack of TLP-based research leads to lack of understanding for service providers working with LGBQ homeless Youth.

TLPs have been in existence for roughly 30 years, yet most of the homeless youth literature has focused on the experiences, needs, or service utilization patterns of homeless youth in drop-in shelter or street-based samples, neglecting the thousands of youth who have accessed TLPs; research that evaluates differences between LGBQ and heterosexual homeless youth in TLPs is nearly nonexistent. So although the homeless youth literature does tell us that when compared to their heterosexual homeless peers, LGBQ homeless youth have significantly more traumatic experiences prior to and during episodes of homelessness (Cochran et al., 2002; Durso & Gates, 2012; Gattis, 2013; Frederick et al., 2011; Tyler & Beal, 2010; Van Leeuwen et al., 2006), it is unknown if these disparities are consistent with youth who access TLPs and how those experiences translate into service needs within these programs. So although there have been a handful of homeless youth studies that have been conducted within TLPs, but they tend to be either descriptive studies that focus predominantly on the characteristics, location, and services offered within the programs themselves (Gwadz et al., 2017; Heinze, Josefowicz, & Toro, 2010; Prock & Kennedy, 2017), not necessarily involving youth voices. The qualitative studies that do include youth-level data describe youth perceptions of the services that they received while residing in a TLP which can be used by service providers to inform practice (Curry & Petering, 2017;

Heinze & Hernandez Jozefowicz-Simbeni, 2009; Holtschneider, 2016). For instance, Holtschneider (2016) interviewed 32 young people who formerly resided in a TLP regarding their perceived impact of the program on their experiences since leaving the TLP. Most notably, youth reported that they learned the importance of finding "family," the value of supportive relationships, and how their actions can influence others (Holtschneider, 2016).

There are a few studies that have focused on change in either mental health, education, or employment status of youth in a TLP, with two of these studies looking exclusively at administrative data and did not include youth characteristics in their analyses (Dowling, Saunders, Marcus, Longholt, & Ashby, 2003; Nolan, 2006), and a third study that examined difference by racial/ethnic group and gender, but not sexual orientation (Pierce, Grady, & Holtzen, 2018). Although these three studies vary with regards to sample size and methods, generally speaking, the single greatest predictor of success (i.e., improvement in outcome of interest from admission to discharge) was time in the program; the longer the youth remained in the TLP, the more likely they were to improve their mental health, education, or employment (Dowling et al., 2003; Nolan, 2006; Pierce et al., 2018). However, Pierce et al. (2018) found that in addition to time in the program, there were other youth-level characteristics that influenced education and employment trajectories such as race/ethnicity, gender, history of mental health needs, witnessing community violence, prolonged homelessness, or the youth's health.

Studies of this nature are important as they help to shape best practices for working with LGBQ youth who are experiencing homelessness including keeping LGBQ youth safe, providing comprehensive services that target mental health, education, and medical care, and using a trauma-informed and strengths-based approach (Lambda Legal, 2009; Quintana et al., 2010; Wilber, Ryan, & Marksamer, 2006). Yet in spite of these available resources, there still seems to be a disconnect between TLP providers' understanding of LGBQ youth needs and service delivery in transitional living settings (Prock & Kennedy, 2017). In order for service providers to effectively implement best practices in working LGBQ youth in TLPs, it is imperative that they have adequate information regarding the intersection of LGBQ identity and other factors including mental health, substance use, and service utilization.

2.3. The current study

To summarize, there is limited research on youth-level variables and service utilization of homeless youth in TLPs, with only a few studies that have explored differences by LGBQ identity. The studies that have specifically examined TLPs offer preliminary evidence that homeless youth who do choose to access longer-term housing programs benefit, in some capacity, from their time in a TLP (Holtschneider, 2016; Nolan, 2006; Pierce et al., 2018), which highlights the importance of this type of RHY housing program. The current exploratory study contributes to the homeless youth literature by exploring the characteristics, experiences, and service utilization of homeless youth who accessed services in a TLP, as well as differences by LGBQ identity. The study was guided by the following research questions:

1. What are the sociodemographic characteristics (i.e., age, race, gender identity, sexual orientation, education, and employment), patterns of homelessness, victimization, mental health, and substance use histories of homeless youth at entry to the TLP? Are there differences by LGBQ identity?
2. What services did the youth utilize while in the TLP? How does LGBQ identity shape these service usage patterns?

3. Method

3.1. Study design

For this study, secondary data that were extracted from the closed case files of runaway and homeless youth who received services in a mid-Michigan TLP between March 2011 and June 2018. We examined differences in the youths' sociodemographic characteristics, victimization, mental health, and substances use histories, and service utilization by sexual orientation (LGBQ vs. non-LGBQ). The use of these archival data was approved by the Chief Executive Office and Chief Operations Officer. This study was determined exempt by the authors' university Institutional Review Board.

