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Differentiating the Social Service Needs of Homeless Sexual Minority Youth
from those of Non-homeless Sexual Minority Youth

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Abstract

While homeless youth and sexual minority youth are at greater risk for negative life experiences, and homeless sexual minority youth are at greater risk than homeless heterosexual youth, little is known about the differential risks for homeless sexual minority youth compared to non-homeless sexual minority youth. Using a sample of 187 sexual minority youth from a community-based social service agency in Denver, Colorado, the findings of this study suggest that homeless sexual minority youth are at greater risk for victimization, mental health issues, substance abuse, and illegal or dangerous activities than their non-homeless counterparts. Implications for social work practice and social service provision are discussed.

Key words: lesbian, gay, sexual minority, homeless, victimization, substance abuse, mental health, suicide, survival sex, criminal justice

Differentiating the Social Service Needs of Homeless Sexual Minority Youth from those of Non-homeless Sexual Minority Youth

Introduction

The literature on homelessness among youth and young adults demonstrates the increased risk that these young people face for experiencing a number of negative life challenges (DeRosa, Montgomery, Hyde, Iverson, & Kipke, 2001; Rew, Taylor-Seehafer, Thomas, & Yockey, 2001; Whitbeck, Hoyt, Yoder, Cauce, & Paradise, 2001). Similarly, research conducted over the last couple of decades has illustrated the increased vulnerability of sexual minority youth when compared to their heterosexual counterparts (Grossman & D'Augelli, 2006; Kosciw, 2004; McDaniel, Purcell, & D'Augelli, 2001; Savin-Williams & Cohen, 1996; van Wormer & McKinney, 2003). It logically follows then – and is supported by the literature – that homeless sexual minority youth face double jeopardy, first from their status as homeless adolescents and second, from their status as gay, lesbian, bisexual or transgender young people. By comparing the experiences of homeless sexual minority youth with those of homeless heterosexual youth, numerous studies have demonstrated this increased risk (Cochran, Stewart, Ginzler, & Cauce, 2002; Hebl, Foster, Mannix, & Dovidio, 2002; Milburn, Ayala, Batterham, & Rotheram-Borus, 2006; Ryan, 2001). Findings from studies such as these are helpful to service providers who offer programs for homeless youth, as well as to providers who serve youth and young adults who are at-risk for homelessness. Such studies provide a foundation on which service providers can develop culturally

responsive programs that take into account the differential risks and experiences based on sexual orientation.

Missing from the literature, however, is the exploration of the differences that emerge between sexual minority youth who are homeless and non-homeless sexual minority youth. In their examination of the effects of discrimination on the likelihood of an exit from homelessness for youth, Milburn and colleagues (2006), for example, suggest the need for this very type of comparison as one way to shed further light on youth homelessness. For organizations that provide support and programs specifically targeted for gay, lesbian, bisexual, and transgender youth, as well as for homelessness prevention programs, this information is critical. The comparison potentially provides information to homelessness prevention service providers by identifying the factors that may play a role in sexual minority youth becoming homeless. Developing programs that ignore the unique needs of homeless as opposed to non-homeless sexual minority youth population can be problematic. This is not to say that there is no overlap in the social service needs of homeless sexual minority youth and non-homeless sexual minority youth. Rather, we are suggesting that the degree of overlap is largely unknown and will remain so until scholars clarify the differences between these two groups. Understanding these differences can enable providers to tailor services to best meet the needs of both groups. Through an examination of differences between these two groups, this paper seeks to assist in this endeavor and shed further light on youth homelessness.

