

Experiences of Discrimination Among Young Adults Experiencing Homelessness: Relationship to Mental Health Outcomes

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Young adults experiencing homelessness (YAEH) are at high risk for discrimination. Limited research has documented the extent of discrimination experiences and their relationship to mental health outcomes among this group. This study used data from YAEH who completed self-administered surveys across seven U.S. cities ($N = 1,426$) to examine the rates and correlates of discrimination experiences and their association with psychological distress and suicidal ideation. Chi-square and multivariate logistic regressions were used to examine the relations between perceived discrimination and race, gender identity, sexual orientation, foster care history, criminal justice history, reasons for homelessness, and length of time homeless. Then, logistic regression was used to examine whether discrimination increased the odds of psychological distress and suicidal ideation, controlling for other factors. Three-fourths (75.8%) of the sample ($n = 1,055$) reported experiencing at least one of the five forms of everyday discrimination experiences at least a few times a year, with the most common reason attributed to their housing situation (46%). Sexual orientation, juvenile justice involvement, and having been homeless for 2 years or more were associated with increased odds of experiencing discrimination. Discrimination was a strong predictor of psychological distress but was significant only at the bivariate level for suicidal ideation. Study results suggest that experiences of discrimination are common among YAEH and that these experiences increase risk for psychological distress. Providers working with YAEH need to validate and acknowledge the impact of these experiences on mental health. And, communities need to work to reduce discrimination experiences by targeting stigma against YAEH.

Public Policy Relevance Statement

This study found that over three quarters of young adults experiencing homelessness reported discrimination experiences and that these were related to higher rates of psychological distress. Interventions that acknowledge these experiences and build resilience are needed to support YAEH paired with community interventions to reduce the public stigma of homelessness that contributes to these experiences and eliminate policies that criminalize homelessness.

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According to recent national estimates, approximately 3.5 million young adults experience homelessness each year (Morton et al., 2018). Individuals who are homeless may experience discrimination in their day-to-day lives for multiple reasons that include their race or ethnicity, sexual orientation, and gender identity in addition to their lack of housing (Brown et al., 2015; Bruce et al., 2014; Gattis & Larson, 2016). Likewise, rates of mental illness in young adults experiencing homelessness (YAEH) are high with studies finding that more than 65% meet criteria for a mental disorder (Cauce et al., 2000; Hogsdon et al., 2014; Whitbeck et al., 2004). A substantial body of literature describes the association between perceived discrimination and mental health for adults and adolescents, generally (Pascoe & Smart Richman, 2009); however, fewer studies have examined the rates and correlates of perceived discrimination among a broad sample of YAEH or examined the relationship between discrimination and mental health in this group. Understanding more about perceived discrimination among YAEH, and relationships between discrimination and mental health, specifically, may provide practical opportunities for community providers to utilize approaches that reduce discrimination toward YAEH and promote improved mental health outcomes. Accordingly, the goals of this study are to describe rates and correlates of perceived discrimination, examine attributed reasons for discrimination, and examine the relationship between perceived discrimination and mental health in a large multicity sample of YAEH.

Discrimination Among Youth Experiencing Homelessness

One way of conceptualizing the drivers of discrimination experiences among YAEH is ecosocial theory (Krieger, 2014). Ecosocial theory highlights how overlapping social statuses structure an individual's risk of experiencing discrimination. Inequality in social relationships between socially constructed groups shape the distribution of adverse events, including discrimination experiences, with these adverse experiences contributing to worse health status. YAEH disproportionately come from marginalized groups which likely contribute to their experiences of discrimination, including racial/ethnic minority groups, LGBQ sexual orientations, nonbinary gender identities, and, for many, prior exposure to systems such as foster care, juvenile justice, and the adult criminal justice system (Brown et al., 2015; Bruce et al., 2014; Gattis & Larson, 2016; Morton et al., 2018; Shelton et al., 2018; Whitbeck et al., 2004). Given their lower overall social standing, YAEH likely experience higher levels of everyday discrimination than those with more advantaged social group statuses (e.g., the housed, heterosexual, white, etc.) and subsequently worse mental health status.

Research examining discrimination among YAEH has generally reported findings consistent with this conceptualization. But, it has largely focused on discrimination attributed to characteristics, such as sexual orientation or gender identity (Cray et al., 2013; Gattis, 2013; Milburn et al., 2006), racial or ethnic discrimination (Milburn et al., 2010), discrimination related to housing status (Budescu et al., 2019), or a combination of these attributes in a specific group (Gattis & Larson, 2016; Sisselman-Borgia et al., 2018). Evidence suggests that YAEH perceive discrimination regularly (Budescu et al., 2019; Kidd, 2007) and that such experiences negatively impact mental health (Gattis & Larson, 2016; Milburn et al., 2010;