4. Research setting

This 10-bed TLP, which is a division of a larger agency that provides mental health services for youth and families, serves runaway and homeless youth, ages 16–21, for a period of up to 18 months. Youth are admitted to the program by referral from a variety of community-based organizations, school counselors, other homeless youth programs, the agency's crisis hotline, as well as parent/guardian or self-referral. Upon entry into the program, all youth are assigned a master's level clinician, bachelor's level case manager, and an independent living skills instructor who work collaboratively to provide opportunities for the youth to learn essential skills to live independently. All youth are offered a combination of clinical and supplementary services within the program, all of which are tailored to meet the youths' needs. If the youth's clinical team identifies a greater need than can be addressed by general in-house mental health counseling/therapy, the youth is referred to more specialized treatment (e.g., dialectical behavior therapy or eye movement desensitization and reprocessing) either through another division in the agency or local mental health providers in the community or the youth's home community (Gateway Youth Services, 2010).

4.1. Sample

A total of 106 runaway and homeless youth entered, received services, and subsequently exited the TLP between March 2011 and June 2018. These dates were selected after consultation with agency executives based on the availability of the files and the timeframe that the agency started recording sexual orientation as a part of their intake process. The case file for each youth was reviewed for potential duplication and completeness; five files were excluded due to the youth residing in the program for less than one week, the minimum time frame for all intake paperwork and assessment to be completed by the clinical staff. The final sample was comprised of the remaining 101 case files.

4.2. Data extraction

A data extraction plan was developed based on an initial review of exemplar case files. While individual file contents varied some based on the youths' needs and services provided by agency staff and other service providers, the program intake form, which is completed during the youth's intake interview, was a document that was found in each case file and was the initial point of data extraction. Data were also extracted from additional sources within each case file including the program discharge form, clinical case notes, the case management assessment tool, and other professional assessments such as psychiatric reports, psychological testing, or education-based assessments, when applicable.

4.3. Measures

4.3.1. Sexual orientation and gender identity

Youth were asked to identify their sexual orientation during their intake interview from the following responses: heterosexual, gay, lesbian, bisexual, queer, questioning/unsure, or other. If the youth responded "other," they were asked to describe how they identify their sexual orientation. With regards to gender identity, each youth was asked how they identify (*female, male, transgender, other*).

4.3.2. Sociodemographic characteristics

Sociodemographic characteristics include age, race, education status, and employment, all of which were extracted from the intake paperwork completed during the intake interview for each youth. Age was self-reported at intake. Each youth was also asked to identity their race and/or ethnicity (*Native American/American Indian, Asian, black or African American, Hispanic, multiracial, Native Hawaiian or Pacific Islander, white, other*), education status (*dropped out/not attending, attending irregularly, attending regularly, completed high school/GED*) and employment (*not employed, employed part-time, employed full time*).

4.3.3. Patterns of homelessness

Patterns of homelessness was assessed in several ways: number of times homeless in the past three years (*never, once, twice, three or more times*), length of most recent homeless episode (*one day or less, more than one week, but less than one month, one to three months, more than three months, but less than one year*, and *one year or longer*), where the youth resided the night before entry into the program (*youth emergency shelter, adult homeless shelter, youth transitional living program, staying with friends/couch hopping, staying with parent or guardian, staying with other family members, residential treatment/hospital, juvenile detention/jail, any place not meant for human habitation such as a vehicle, abandoned building, or outside, other*), and primary reason for most recent homeless episode (*family conflict, domestic violence, family homelessness, asked to leave, evicted/kicked out, child abuse or neglect, substance use, criminal activity, other*).

4.3.4. Victimization history

Victimization history included lifetime sexual victimization and lifetime physical victimization. Each youth was asked if they experienced any sexual abuse or physical abuse in their home or any other environment prior to entering the TLP for their current stay using a binary yes/no format.

4.3.5. Mental health

To assess the youth's mental health at intake, youth were asked if they had ever received a mental health related diagnoses from a physician, psychologist, or psychiatrist. If youth indicated that they had a current or previous diagnosis, responses were recorded. Additionally, youth were also asked to evaluate their mental health on the day of intake using a 5-point Likert scale ranging from 1 (*poor)* to 5 (*excellent).*

4.3.6. Alcohol and substance use

Youth were asked if they were currently using or had ever used drugs or alcohol. If the youth indicated that they were currently using, or had previously used any substances, they were asked to list each substance that they had used, which was recorded.

4.3.7. Service utilization

Service utilization was assessed in several ways: time in the program, clinical services usage, and supplementary services usage. Time in the program was measured in months the youth resided in the TLP. Clinical services include mental health counseling/therapy and case management; youth are strongly encouraged to participate in weekly counseling and required to meet with their case manager at least one time per week. Case management services included basic needs,

education, life skills training, employment services, and health care. Use of each clinical service was assessed as usage-no usage; for those youth who used clinical services, and the average number of sessions per week was computed. In addition to clinical services, each youth who entered this TLP was offered a variety of treatment- and activity-based services designed to promote positive youth development and self-sufficiency. Supplemental services included psychological or psychiatric care, substance abuse assessment and/or treatment, recreational activities, support groups, and community service/service learning. Use of each of these supplementary services was assessed as usage-no usage due to how the agency initially documented this service category.