Nomenclature

Research articles on youth who claim a non-heterosexual identity differ in what terminology they use and whom they include in their definition. Some articles include

only gay and lesbian youth, while others also include youth who are bisexual, those who question their sexual orientation, or youth who identify as transgender. Within the context of this article, we use the term *sexual minority* to mean all youth who identify their sexual orientation as other than heterosexual, or whose gender identity differs from the gender they were assigned at birth. While the argument that transgender is not a sexual orientation, but rather a gender identity is legitimate, we have included transgender youth for two primary reasons. First, they frequently receive services at organizations that provide programs for youth who are not heterosexually-identified, and second, the stress for gay, lesbian, bisexual, and questioning youth arises at least partly from their nonconformity with traditional gender roles (D'Augelli, 2002), a commonality they share with transgender youth. This is not to say that gay, lesbian, bisexual, and questioning youth are necessarily gender atypical in their mannerisms and behavior – although they may be – but rather their sexual orientation as other than heterosexual is gender nonconforming.

The Risks for Homeless Youth

Regardless of sexual orientation, homeless youth face numerous challenges, some of which may have existed prior to the youth's homelessness and become exacerbated because of the homelessness, while others are endemic to the experience of homelessness itself. While numerous risks exist for this population, we have limited our examination in this paper to the four most common categories of risk examined by researchers. These include (a) victimization, including abuse prior to leaving home; (b) mental health issues, including suicidality; (c) substance use and abuse concerns; and (d) involvement in illegal and dangerous activities. Each of these is examined next for homeless youth in general,

for sexual minority youth in general, and finally comparing homeless sexual minority youth with homeless heterosexual youth.

Victimization

Once homeless, youth of all sexual orientations experience an increased likelihood of victimization which may occur at the hands of peers, the police, family members, or strangers (Cauce et al., 2000; DeRosa et al., 2001; Whitbeck et al., 2001). Victimization may include robbery, rape, assault, and various other forms of abuse and harassment (Baron, 1997; Hoyt, Ryan, & Cauce, 1999; Kipke, Simon et al., 1997; Whitbeck, Hoyt, & Ackley, 1997). The risk for victimization increases enormously as adolescents spend time directly on the streets rather than using shelters (Whitbeck & Hoyt, 1999). Similarly, engaging in risky sexual behaviors such as survival sex – trading sex for money, food, drugs, or shelter to which some youth turn for economic survival – further increases the risk for victimization (Greenblatt & Robertson, 1993; Pennbridge, Freese, & MacKenzie, 1992; Yates, MacKenzie, Pennbridge, & Swofford, 1991).

In addition to the increased risk of victimization once youth become homeless, many of these youth experienced victimization prior to becoming homeless as well. Common reasons reported by youth for leaving home include physical and sexual abuse, substance abuse in the home, and family conflict (Cochran et al., 2002). Up to 60% of homeless youth report having been sexually abused (Barden, 1990; Rothman & David, 1985; Yates, MacKenzie, Pennbridge, & Cohen, 1988), with nearly 1/3rd of youth in one study reporting that they left home specifically because of sexual abuse by one of their parents (Rew et al., 2001). Further illustrating the prevalence of abuse and neglect for

these youth, it appears that approximately one half of runaway youth have spent time in the foster care system (Robertson, 1989; Shaffer & Caton, 1984).

Similarly, sexual minority youth – whether homeless or not – experience increased levels of risk for both verbal and physical abuse (Grossman, 1997; Kosciw, 2004; McDaniel et al., 2001). Heterosexism and the harassment that accompanies it are daily realities for most sexual minority youth, especially within the context of schools (Morrow, 2006; van Wormer & McKinney, 2003). In its 2005 National School Climate Survey, for example, the Gay, Lesbian, Straight Education Network (GLSEN) documents that 75.4% of students who participated in the survey heard anti-gay comments and slurs such as “faggot” or “dyke”, while almost 90% reported hearing “that’s so gay” or “you’re so gay” insinuating worthlessness.