Sisselman-Borgia et al., 2018), substance use (Santa Maria et al., 2018) and health-care seeking behaviors (Ensign & Bell, 2004; Nicholas et al., 2016). Yet, little is known about the rates of discrimination among YAEH from a national perspective. One recent study conducted in New York City found that 81% of the 85 YAEH in the sample reported experiencing at least one instance of discrimination related to being homeless within the past 12 months (Budescu et al., 2019). Milburn et al. (2010) found that just over one-quarter of their sample of YAEH in Los Angeles County reported experiencing racial or ethnic discrimination within the past 3 months. Kidd (2007) identified several demographic characteristics associated with perceived stigma, a related concept, among YAEH in New York City and Toronto, Canada. While gender identity and sexual orientation were not related to perceived stigma, being a White youth was associated with greater perceived stigma as compared to youth belonging to other racial or ethnic groups and having spent more time on the streets was also related to greater stigma (Kidd, 2007). Learning more about the rates and correlates of everyday discrimination and perceived causes among a large multicity sample of YAEH is necessary to inform interventions that modify factors associated with discrimination in a broad group of YAEH and to enhance mental health outcomes.

Discrimination and Mental Health

Evidence suggests that frequent experiences of subtle, yet harmful encounters may seem minor but constitute a significant source of chronic stress (Essed, 1991). According to a stress and coping model, exposure to chronic stressors such as everyday discrimination may lead to heightened psychological stress responses (including negative emotional state) as well as a potential increase in unhealthy coping behaviors (Pascoe & Smart Richman, 2009). A body of research rooted in this framework has examined the relationship between perceived discrimination and health and mental health in different populations, and findings suggest that more frequent exposure to everyday discrimination is related to increased psychological distress among adults and adolescents (Kessler et al., 1999; Pascoe & Smart Richman, 2009; Williams et al., 1997).

Studies have also found relationships between discrimination and a variety of behavioral health conditions among young people, such as anxiety, depression, psychological distress, and substance use (Ajrouch et al., 2010; Gattis & Larson, 2016; Milburn et al., 2010; Seaton et al., 2008; Taylor & Turner, 2002; Yang et al., 2019). For instance, in a study of 4,462 African American and Afro-Caribbean young adults, Clark et al. (2015) found that chronic discrimination was associated with higher incidence of anxiety disorder, major depressive disorder, and substance use disorders. Ward et al. (2019) also found that perceived discrimination was associated with depressive symptoms in a study of 629 Mexican Americans adults. Further, some evidence also indicates that perceived discrimination during the transition to adulthood has lasting impact on mental health in middle adulthood (Yang et al., 2019). Yang et al. (2019) utilized data from the National Longitudinal Study of Youth 1979 when their sample members were ages 16 to 22 ($n = 6,478$) to examine the link between perceived discrimination and later physical and psychological health assessed around age 40. They found that there was a moderate-to-strong direct effect between experiencing discrimination as a youth and poorer psychological health in middle adulthood (Yang et al., 2019).

YAEH face complex circumstances comprised of (but not limited to) events leading to experiencing homelessness, constant environmental stressors such as securing food, shelter, and physical safety, and psychosocial stressors such as experiencing interpersonal and institutional discrimination. Some literature has begun to explore the relationship between discrimination and mental health status among YAEH in local samples (Gattis & Larson, 2016; Kidd, 2004, 2007; Milburn et al., 2010; Sisselman-Borgia et al., 2018). For instance, a qualitative exploration of suicide narratives among YAEH in Canada found that 35 of 37 YAEH referenced oppression and discrimination from the general public as contributing to their feelings of worthlessness, loneliness, and hopelessness (Kidd, 2004). A quantitative follow-up that included YAEH from New York and Toronto supported those qualitative findings, with results showing a relationship between perceived stigma and self-esteem, loneliness, feeling trapped, and suicidal ideation (Kidd, 2007; Kidd & Carroll, 2007). Similarly, results from a recent study comprising 89 African American youth who experienced homelessness in Milwaukee indicated that depression and suicidality were positively associated with discrimination, particularly racial discrimination (Gattis & Larson, 2016). Finally, a study including 254 recently homeless youth found that youth with stronger ethnic identification reported lower rates of emotional distress, while those reporting a history of ethnic discrimination reported higher rates of emotional distress (Milburn et al., 2010).

Present Study

While an emerging literature has begun to examine discrimination experiences among YAEH and its potential relationship to mental health outcomes, gaps remain. The current literature is based on small, geographically limited samples and often focused only on one aspect of discrimination such as racial or ethnic identity in a specific group. Our study extends this work by using a large, multicity sample to examine rates and correlates of discrimination experiences among YAEH in cities across the United States and the attributed causes of discrimination. Additionally, we examine the relationship between perceived discrimination and two mental health indicators, namely psychological distress and suicidal ideation. Drawing from ecosocial theory, we hypothesized that experiences of discrimination would be high among YAEH and that marginalized statuses such as lesbian, gay, bisexual, questioning or queer (LGBQ), transgender or nonbinary gender, and racial/ethnic minority groups would be associated with even higher rates of discrimination experiences. We also hypothesized that those who experienced discrimination would have higher rates of psychological distress and suicidal ideation than those who did not, consistent with insights from stress and coping theory.