4.4. Data screening and analysis

Data were screened and analyzed using SPSS 25. First, each instance of missing data was examined to determine if the data must remain as missing (e.g., information not present in the original youth file, youth refused to answer) or if the missingness was a data entry error, which was then corrected. Missing data across all variables were minimal; no variable exceeded 2.0% missing data.

Descriptive statistics (i.e., frequency distributions and measures of central tendency) were used to create a rich description of the complete sample to address the first study aim of understanding the characteristics and needs of homeless youth who access TLPs, as well as what services they choose to use while in the program. Subsequently, Chi-square and independent sample *t*-test were used to examine the differences in the characteristics, experiences, and type and frequency of service utilization by LGBQ identity (LGBQ vs. not LGBQ).

5. Results

5.1. Descriptive statistics of the sample

5.1.1. Sexual orientation and gender identity

The sample consisted of 101 youth who accessed services at Crossroads TLP between March 2011 and June 2018. The majority of the sample (70.3%) identified as heterosexual, the remaining 29.7% ($n = 30$) identified as LGBQ. Within the LGBQ subsample, nearly two-thirds (63.3%) identified as bisexual, followed by questioning/unsure/not straight (16.7%), lesbian (10.0%), gay (6.7%), and queer (3.3%). Regarding gender identity, the sample was relatively evenly split between male (50.5%) and female (46.5%), with the remaining three youth identifying as a gender other than male or female; none of the participants indicated that they identify as transgender. Table 1 presents a complete description of sexual orientation by gender identity.

5.1.2. Sociodemographic characteristics

Table 2 presents the sociodemographic characteristics of the sample. Youth ranged in age from 16 to 20 ($M = 17.54$, $SD = 1.08$). Nearly two-thirds (62.4%) of the sample identified as a racial or ethnic

Table 1
Frequency Distribution of Sexual Orientation by Gender Identity.

	Full Sample (N = 101)	Female (n = 47)	Male (n = 51)	Another Gender (n = 3)
	Frequency (%)			
Heterosexual	71 (70.3)	25 (35.2)	46 (64.8)	–
LGBQ	30 (29.7)	22 (73.3)	5 (16.7)	3 (10.0)
Lesbian	3 (10.0)	3 (100.0)	–	–
Gay	2 (6.7)	–	2 (100.0)	–
Bisexual	19 (63.3)	15 (78.9)	2 (10.5)	2 (10.5)
Queer/Questioning/ Not Straight	6 (20.0)	4 (6.7)	1 (16.7)	1 (16.7)

Table 2
Sociodemographic Characteristics for Full Sample and by LGBQ Identity.

		Comparison of LGBQ to non-LGBQ homeless youth		
	Full sample (N = 101)	LGBQ youth (n = 30)	Non-LGBQ youth (n = 71)	
		Mean (SD)		t
Age	17.54 (1.08)	17.40 (1.04)	17.59 (1.10)	0.82
		Frequency (%)		χ^2
Race/Ethnicity				1.49
White	38 (37.6)	14 (46.7)	24 (33.8)	
BIPOC[a]	63 (62.4)	16 (53.3)	47 (66.2)	
Gender Identity[b]				16.78**
Male	51 (50.5)	5 (18.5)	46 (64.8)	
Female	47 (46.5)	22 (81.5)	25 (35.2)	
Another gender	3 (3.0)	–	–	
Education Status				0.69
Dropped out/not attending	21 (20.8)	6 (20.0)	15 (21.1)	
Attending irregularly	19 (18.8)	7 (23.3)	12 (16.9)	
Attending regularly	41 (40.6)	12 (40.0)	29 (40.8)	
Completed high school/GED	20 (19.8)	5 (16.7)	15 (21.1)	
Education Status				0.01
Not employed	84 (83.2)	25 (83.3)	59 (83.1)	
Employed part-time	17 (16.8)	5 (16.7)	12 (16.9)	

*p < .05.
**p < .01.
***p < .001.
[a] Black, Indigenous, and People of Color.
[b] "Another gender" not included in bivariate analysis.

minority including youth who identified as black or African American (36.6%), multiracial (13.9%), Hispanic (8.9%) and American Indian or Native American (3.0%). Regarding education status, 39.6% of the youth reported that they were not attending school on a regular basis or had dropped out completely. In addition, a majority of the youth (83.2%) reported that they were currently unemployed and/or looking for work.

5.1.3. Patterns of homelessness

Patterns of homelessness, which was assessed as frequency, duration, and reason for most recent homeless episode, is presented in Table 3. Most of the youth in our sample (83.2%) reported that they had experienced at least one homeless episode prior to entering this TLP, with 29.5% of youth indicating that they had been homeless one time previously, 27.7% indicating that had been homeless two times previously, and 25.7% reporting that they had been homeless three or more times in the past three years. When asked about the duration of their most recent homeless episode, nearly half (44.6%) of the youth indicated that they had become homeless between one week and one month. During this period of homelessness, youth most commonly reported that they were staying in another youth shelter (46.5%) or on a friend's couch or floor (16.8%). Finally, youth most frequently indicated that they became homeless due to family conflict (36.6%), eviction or being asked to leave the residence where they were staying (28.7%), or exposure to domestic violence (11.9%).