Physical abuse is also commonplace. In a sample of lesbian and gay male youth who received social services in New York City in the late 1980s, 41% reported having experienced physical violence, with a substantial part of that abuse related to their sexual orientation (Hunter, 1990). Kosciw and Diaz (2006) found that 37.8% of students experienced physical harassment at school because of their sexual orientation, while 26.1% experienced physical harassment because of their gender expression. Nearly one-fifth (17.6%) of the students in the GLSEN survey reported actual physical assault because of their sexual orientation. Combining physical harassment with verbal harassment, the Hetrick-Martin Institute (n.d.) suggests that over two thirds of sexual minority youth experience abuse. In their comparison of rural and urban sexual minority youth, Waldo, Hesson-McInnis, and D’Augelli (1998) found that similar correlates predicted victimization.

Many sexual minority youth also experience either parental abuse (Savin-Williams & Cohen, 1996) or parental rejection (Grossman & D'Augelli, 2006; Robinson, 1991). Sexual minority youth are more likely to have been physically or sexually abused by their family members than their heterosexual counterparts (Saewyc et al., 2006). Hunter (1990) found that more than 60% of violence against his sample of sexual minority youth had been perpetrated by family members. Pilkington and D'Augelli (1995) reported that 33% of the sexual minority youth they surveyed had been verbally abused by family members and 10% had been physically assaulted by family members. The experience of abuse and neglect by families is further demonstrated by the disproportionate numbers of sexual minority youth in foster care systems. Lenz-Rashid (2006) found that 34% of children in her study of former foster care participants reported being gay, lesbian, bisexual, transgender, intersex or queer at intake. Although findings suggest that sexual minority youth need additional support while in foster care (Rashid, 2004), most states fail to acknowledge or address the unique needs of these youth (Lambda Legal, 2001). Mallon (1997) has demonstrated that problems experienced by gay and lesbian youth and their families are often ignored by child welfare professionals.

As Morrow (2006) so insightfully reminds us, one area of victimization of sexual minority youth that is frequently overlooked is the practice of conversion (or reparative) therapy. A systematic approach attempting to alter a person's sexual orientation from lesbian, gay, or bisexual to heterosexual, conversion therapy frequently occurs in conservative religious contexts and utilizes prayer, exorcism and punishment-focused behavior modification (Tozer & McClanahan, 1999; White, 1995). Sexual minority youth may be forced by parents into programs, support groups and camps that utilize

conversion therapy techniques. Studies examining the effectiveness of conversion therapy practices have demonstrated no empirical evidence of their effectiveness (Halderman, 1994; Mills, 1998; Tozer & McClanahan, 1999), and many professional human service and counseling associations find the practice unethical and potentially harmful to clients (American Counseling Association, 1998; American Psychiatric Association, 1998; American Psychological Association, 1997; National Committee on Lesbian, Gay, and Bisexual Issues of the National Association of Social Workers, (NASW), 2000).

Looking at the intersection of sexual orientation and homelessness, the literature indicates that homeless sexual minority youth frequently experience discrimination associated with being gay, lesbian, bisexual, or transgender while on the street (Cochran et al., 2002; Hebl et al., 2002; Ryan, 2001). Victimization rates are higher for homeless sexual minority youth than for their homeless heterosexual counterparts (Milburn et al., 2006). While some types of discrimination against homeless youth decreased from a baseline measurement to six months later for newly homeless youth, discrimination based on sexual orientation did not, suggesting that "...discrimination based on sexual orientation has a relative enduring salience [for homeless youth]" (Milburn et al., 2006, p. 669).

Homeless sexual minority youth report a history of sexual abuse significantly more frequently than do homeless heterosexual youth (Rew, Whittaker, Taylor-Seehafer & Smith, 2005). Likewise, these youth are also more likely to be sexually victimized once on the streets than are their heterosexual equivalents (Whitbeck, Chen, Hoyt, Tyler & Johnson, 2004).