Method

Study Procedures

Data for this study came from a survey of YAEH (age 18–26) conducted across seven cities in the United States—Los Angeles, San Jose, Phoenix, St. Louis, Denver, Houston, and New York City. Our city selection was based on the locations of a network of youth homelessness scholars and their institutions with an intentional effort to add scholars to the network that spanned diverse regions of the U.S., originally from the four U.S. Census Bureau regions

(Northeast, Midwest, South, and West) and subsequently upon request from both homelessness scholars and partnering institutions. Each of these seven cities vary in the amount of people experiencing homelessness, supports for those experiencing homelessness, and public responses to homelessness. However, in 2016, each had two or more public ordinances prohibiting activities such as camping, panhandling or solicitation, sitting or lying on public sidewalks, or food sharing (National Law Center on Homelessness & Poverty, 2016), ordinances that increase the criminalization of homelessness and potentially the experiences of discrimination.

Investigators across cities developed a common survey instrument and standard procedures, then used tablets to deliver the standardized, self-administered survey in their own city. Approximately 200 participants were screened and recruited in each city from drop-in centers, shelters, and transitional housing programs specifically serving young adults. All young adults accessing services during the data collection period, when research assistants were present, were approached and asked to participate in an eligibility screener which assessed age and housing status. Young adults were eligible to participate if they were between 18 and 26 years old and had spent the prior night in a shelter, transitional housing, the streets or other location not meant for human habilitation, or were staying temporarily with friends, acquaintances, or family where they could not stay for more than 30 days. Human Subjects Review Boards at each participating institution approved all study procedures. Each site Principal Investigator independently funded data collection at their site to support research assistants and purchase incentives.

Once a determination of eligibility was made, study personnel obtained consent, then administered a modified version of the Rapid Estimate of Adult Literacy in Medicine-Short Form (Murphy et al., 1993) to assess literacy and determine whether the participant could self-administer the survey. A small number of participants (approximately 1% across sites) had low literacy levels and were offered additional assistance including having an interviewer read the survey questions aloud to them. To assist in deduplication, a unique, anonymous identification code was generated for each participant using a series of questions such as last letter of their mother's name. This enabled deduplication both within and between data collection sites. The survey took 45–60 min to complete and participants received a \$20–\$25 gift card for a local grocery store or restaurant in appreciation of their time.

Measures

Background Characteristics. Demographic characteristics were assessed with single item questions that asked participants to identify their gender identity, race/ethnicity, and sexual orientation. Homelessness-related variables included lifetime length of homelessness which was dichotomized to greater than 2 years or less than 2 years, age at first homelessness, and where they had spent the prior night which was collapsed into three categories representing sheltered (shelter or transitional housing), streets (outside, vacant apartment), or unstably housed (doubled up with friend, acquaintance). We also asked about reasons for homelessness, asking participants to check all that applied from a list. Responses that indicated being kicked out or asked to leave a family home, foster home, relative home, or group home were combined into a single variable called kicked out. Responses that indicated that a

participant ran away from any of these settings were also combined into a single variable called ran away. Additional responses options were included as dichotomous variables including indicators for domestic violence, inability to pay rent, aging out of foster care, family does not have a stable place to stay, and no place to stay when I moved here. Participants were also asked about childhood traumas using the Adverse Childhood Experiences scale (Felitti et al., 1998) which was summed for an indicator of the number of traumatic events experienced prior to age 18.

Discrimination. Discrimination was measured with the five-item version of the Experiences of Everyday Discrimination Scale (Williams et al., 1997) which assesses the frequency of experiencing five different types of discrimination over the prior year on a 5-point scale from never, less than once a year, a few times a year, at least once a week, or always. Items include, (a) You are treated with less courtesy and respect than other people, (b) You receive poorer service than other people at restaurants or stores, (c) People act as if they think you are not smart, (d) People act as if they are afraid of you, and (e) You are threatened or harassed. Consistent with standard reporting for this instrument (Seaton et al., 2008), we collapsed the measure into a yes/no indicator, where a person was counted as experiencing discrimination if they reported any of the five discrimination experiences at least a few times a year or more. A follow-up question asked those that experienced discrimination to indicate the perceived reasons for these experiences by checking all that applied from a list of 12 potential reasons or writing in an additional reason with an “other” text box. Reasons included ancestry or national origin, gender, gender identity/expression, age, race, religion, height, weight, sexual orientation, housing status (being homeless), education or income level, and some other aspect of your physical appearance.