5.1.4. Victimization, mental health, and substance use histories

Table 4 presents the descriptive statistics for victimization, mental health, and substance use histories. More than half of the sample (56.4%) reported they had been sexually or physically abused or victimized at least one time prior to their entry into this program; 31.7% of the youth reported that they had been sexually abused or victimized, while 40.6% of the youth reported they had been physically abused or victimized. Additionally, youth reported substantial mental health-

Table 3
Patterns of Homelessness for Full Sample and by LGBQ Identity.

	Full sample (N = 101)	Comparison of LGBQ to non-LGBQ homeless youth		
		LGBQ youth (n = 30)	Non-LGBQ youth (n = 71)	
		Frequency (%)		χ^2
Times homeless in past 3 years				2.10
None (first time homeless)	17 (16.8)	3 (10)	14 (19.7)	
Once	30 (29.7)	8 (26.7)	22 (31.0)	
Twice	28 (27.7)	10 (33.3)	18 (25.4)	
Three or more times	26 (25.7)	9 (30.0)	17 (23.9)	
Length of most recent episode				0.81
Less than one week	12 (11.9)	3 (10.0)	9 (12.7)	
One week to less than one month	45 (44.6)	15 (50.0)	30 (42.3)	
One month to less than three months	18 (17.8)	5 (16.7)	13 (18.3)	
Three months to one year	9 (8.9)	3 (10.0)	6 (8.5)	
More than one year	17 (16.6)	4 (13.3)	13 (18.3)	
Location of most recent episode				5.23
Shelter	47 (46.5)	14 (45.7)	33 (46.5)	
Friends/couch hopping	17 (16.8)	8 (26.7)	9 (12.7)	
Residential facility/hospital	12 (11.9)	3 (10.0)	9 (12.7)	
Family (not parent or guardian)	11 (10.9)	3 (10.0)	8 (11.3)	
Parent or guardian	8 (7.9)	2 (5.0)	6 (8.5)	
Street homeless	6 (5.9)	–	6 (8.5)	
Primary reason for most recent episode				4.28
Family conflict	37 (36.6)	13 (43.3)	24 (33.8)	
Eviction/asked to leave	29 (28.7)	8 (26.7)	21 (29.6)	
Domestic violence	12 (11.9)	4 (13.3)	8 (11.3)	
Child abuse or neglect	8 (7.9)	3 (10.0)	5 (7.0)	
Family is homeless	8 (7.9)	–	8 (11.3)	
Substance use/criminal activity	7 (6.9)	2 (6.7)	5 (7.0)	

$^*p < .05.$
$^{**}p < .01.$
$^{***}p < .001.$

related issues at intake. Most of the youth (80.2%) indicated that they were previously given a mental health related diagnosis including depression (39.6%), PTSD (29.7%), and anxiety (22.8%). On average, most youth in this study reported their mental health at intake was good (50.5%) or fair (35.4%), ($M = 2.68$, $SD = 0.82$). In addition to mental health related needs, over half (59.4%) of the youth in this sample reported using drugs or alcohol. Most frequently youth reported using marijuana (53.7%), followed by alcohol (30.7%), and other prescription drugs without a valid prescription (12.9%). Of those youth who reported using drugs or alcohol ($n = 60$), 53.5% indicated that they were polysubstance users (i.e., they were currently using two or more substances).

5.1.5. Service utilization

Several facets of service utilization were measured including time in the program, types of services used, and frequency of services used to describe overall service utilization patterns for homeless youth who reside in this TLP (see Table 5). Generally speaking, available services tended to be underutilized. For instance, although youth are able to access services in TLPs up to 18 months, youth in this sample resided in this TLP, on average, slightly less than five months ($M = 4.95$, $SD = 4.46$); just over three-fourths (75.2%) of the youth in this sample remained in the TLP six months or less, whereas only 11.9% of the youth remained in the program for one year or longer.

In addition to time in the program, the type and frequency of clinical service use, which includes mental health counseling/therapy and case management, were assessed. Although most youth chose to participate in therapy at the TLP (87.1%), they did so at a rate of less than one session per week ($M = 0.54$, $SD = 0.33$). Nearly all of the youth (99.0%) utilized case management service during their stay; most frequently the youth utilized basic needs case management (98.0%), followed by life skills case management (92.1%), education focused case management (85.1%), employment skills case management (79.2%), and finally case management that focused on health needs

(76.2%). Although case management was available to the youth up to five times per week, on average, youth only utilized case management approximately one time per week ($M = 0.95$, $SD = 0.58$).

In addition to clinical services, youth were offered a variety of supplementary services designed to enhance treatment and encourage skill development to prepare them for independence; nearly two-thirds (65.4%) of the youth in the program utilized at least one of these services. Despite noted mental health-related issues and substance use needs within this sample (80.2% and 59.6% respectively), youth accessed psychiatric (24.8%) and substance use services (14.9%) at considerably lower rates. Most commonly, youth chose to engage in recreational activities (45.5%) and community service/service-learning opportunities (33.7%) in the local community.