Psychological Distress. Psychological distress was assessed using the Kessler-6 (Kessler et al., 2003) scale which prompted participants to “Think of one month in the past 12 months when you were the most depressed, anxious, or emotionally stressed,” and then asked them to rate how often they had experienced six different symptoms (nervous, hopeless, restless or fidgety, so sad or depressed that nothing could cheer you up, that everything was an effort, worthless) on a scale from 0 = *None of the time* to 4 = *All of the time*. Items were summed for a scale range from 0 to 24. The scale had strong reliability in our sample ($\alpha = .90$). We used recommended clinical cut-offs to create a dichotomous variable indicating whether a young person had screened positive for psychological distress (1 = yes, 0 = no) if they had a score of 13 or higher.

Suicidal Ideation. A single item from the National Survey of Drug Use and Health (Center for Behavioral Health Statistics & Quality, 2015) was used to assess suicidal ideation asking participants to respond yes or no to the question “At any time in the past 12 months, did you seriously think about trying to kill yourself?”

Analysis

Everyday discrimination was examined as a dichotomous measure to describe experiences of discrimination across the sample and univariate statistics were used to describe perceived reasons for

discrimination. The attributed reasons for perceived discrimination were described using frequencies and percentages. Analyses were also conducted limited to specific subgroups that would be more likely to report a perceived reason for discrimination including an analysis that examined the rate of sexual orientation as a perceived reason for discrimination among those that identified as LGBTQ and one that examined race as a perceived reason among those that identified as a race that was not White. To examine demographic correlates of perceived discrimination, first bivariate (chi-square) analyses and then a logistic regression model were used. Finally, the relations between discrimination and mental health indicators were examined and multivariable models constructed to assess whether discrimination experiences were associated with mental health problems controlling for other variables known to be associated with mental health including demographic characteristics and exposure to adverse childhood experiences. Two separate logistic regression models were constructed—one for psychological distress and one for suicidal ideation.

Results

Study Participants

All youth that responded to the perceived discrimination scale were included in the sample for this analysis ($n = 1,400$). The demographic characteristics of the participants are presented in Table 1. The study participants were racially and ethnically diverse with the largest numbers of participants identifying as African American (37.6%) followed by White (19.2%) and Hispanic (17.0%). The majority identified as cisgender male (58.6%) with another 7.4% identifying as transgender or nonbinary gender.

Prevalence of Discrimination Experiences and Attributed Reasons

Overall, 75.8% of the sample ($n = 1,055$) reported experiencing at least one of the five everyday discrimination experiences a few times a year or more. The most commonly endorsed experience was “people act as if they think you are not smart” which 59.8% of respondents experienced at least a few times a year, followed by “treated with less courtesy or respect” (55.8%) and “people act as if they are afraid of you.” (50.7%). Those that met criteria for experiencing discrimination were asked to endorse the reasons they attributed to their discrimination experiences which are presented in Table 2. The most commonly endorsed reasons were “your housing status” ($n = 493, 46.9%$), followed by “some aspect of your physical appearance” ($n = 452, 43.0%$) and “your race” ($n = 421, 40.0%$). Within group analyses identified that 49.7% of those who identified as biracial/multiracial and 47.8% of those who identified as African American identified race as a reason for discrimination experiences compared to 24.1% of participants that identified as White. Sexual orientation was endorsed as a reason for discrimination among 43.3% of LGBTQ youth and gender identity/expression was endorsed as a reason by 63.1% of youth identified as transgender or gender expansive. The majority of participants endorsed two or more reasons for discrimination ($n = 678, 64.2%$) rather than only one.

Table 1
Sample Descriptives ($n = 1,400$)

Characteristics	<i>N</i> (%)
Living situation	
Streets	452 (32.5)
Couch surfing	265 (19.1)
Shelter/transitional housing	674 (48.5)
Homeless for 2 years or more	422 (30.4)
Reasons for homelessness	
Ran away	247 (17.6)
Kicked out	852 (60.9)
No place to go after exiting prison	95 (6.8)
Aged out of the foster care system	97 (6.9)
Not able to pay rent	222 (15.9)
Domestic violence	146 (10.4)
Family is homeless	151 (10.8)
No place to go after moving to current city	185 (13.2)
Race/ethnicity	
White	267 (19.2)
African American	523 (37.6)
Hispanic	237 (17.0)
Multiracial	141 (10.1)
Other	223 (16.0)
Gender identity	
Male	814 (58.6)
Female	472 (34.0)
Transgender/nonbinary	103 (7.4)
System involvement	
Juvenile justice system	502 (36.1)
Foster care involvement	540 (38.8)
Adult criminal justice	647 (46.5)
City	
Los Angeles	213 (15.2)
Phoenix	205 (14.7)
Denver	207 (14.8)
St. Louis	193 (13.8)
Houston	201 (14.4)
New York	189 (13.5)
San Jose	190 (13.6)

Correlates of Discrimination Experiences

The bivariate relations between discrimination and a variety of predictor variables are presented in Table 3. Those who had been homeless for 2 years or longer ($X^2 = 10.28$, $df = 1$, $p < .001$),

Table 2
Reasons for Discrimination ($n = 1,052$)

Reason for discrimination	<i>N</i> (%)
Your ancestry or national origin	202 (19.2)
Your gender	279 (26.5)
Your gender identity/expression	166 (15.8)
Your race	421 (40.0)
Your age	347 (32.9)
Your religion	134 (12.7)
Your height	198 (18.8)
Your weight	240 (22.8)
Your sexual orientation	195 (18.5)
Your housing status (being homeless or without a stable place to live)	493 (46.7)
Your education or income level	349 (33.1)
Some other aspect of your physical appearance	452 (43.0)
Other	36 (3.4)

those who had prior involvement with the juvenile justice system ($X^2 = 9.04$, $df = 1$, $p < .01$), white youth ($X^2 = 11.42$, $df = 4$, $p < .05$), and LGBQ youth ($X^2 = 19.67$, $df = 1$, $p < .001$) were significantly more likely to report discrimination. In addition, several reasons for homelessness were associated with reporting discrimination including not being able to pay rent ($X^2 = 9.04$, $df = 1$, $p < .01$), leaving a domestic violence situation ($X^2 = 5.90$, $df = 1$, $p < .05$), and having no place to stay when they moved to the current city ($X^2 = 5.32$, $df = 1$, $p < .05$). Location was also associated with perceived discrimination experiences with a higher percentage of those in Denver reporting such experiences compared to other cities. In New York City, significantly fewer YAEH reported discrimination compared to other cities ($X^2 = 39.19$, $df = 6$, $p < .001$). In a multivariable model examining these relationships while controlling for all others (Table 4), LGBQ sexual orientation, juvenile justice involvement, longer time homeless and being in New York City remained significantly related to perceived discrimination but race was no longer significant.

Relationship Between Discrimination and Mental Health Outcomes

Consistent with our hypotheses that discrimination would be associated with increased mental health problems, we found significant relationships at the bivariate level. Overall, 41% of YAEH in the study met the standard cut off of experiencing psychological distress ($n = 566$) and 90.3% ($n = 511$) of those with psychological distress reported experiencing discrimination, significantly higher than the 65.6% ($n = 527$) of those who did not meet criteria for psychological distress ($X^2 = 110.07$, $df = 1$, $p < .001$). Over a quarter of YAEH reported suicidal ideation in the prior year (27.2%, $n = 378$) and 83.6% of those reported experiencing discrimination, significantly higher than the 72.3% who reported discrimination in the group without suicidal ideation ($X^2 = 19.00$, $df = 1$, $p < .001$). When controlling for other variables commonly associated with mental health indicators, including trauma, race/ethnicity, sexual orientation, and gender identity, experiencing discrimination was no longer a significant predictor of suicidal ideation; however, it was still significantly associated with psychological distress (see Table 5). YAEH who experienced discrimination had 3.9 times greater odds of experiencing psychological distress compared to those who did not ($p < .001$).

Discussion

Our study provides new information about perceived discrimination among a large sample of YAEH sampled from seven U.S. cities. As expected, we found that discrimination is common among YAEH, with approximately three quarters of our sample reporting experiences of perceived discrimination, numbers higher than found in the general population (Godley, 2018; Molina et al., 2016) and consistent with a prior small study of YAEH in New York City (Budescu et al., 2019). As our understanding of racism and its pervasiveness within our society has heightened due to repeated, high profile incidents of police brutality, it is increasingly important to examine perceptions of discrimination among marginalized groups such as YAEH and identify actions that can be taken to address them. Specifically, our study highlights the connection between discrimination experiences and mental health in a

Table 3*Bi-Variate Correlates of Experiences of Discrimination (n = 1,400)*

Independent variables	Experienced discrimination <i>n</i> (%)	Significance text
Total sample	1,055 (75.8)	
Living situation		$X^2 = 5.07, df = 2, p = .08$
Streets	356 (78.8)	
Couch surfing	199 (75.1)	
Shelter/transitional housing	491 (72.8)	
Homeless for 2 years or more	341 (80.8)	$X^2 = 10.28, df = 1, p < .001$
Reasons for homelessness		
Ran away	192 (77.7)	$X^2 = .91, df = 1, p = .34$
Kicked out	650 (76.3)	$X^2 = 1.02, df = 1, p = .315$
No place to go after exiting prison	74 (77.9)	$X^2 = .35, df = 1, p = .55$
Aged out of the foster care system	69 (71.1)	$X^2 = 1.00, df = 1, p = .32$
Not able to pay rent	185 (83.3)	$X^2 = 9.04, df = 1, p < .01$
Domestic violence	122 (83.6)	$X^2 = 5.90, df = 1, p < .05$
Family is homeless	119 (78.8)	$X^2 = 1.09, df = 1, p = .30$
No place to go after moving to current city	152 (82.2)	$X^2 = 5.32, df = 1, p < .05$
Race/ethnicity		$X^2 = 11.42, df = 4, p < .001$
White	222 (83.1)	
African American	381 (72.8)	
Hispanic	173 (73.0)	
Multiracial	105 (74.5)	
Other	165 (74.0)	
LGBQ sexual orientation	336 (83.4)	$X^2 = 19.67, df = 1, p < .001$
Gender identity		$X^2 = 1.47, df = 2, p = .48$
Male	613 (75.3)	
Female	350 (74.2)	
Transgender/nonbinary	82 (79.6)	
System involvement		
Juvenile justice system	401 (79.9)	$X^2 = 9.04, df = 1, p < .01$
Foster care involvement	399 (73.9)	$X^2 = .81, df = 1, p = .37$
Adult criminal justice	499 (77.1)	$X^2 = 2.47, df = 1, p = .12$
City		$X^2 = 39.19, df = 6, p < .001$
Los Angeles	166 (77.9)	
Phoenix	157 (76.6)	
Denver	173 (83.6)	
St. Louis	150 (77.7)	
Houston	151 (75.1)	
New York	110 (58.2)	
San Jose	146 (76.8)	