5.2. Bivariate analysis by LGBQ Identity.

For the bivariate analysis, sexual orientation was dichotomized as heterosexual, or non-LGBQ ($n = 71$) and LGBQ ($n = 30$). Overall, there were very few notable differences in the sociodemographic characteristics, experiences, and service utilization patterns between LGBQ and non-LGBQ homeless youth in this sample. With regards to homeless youth sociodemographic characteristics (Table 2), the only difference we found was with gender; LGBQ youth were significantly more likely than their non-LGBQ peers to identify as female, χ^2 (1, $N = 98$) = 16.78, $p < .001$. Further, both groups of homeless youth endured similar patterns of homelessness over the past three years (Table 3).

Table 4 presents the differences in victimization, mental health, and substance use histories by LGBQ identity. When compared to their non-LGBQ homeless peers, LGBQ homeless youth in this sample were significantly more like to have experienced sexual abuse or victimization prior to entering the TLP, (66.7% vs. 16.9%), χ^2 (1, $N = 101$) = 24.13, $p < .001$. When examining lifetime physical abuse or victimization, LGBQ youth also reported higher rates compared to their non-LGBQ

Table 4

Victimization, Mental Health, and Substance Use Histories for Full Sample and by LGBQ Identity.

	Full sample (N = 101)	Comparison of LGBQ to non-LGBQ homeless youth		
		LGBQ youth (n = 30)	Non-LGBQ youth (n = 71)	
		Mean (SD)		t
Number of Mental Health Diagnoses	1.6 (1.05)	2.17 (0.97)	1.37 (0.99)	3.72***
Youth Perception of Mental Health	2.68 (0.82)	2.40 (0.72)	2.80 (0.83)	2.27*
Number of Substances Used	2.07 (1.35)	2.17 (1.54)	2.02 (1.28)	0.37
		Frequency (%)		χ^2
Lifetime Victimization				
Sexual	32 (31.7)	20 (66.7)	12 (16.9)	24.13***
Physical	41 (40.6)	15 (50.0)	26 (36.7)	1.57
Mental Health History				
Current or previous diagnosis	81 (80.2)	28 (93.3)	12 (16.9)	4.64*
Depression	40 (39.6)	19 (63.3)	21 (29.6)	10.05**
PTSD	30 (29.7)	11 (36.7)	19 (26.8)	1.00
Disruptive behavior disorders	27 (16.8)	6 (20.0)	19 (26.8)	0.52
Anxiety	23 (22.8)	12 (40.0)	11 (15.5)	7.20**
Bipolar and other mood disorders	22 (21.8)	8 (26.7)	14 (19.7)	0.60
Substance use disorder	12 (11.9)	5 (16.7)	8 (11.3)	0.09
Substance Use History				
Current or previous use	60 (59.4)	18 (60.0)	42 (59.2)	0.01
Polysubstance use[a]	32 (53.3)	9 (50.0)	23 (54.8)	0.12
Marijuana	54 (53.7)	13 (43.4)	19 (26.8)	1.74
Alcohol	31 (30.7)	12 (40.0)	19 (26.8)	1.76
Stimulants[b]	8 (7.9)	3 (10.0)	5 (7.0)	–
Over the counter medications[b]	6 (5.9)	2 (6.7)	4 (5.6)	–
Opioids[b]	5 (5.0)	2 (6.7)	3 (4.2)	–
Hallucinogens[b]	4 (4.0)	1 (3.3)	3 (4.2)	–

* $p < .05$,
** $p < .01$,
*** $p < .001$,
[a] Includes only youth who reported using at least one substance, $n = 60$
[b] Differences between the two groups were not assessed with Chi-square due to small number of youth using each substance

peers (50.0% vs. 36.6%), but this difference was not statistically significant, χ^2 (1, $N = 101$) = 1.57, $p = .21$. Regarding the mental health variables, LGBQ homeless youth were significantly more likely than their heterosexual homeless peers to report the presence of a mental health diagnosis, χ^2 (1, $N = 101$) = 4.64, $p = .03$. Further, LGBQ homeless youth in this sample also reported a greater number of mental health diagnoses ($M = 2.17$, $SD = 0.97$) than their non-LGBQ peers ($M = 1.37$, $SD = 0.99$), t (99) = 3.72, $p < .001$. Additionally, LGBQ homeless youth perceived their mental health at intake to be significantly lower ($M = 2.40$, $SD = 0.72$) compared to their non-LGBQ peers ($M = 2.80$, $SD = 0.83$), t (97) = 2.27, $p = .03$.

Finally, Table 5 presents service utilization patterns for both groups of youth in this sample. Overall, LGBQ youth in this sample tended to remain in the program for fewer months and used services less frequently when compared to the non-LGBQ homeless youth, but these differences were not statistically significant.

6. Discussion

6.1. Key research findings

This study utilized secondary data from a TLP in central Michigan to explore the characteristics and service utilization patterns of homeless

Table 5

Service Utilization Patterns for Full Sample and by LGBQ Identity.

	Full sample (N = 101)	Comparison of LGBQ to non-LGBQ homeless youth		
		LGBQ youth (n = 30)	Non-LGBQ youth (n = 71)	
		Mean (SD)		t
Months in the Program	4.95 (4.46)	4.67 (3.55)	5.06 (4.81)	0.40
Clinical Sessions per Week	1.43 (0.79)	1.41 (0.83)	1.45 (0.83)	0.42
Therapy	0.54 (0.33)	0.57 (0.30)	0.53 (0.34)	0.42
Case Management	0.95 (0.58)	0.93 (0.64)	0.96 (0.64)	0.19
		Frequency (%)		χ^2
Use of Clinical Services				
Therapy	88 (87.1)	25 (83.3)	63 (88.7)	0.55
Case Management	100 (99.0)	30 (100.0)	70 (99.0)	0.43
Basic needs	98 (98.0)	30 (100.0)	68 (95.8)	0.87
Life skills	93 (92.1)	29 (96.7)	64 (90.1)	1.23
Education	86 (85.1)	27 (90.0)	59 (83.1)	0.79
Employment	80 (79.2)	27 (90.0)	53 (74.6)	3.02
Health/medical needs	77 (76.2)	24 (80.0)	53 (74.6)	0.33
Use of Supplementary Services				
Recreational activities	46 (45.5)	17 (56.7)	29 (40.8)	2.13
Community service/ service learning	34 (33.7)	8 (26.7)	26 (36.6)	0.94
Psychiatric services	25 (24.8)	11 (36.3)	17 (23.9)	0.08
Substance use treatment	15 (14.9)	7 (23.3)	8 (11.3)	2.43
Support groups	9 (8.9)	4 (13.3)	5 (7.0)	1.03

*$p < .05$.
**$p < .01$.
***$p < .001$.

youth who access longer-term housing programs. We sought to add to the homeless youth literature by examining the characteristics, experiences, and service utilization patterns of homeless youth in a TLP, with a focus on differences by LGBQ identity.

6.1.1. Sociodemographic characteristics, victimization, mental health, and substance use

Overall, the LGBQ and non-LGBQ youth in this study shared many similar sociodemographic characteristics including age at admission, race/ethnicity, education and employment status, and pattern of homelessness. Generally speaking, the youth in this study were slightly younger than 18 at admission, self-identified as a race other than White, were not consistently attending school, were unemployed, had been homeless at least one time prior to their current homeless episode, and were homeless as a result of family conflict. Although these two subgroups of homeless youth were similar, there was one notable difference in the sociodemographic characteristics: gender identity. Within this sample, LGBQ youth were significantly more likely to identify as female when compared to their non-LGBQ peers, which leads us to several key points that require attention. First, data on sexual orientation and youth gender identity were gathered during the initial intake interview, which occurs within 48 h of admission to the TLP. It is possible that youth were not entirely comfortable disclosing their sexual orientation or gender identity this quickly or in this format, which may lead to youth reporting information that is not representative of how they identify. For many LGBQ youth, conflict around sexual orientation and/or gender identity disclosure led to them becoming homeless (Durso & Gates, 2012). If it is required to ask these questions during intake, as is often the case, it should be done in a private space where youth feel safe, while also providing the opportunity to review their information at a later date and make changes (Lambda Legal, 2009).

Additionally, this finding provides important information for TLPs regarding the need for specialized and comprehensive services that

address the intersection of gender, sexual orientation, and trauma. Females and LGBQ-identified homeless youth both have higher rates of sexual victimization and mental health related disorders when compared to males and non-LGBQ homeless youth (Cochran et al., 2002; Whitbeck et al., 2004); homeless youth who identify as female and LGBQ may experience unique and complicated challenges from double marginalization and increased rates of victimization due to gender and sexual orientation (Frederick et al., 2011, Whitbeck et al., 2004).

Given the great deal of research that indicates homeless youth and young adults report high rates of sexual and physical victimization (Thompson, Bender, Windsor, Cook, & Williams, 2010; Tyler, Kort-Butler, & Swendener, 2014; Tyler, Olson, & Ray, 2018), it is not surprising to find similar results in this study: Over half (56.4%) of the youth in this sample reported experiencing sexual or physical victimization at least one time prior to entering this TLP. The LGBQ youth, when compared to the non-LGBQ youth, reported significantly higher rates of sexual victimization, but not physical victimization. As previously noted, it is often difficult to determine if the youth's gender or sexual orientation was driving the difference given that both female and LGBQ homeless youth are more likely to experience sexual victimization when compared to males and non-LGBQ homeless youth (Cauce et al., 2000; Rew, Taylor-Seehafer, & Fitzgerald, 2001; Tyler, 2008; Tyler & Beal, 2010) However, this finding was further examined by looking specifically at the female subsample ($n = 47$); youth who identified as female and LGBQ reported significantly higher rates of sexual victimization compared to females who identified as heterosexual (63.6% vs 32.0%, respectively). These findings suggest that LGBQ homeless youth who enter TLPs, especially LGBQ youth who identify as female, have experienced substantial sexual trauma, which has also been linked to higher mental health and substance related needs within homeless youth populations (Frederick et al., 2011; Gattis, 2013). Therefore, it is essential that TLPs are able to provide clinical services that match the high needs.