Note. LGBQ = lesbian, gay, bisexual, questioning or queer.

population with rates of mental health diagnoses that are disproportionately high. Several findings from our study merit further discussion and suggest points of intervention for communities and providers to improve wellbeing for YAEH.

First, experiences of discrimination were prevalent across all five discrimination experiences and were attributed to multiple sources. The specific types of experiences of discrimination that YAEH endorsed illuminates that these are largely tied to being devalued. Most frequently, young people reported experiences where they were treated with less respect than other people, as though others were afraid of them and as though they were not smart, experiences that appeared to convey that they were worth less than other people. And, the most common reason they attributed to these experiences was their housing status. These data highlight the experiences that characterize life for YAEH, experiences that directly related to symptoms of depression such as feelings of worthlessness and hopelessness. Acknowledging and validating these common experiences should be an important first step for all that are encountering YAEH so that experiences with providers—including those providing housing, health, or mental health services—do not replicate the devaluing interactions that YAEH are commonly having in their

everyday lives while experiencing unstable housing. In addition, group-based interventions that provide an avenue for dialog and raising consciousness among YAEH, may assist them to identify and separate these experiences from themselves and locate them as issues of societal injustice commonly experienced by youth in similar situations.

While experiences of discrimination were endorsed by three quarters of YAEH in our sample, we were able to identify some subgroups where experiences of perceived discrimination were more prevalent. Young people that had been homeless for 2 years or more reported significantly higher rates of discrimination, a finding that supports existing research showing that youth who have spent more time living on the streets experience more stigma (Kidd, 2007). Prior research has identified long-term homelessness as a risk factor for psychological trauma and physical and sexual victimization (Bender et al., 2010; Crosby et al., 2018; Stewart et al., 2004), and this study shows that increased discrimination experiences appear to be an associated risk as well. In addition to housing status, prior involvement with the juvenile justice system was associated with greater perceived discrimination and those involved with the adult criminal justice system also reported higher

Table 4
Logistic Regression Model Predicting Any Discrimination
($n = 1,393$)

Independent variables	OR (CI)
Race/ethnicity (REF = white)	
African American	.80 (.54, 1.20)
Hispanic	.76 (.48, 1.21)
Multiracial	.67 (.42, 1.07)
Other	.68 (.41, 1.15)
Gender identity (REF = male)	
Female	.98 (.73, 1.31)
Transgender/nonbinary	1.10 (.63, 1.93)
LGBQ sexual orientation	2.25 (1.62, 3.12)***
System involvement	
Juvenile justice system	1.48 (1.10, 1.97)*
Foster care involvement	.75 (.58, .98)*
Adult criminal justice	.99 (.75, 1.30)
Has high school diploma/GED	1.06 (.80, 1.40)
Living situation (REF = streets/outside)	
Shelter/transitional housing	.94 (.68, 1.29)
Couch surfing/temporary housing	.87 (.60, 1.27)
Homeless for 2 years or more	1.40 (1.03, 1.89)*
Reasons for homelessness	
Domestic violence	1.38 (.85, 2.24)
Not able to pay rent	1.48 (1.00, 2.20)
No place to go after moving	1.41 (.93, 2.15)
City (REF = all except Den, NYC)	
New York City	.41 (.28, .60)***
Denver	1.39 (.92, 2.12)

Note. Model $\chi^2 = 98.07$, $df = 19$, $p < .001$; Nagelkerke $R^2 = .101$. REF = reference group; LGBQ = lesbian, gay, bisexual, questioning or queer. * $p < .05$. ** $p < .01$. *** $p < .001$.

rates of discrimination. A considerable number of YAEH have prior juvenile justice system involvement (Narendorf et al., 2020; Yoder et al., 2014), and this study provides some evidence that the intersection between criminal justice and homelessness may result in increased experiences of devaluation potentially through interactions with law enforcement and in the ongoing impacts of having a criminal record that influence the ability to gain employment and housing.