The prevalence of a mental health diagnoses across all the youth in the sample was high (80.2%) compared to previous research that estimates 30–70% of homeless youth report experiencing mental health related issues (Cauce et al., 2000; Gattis, 2013; Narendorf, Cross, Santa Maria, Swank, & Bordnick, 2017). Similar to previous research, the most frequently reported mental health difficulties included depression, PTSD, and anxiety (Cochran et al., 2002; Gangamma, Slesnick, Toviessi, & Serovich, 2008; Whitbeck et al., 2004). LGBQ youth were significantly more likely to report a current or previous mental health diagnosis (93.3% vs. 16.9%), a greater number of mental health diagnoses, and both depression and anxiety, in comparison to their heterosexual, cisgender peers. Although these findings highlight the high level of mental health-related need across the sample as a whole, they clearly demonstrate the extremely high need and vulnerability of the LGBQ-identified youth. The presence of depression, anxiety, or PTSD alone can be extremely challenging for youth or young adults to manage, but adding homelessness and identifying as a sexual minority and the combination can be debilitating. LGBQ homeless youth who seek services in TLPs need access to appropriate services that take into account their complex experiences and identities. Further, this information was gathered during the initial intake interview, which may not be an accurate representation of actual mental health needs.

Contrary to previous research that indicates LGBQ homeless youth are more likely to use substances when compared to their heterosexual homeless peers (Cochran et al., 2002; Gattis, 2013; Frederick et al., 2011; Van Leeuwen et al., 2006; Whitbeck et al., 2004), there were not any significant differences in substance patterns between the LGBQ and non-LGBQ homeless youth in this sample. Further, over half (59.4%) of all youth in this study reported using substances, which is relatively low compared to previous research that estimates as many as 75–90% of homeless youth use substances (Noell & Ochs, 2001; Salomonsen-Sautel et al., 2008; Van Leeuwen et al., 2006). So although these findings may suggest that the youth in this study had less substance use related issues

than previous research, nearly 60% of the youth reported using substances, which is likely an underrepresentation of actual use considering that the youth in this program were asked about their substance use in an interview format prior to and during the admission process, which may have resulted in underreporting due concerns about confidentiality, privacy, or losing their opportunity for housing (Substance Abuse and Mental Health Services Administration, 2012).

6.1.2. Service utilization

Generally speaking, the majority of youth in this study, regardless of LGBQ identity, underutilized services that were available to them including the number of months they could stay in the program and the frequency and type of services they used. Previous research, albeit limited, indicates that time in a TLP is correlated with success in the program (Nolan, 2006; Pierce et al., 2018), yet the youth in this study stayed, on average, 5 of the 18 months they were allowed; given the reported needs of the youth, the short length of stay does not match the needs of the youth. These findings suggest that you are leaving prematurely; youth may be leaving early because they don't perceive the services to be affirming of their identity, are reuniting with family, have secured other housing opportunities, or are potentially seeking services elsewhere that they deem more appropriate to meet their needs. Although not evaluated in this study, it is critical for researchers and practitioners to understand why youth are entering the program, but leaving early, and how this potentially may impact their success.

In addition to time in the program, youth also underutilized the available clinical services. In this particular program, youth are able to access mental health counseling/therapy up to three times per week, and case management five times per week (Gateway Youth Services, 2010); youth accessed each of these services, on average, less than one time per week regardless of LGBQ identity. In general, although homeless youth report varied experiences that would warrant therapeutic services (i.e., sexual assault, trauma, mental health-related needs, etc.), they tend to use these services at low rates citing distrust of service providers, lack of knowledge of available services, and inadequately trained professionals to meet their needs (Aviles & Helfrich, 2004; Brooks, Milburn, Rotheram-Borus, & Witkin, 2004; Thompson et al., 2010). Further, despite the LGBQ youth having significantly higher sexual victimization and multiple mental health needs compared to the non-LGBQ homeless youth, they accessed the services at the same rate as the non-LGBQ homeless youth. Therefore, the LGBQ are underutilizing services to a greater degree given their much higher mental health needs. In the case of a transitional housing programs, the youth have taken the first step by accessing the TLP itself. It is then the responsibility of the service providers to engage youth in services by forming a therapeutic relationship with youth that is built on mutual respect, affirmation, empowerment, and understanding.

In addition to therapy, youth were also offered case management to meet basic needs and health-related matters, and improve life skills, education, and employment. Our findings indicate that all of the LGBQ youth and nearly all of the non-LGBQ youth (100% and 99.0%, respectively) utilized case management while in the program, but similar to therapy, underutilized what was available to them. Both LGBQ and non-LGBQ youth used case management that focused on basic needs most frequently, followed by life skills, education, employment, and health needs, which coincides with previous research that indicates homeless youth are more likely to access services that meet their basic needs (Kort-Butler & Tyler, 2012; Tyler, Akinyemi, & Kort-Butler, 2012) and suggests that even when youth have those immediate needs met by entering a TLP (i.e., safety, shelter, food), they still tend to access services of that nature at higher rates than mental health related services.

Finally, this TLP offered a variety of additional services, referred to as supplementary services, which are intended to enhance the clinical services. Overall, the youth in this study used the supplementary services at even lower rates than the general clinical services; there were no differences in service utilization by LGBQ identity. The lack of

utilization does not appear to be associated with lack of need, despite this category of services being "need based." For instance, although 59.4% of the youth reported using substances, with over half of those youth indicating that they were polysubstance users, less than 15% accessed substance use assessment or treatment. The lack of utilization of this service could be associated with youth not seeing their substance use as problem, not wanting to give up one of their coping mechanisms, or perhaps the youth were asked to leave the program due to ongoing substance use related issues. Regardless of the youth's rationale, these results clearly indicate that there is a disconnect between demonstrated need and service use that needs to be remedied.

6.2. Implications for practice and research

Individuals who work with homeless youth in transitional living settings need to clearly understand the significance of the issues these young people have experienced prior to entry, as well as the disconnect between their needs and utilization of services. The results of this study indicate that in addition to reporting previous periods of homelessness, which in itself can be incapacitating, these homeless youth also reported high rates sexual and physical victimization, mental health-related concerns, substance use, limited academic success, and difficulties securing employment. Further, homeless youth who identify as LGBQ face additional challenges—specifically related to the intersection of their victimization histories, identity, and mental health needs—that may require specific services; it is clinically irresponsible to provide a "standard" service package within TLPs. The complexity of these issues, both individually and collectively, reinforce the need for clinically appropriate and trauma-informed programming and services within transitional housing, which coincide with the best practice recommendations for working with LGBQ youth in out of home care (Burwick, Oddo, Durso, Friend, & Gates, 2014; Lambda Legal, 2009; Wilber et al., 2006). When youth decided to enter a TLP, the issues they faced while homeless remain and providers must be responsive to this by first ensuring that all youth are emotionally and physically safe, followed with affirmation of identity and needs.

Further, despite the demonstrated need, youth in this study, especially LGBQ youth, underutilized many of the services that were available to them. For instance, mental health counseling/therapy was available up to three times per week, but youth utilized this service, on average, less than one time per week, despite the range of serious mental health needs reported at intake; case management was available up to five times per week and was only used approximately once per week. These findings suggest that youth are choosing to engage in some services, but are doing so at low rates that do not appear to match their reported needs. Previous research suggests that youth who have experienced significant trauma, not unlike what was reported in this study, are reluctant to seek services due to mistrust of providers (Collins & Barker, 2009) as well as fear of stigma (DeRosa et al., 1999). When youth feel supported and connected to their social service providers, they increase the likelihood of utilizing mental health services (Crosby, Hsu, Jones, & Rice, 2018). Therefore, social work practitioners need to make a conscious effort to reach out to youth who are not engaging in services that match their demonstrated needs early as work to build a connection with the young person that demonstrates an interest and investment in the youth. Accessing services that require some vulnerability on the part of the youth such as therapy can be overwhelming, or even threatening if they have previous negative experiences.

6.3. Limitations

There are several limitations that should be considered when examining and interpreting the results from this study. First, the data were extracted from youth's records at one TLP in central Michigan, which limits the sample size and the generalizability of the findings. Because this study was the first of its kind, our findings do provide

valuable foundational information that can be used to inform future research, which should include data collection from multiple TLPs throughout the United States. By expanding data collection to multiple sites across geographic regions, a more comprehensive understanding of homeless youth who access TLPs, their characteristics, needs, and service usage patterns could be garnered.

Additionally, the secondary nature of this data lends itself to some limitations. With secondary data, the accuracy of record keeping is reliant on a third party, and there is an assumption that this individual gathered and recorded the information the way the youth reported. Further, much of data gathered, which were gathered during the intake process (i.e., sexual orientation, homelessness, victimization, mental health, and substance use histories), were both sensitive and measured via self-report. So although youth were given prompts within specific categories to facilitate accuracy, this information was gathered when the youth first encountered the TLP staff, which may have resulted in under-reporting due to fear or anxiety. Additionally, youth who are under the age of 18 at intake must have a parent or guardian present at intake, which may hinder the accuracy of sensitive information such as the type and frequency of substance use.

7. Conclusion

To date, there have been only a few studies that have examined the characteristics, experiences, and service utilization patterns of homeless youth who reside in transitional housing programs (Holtschneider, 2016; Nolan, 2006; Pierce et al., 2018); there is only one known study that includes homeless youth who identify as LGBQ (Nolan, 2006). The findings from this study confirm that LGBQ and non-LGBQ youth in TLPs enter these programs with significant trauma, mental health, and substance use-related needs, similar to homeless youth who remain on the streets or access services in short-term programs. Further, LGBQ-identified homeless youth reported significantly higher rates of sexual victimization and mental health-related needs when compared to the non-LGBQ homeless youth, yet accessed the services at similar, low rates at their heterosexual peers. These findings suggest that homeless youth in TLPs have tremendous needs, but continue to face barriers to accessing the services to meet the reported needs within the programs. Further research is needed to explore why youth are accessing the longer-term housing programs, yet not taking advantage of the additional available services that are intended to improve their mental health and well-being.

CRediT authorship contribution statement

Kristen A. Prock: Conceptualization, Methodology, Resources, Data curation, Investigation, Writing - original draft. **Angie C. Kennedy:** Conceptualization, Methodology, Supervision.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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