Table 5
Logistic Regression Models

Independent variables	Psychological distress ^a ($n = 1,346$) OR (CI)	Suicidal ideation ^b ($n = 1,317$) OR (CI)
Experienced Discrimination	3.94 (2.81, 5.51)***	1.29 (.93, 1.80)
Race (REF = white)		
African American	.60 (.43, .84)**	.50 (.35, .71)***
Latinx	.80 (.54, 1.18)	.65 (.43, .99)*
Multiracial	.75 (.50, 1.11)	.64 (.43, .97)*
Other race	.65 (.41, 1.04)	.74 (.46, 1.18)
Gender identity (REF = male)		
Female	1.84 (1.41, 2.41)***	1.25 (.94, 1.67)
Transgender/nonbinary	2.06 (1.28, 3.31)***	1.97 (1.23, 3.16)**
LGBQ sexual orientation	.99 (.75, 1.31)	1.53 (1.15, 2.02)**
ACE score	1.18 (1.13, 1.23)***	1.20 (1.14, 1.26)***
Living situation (REF = streets/outside)		
Shelter/transitional housing	1.18 (.90, 1.56)	1.30 (.96, 1.74)
Couch surfing/unstable housing	.92 (.65, 1.31)	.93 (.63, 1.38)

Note. REF = reference group; LGBQ = lesbian, gay, bisexual, questioning or queer; ACE = adverse childhood experiences.

^a Model $\chi^2 = 234.7$, $df = 12$, $p < .001$; Nagelkerke $R^2 = .22$. ^b Model $\chi^2 = 147.4$, $df = 12$, $p < .001$; Nagelkerke $R^2 = .15$.

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

YAEH who identified as LGBQ also experienced greater rates of discrimination. This aligns with prior research on the high rates of discrimination experienced by this group (Milburn et al., 2006), highlighting the need to develop specific interventions and programming that are tailored to acknowledging and addressing the intersecting sources of marginalization including race, gender identity, and sexual orientation. The hypervisibility that often accompanies homelessness, coupled with the hypervisibility of YAEH whose gender expression defies immediate categorization within the rigid binary system of gender, places trans and gender expansive YAEH at risk of discrimination. Race/ethnicity was not significantly related to discrimination at the multivariable level but we did find that White youth reported higher rates of discrimination than did youth of other races. While this goes counter to what we know about the everyday experiences of Black, Indigenous, and people of color (BIPOC) in the United States, it does align with prior research examining stigma among YAEH (Kidd, 2007). It may be that BIPOC youth have developed some sense of resilience based on a long history of experiencing and resisting discriminatory treatment, whereas for White YAEH, experiencing unfair treatment due to housing instability may be a more shocking and notable experience. When accounting for other variables in the multivariable model, however, this relationship was not significantly associated with discrimination.

It is important to note that while experiences of discrimination are identified at the individual level in this study, these experiences occur within a community context. Our study did find some geographic variation in the discrimination experiences of the youth sampled. YAEH in New York City experienced significantly lower rates of discrimination than those in other cities while those in Denver reported rates significantly higher. While our convenience sampling approach limits our ability to confidently state that the city location itself is the cause of the differences, rather than the agencies where YAEH were sampled, the differences do highlight the importance of considering community and service agency context when developing interventions to address discrimination. One of the agencies where participants were recruited in NYC was an LGBQ specific space that may have provided more affirmation and blunted

experiences of discrimination related to sexual orientation and gender identity. Or, the diversity of people present in NYC may lessen experiences of perceived discrimination.

Another potential avenue to reduce the context of discrimination may be local ordinances that criminalize homelessness. The [National Law Center on Homelessness and Poverty \(2016\)](#) has identified a variety of city ordinances that criminalize behaviors associated with homelessness including ordinances that prohibit or limit sleeping, camping, and sitting in particular public spaces or in a vehicle, loitering and vagrancy, begging in public places, and sharing food in particular places. At least two of these ordinances were identified in all of the cities where we conducted data collection. Policy efforts that focus on targeting the drivers of homelessness rather than policing its impacts such as increasing access to affordable housing and eliminating unjust evictions are likely to promote wellbeing and to reduce discrimination. In addition, widespread efforts such as a public information campaigns that build compassion and a sense of kinship between members of a community regardless of housing status could potentially result in a community where there are fewer experiences of discrimination. As young people are given more voice to share their experiences and concerns, they are able to speak out about the inequality and exclusion they experience ([Barman-Adhikari et al., 2019](#)). Photo-voice projects that promote such community action and amplify the voices and role of YAEH have shown promising results at the individual level ([Bender et al., 2017](#)) and may improve the views of YAEH in the community. It appears to be important to think simultaneously about the YAEH that are at highest risk for experiencing discrimination while also seeking to globally reduce discrimination for all YAEH in a community through broad policy efforts to change the context.

Another important finding from this study is the strong association between perceived discrimination and mental health problems. The strong relationship between traumatic events and mental health problems in YAEH is well-documented ([Cauce et al., 2000](#); [Whitbeck et al., 2004](#)); however, few studies have included discrimination as an additional factor. Perceived discrimination may be a current, modifiable factor that can be targeted to improve mental health. In our multivariable model examining the relationship between discrimination and psychological distress, we found that everyday discrimination increased the odds of psychological distress even when controlling for adverse childhood experiences and known risk factors such as LGBTQ sexual orientation. Mental health providers should assess for experiences of discrimination, validate the pervasiveness of these experiences, and create resilience building strategies. Individual therapeutic strategies such as those from Cognitive Behavioral Therapy might be utilized to assist young people in reframing these experiences to locate them as a problem with society rather than a problem within themselves. Interestingly, the relationship between discrimination and suicidal ideation was less clear. While it was significant at the bivariate level, discrimination did not increase the odds of suicidal ideation when controlling for other variables such as adverse childhood experiences (ACE) score and sexual orientation. Some prior research suggests that everyday experiences of discrimination interactions erode mental health in a more chronic fashion—perhaps contributing indirectly to suicidal ideation by influencing feelings of hopelessness, loneliness, lower self-esteem, and feeling trapped ([Kidd, 2004, 2007](#)). Further research is needed to explore in more detail, the specific links

between discrimination experiences and specific types of mental health symptoms such as suicidal ideation.

Given the connection between discrimination and mental health conditions, there is also a need to consider prevention at the community and individual level. Public stigma toward those experiencing homelessness is well-documented ([Markowitz & Syverson, 2021](#); [Weng & Clark, 2018](#)) and contributes to policies and practices that impede rather than protect YAEH and others experiencing homelessness ([Aykanian & Lee, 2016](#); [National Law Center on Homelessness & Poverty, 2014](#)). As noted previously, criminalization of activities in public spaces—such as laws against panhandling, loitering, sleeping, and camping—as well as youth curfews in many U.S. cities and states, likely contribute to the experiences of discrimination that adversely impact mental health. One way to prevent discrimination—and the associated risk of mental health disorders among YAEH—is to advocate at a local level for prohibiting policies that discriminate based upon social conditions. This may also be applicable at the programmatic level, when considering policies and procedures for service receipt, such as eligibility criteria (e.g., requiring an address to receive a particular service). Some have suggested that agency leaders and policy makers consider auditing for stigma, which includes asking questions such as “is there a stigmatizing label at play?,” “are there stereotypes, misinformation, and untested theories of causation at work?,” and “is prejudice or discrimination being codified into law and policy in a way that perpetuates disadvantage?,” which could occur at all levels of policy and programming ([Bennett & Larkin, 2018](#)).

While our study provides new information from a large, multicity sample of YAEH, it does have some limitations that should be noted. Data are cross sectional and do not provide information about the causal relationship between discrimination and mental health. While we hypothesized that discrimination contributes to mental health problems, the relationship may also be bidirectional with mental health problems contributing to discrimination experiences. Mental health problems were not listed specifically as a cause of perceived discrimination so we are unable to assess specifically whether this is an attributed cause. In addition, participants were identified through a convenience sampling approach and may not be comparable across cities. There is considerable variation across cities both in the service providers and their target service populations as well as their context which includes a range of different local ordinances criminalizing homelessness. Future research could employ a different sampling strategy to answer questions related to how city context may impact experiences of discrimination. The study is also limited by use of a broad survey tool focused on risk and resilience that did not assess some key factors that may assist in understanding discrimination. We did not ask participants a lot about their homelessness experiences including number of times homeless or the types of services they had accessed or attempted to access while homeless. Understanding more about the types of experiences that produced perceived discrimination would greatly enhance our understanding of the drivers of the high levels of discrimination we identified and potential points of intervention. Finally, our measure of discrimination focuses on perceived discrimination experiences without also gathering data about objective incidents of discrimination or assessing specific situations that produce perceived discrimination. Future research should further explore discrimination experiences and perceived discrimination using approaches to understand incidents and perceptions together.

Conclusion

YAEH reported experiencing high rates of everyday discrimination—particularly related to housing status—and there was a strong relationship between discrimination and psychological distress. YAEH who have experienced longer bouts of homelessness and YAEH that identify as LGBTQ are at particular risk for experiencing discrimination and may warrant tailored interventions that recognize their overlapping experiences of discrimination. Multilevel interventions are needed to target policies that criminalize homelessness and reduce discrimination among YAEH across communities as well as affirm and validate these experiences and their impact on mental health. Strategies may include creating critical consciousness groups to raise awareness and build support among YAEH themselves, cultural responsiveness training for staff working with YAEH, internal agency assessments of the bias in their policies and procedures, antistigma campaigns to reduce community stigma, and revision of local ordinances that criminalize behaviors associated with homelessness.

Keywords: young adult, homelessness, discrimination, mental health

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