Mental Health Issues

High rates of mental health problems, including psychoses, have been found among homeless youth (Cauce et al., 2000; Fosberg & Dennis, 1999; McCaskill, Toro, & Wolfe, 1998; Yoder, Hoyt, & Whitbeck, 1998). Psychiatric and emotional distress is three times more common in the population than among their non-homeless counterparts (Robertson, Koegel, Mundy, Greenblatt, & Robertson, 1988). Depression is reported in 26% to 82% of homeless youth (Robertson, 1989; Shaffer & Caton, 1984; Yates et al., 1988) with the risk for depression increasing among homeless youth who have engaged in survival sex (Yates et al., 1991). In addition, the experience of becoming homeless increases the risk for, and can exacerbate the severity of, numerous mental health issues (Cauce et al., 2000; DeRosa et al., 2001; Whitbeck et al., 2001).

Many sexual minority youth, likewise, experience mental health issues (Appleby & Anastas, 1998; Fergusson, Horwood & Beautrais, 1999; Grossman & D'Augelli, 2006). Proctor and Groze (1994) found that the multiple stressors faced by sexual minority youth place them at increased risk for depression, and this risk increases when these youth do not have familial support (D'Augelli, Hershberger, & Pilkington, 1998; Proctor & Groze, 1994; Tharinger & Wells, 2000). Transgender youth may additionally struggle with feelings of disgust and shame about their emerging physical sex characteristics (Burgess, 1999).

Various studies have further suggested that homeless sexual minority youth are at an even greater risk for mental health problems (Elze, 2002; Remafedi, Farrow & Deisher, 1991; Rotheram-Borus, Rosario, Rossem, Heid & Gillis, 1995). Cochran and colleagues (2002) found higher rates of mental health symptomology among homeless

sexual minority youth than among homeless heterosexual youth. Similarly, Whitbeck and colleagues (2004) found that homeless GLBT youth were more likely to meet the criteria for a post-traumatic stress disorder diagnosis, and Noell & Ochs (2001) found that homeless gay, lesbian and bisexual youth were more likely to have had a psychiatric hospitalization.

While higher rates of depressive symptoms have been documented among homeless sexual minority youth than their heterosexual counterparts in some studies (Cochran et al., 2002; Whitbeck, et al., 2004), at least one study suggests that this pattern may hold true when looking at recent depressive symptoms, but not when looking at lifelong incidence of depressive symptoms (Noell & Ochs, 2001). Similarly, homeless gay male youth appear to be less likely to meet the diagnostic criteria for conduct disorder than their homeless heterosexual male colleagues (Whitbeck et al., 2004), and when looking at resilience, Rew and colleagues (2001) found no significant differences between the two groups of homeless youth.

Among the more severe mental health issues is the risk for suicide. Homeless youth – regardless of sexual orientation – are at significantly higher risk for suicidal ideation and attempts than their non-homeless counterparts (Spirito & Esposito-Smythers, 2006). Studies have demonstrated that approximately one-third of homeless youth report having attempted suicide (Robertson, 1989; Shaffer & Caton, 1984; Stiffman, 1989), compared to base rates of suicide attempts in the general youth population of between 8% to 13% (Friedman, Asnis, Bock, & DiFiore, 1987; Garland & Zeigler, 1993).

Rates of suicidality among sexual minority youth have been shown to be higher than rates for suicidality among the youth population in general (reviewed in McDaniel et

al, 2001; D'Augelli et al., 2005; Morrison & L'Heureaux, 2001; Spirito & Esposito-Smythers, 2006). While early studies examining the phenomenon were limited by methodological issues (Russell, 2003), more recent studies using random and representative samples have demonstrated that between 25% to 35% of sexual minority adolescents report at least one suicide attempt (Garofalo et al., 1998; Remafedi, French, Story, Resnick & Blum, 1998; Russell & Joyner, 2001). This increased risk has been demonstrated as well in various subpopulations of sexual minority youth including urban and rural youth (Waldo et al., 1998), and lesbian and gay youth who access social services (Hunter, 1990; Walls, Freedenthal & Wisneski, 2006).

While Hershberger, Pilkington, & D'Augelli (1997) found that suicide attempters among sexual minority youth were more open about their sexual orientation than sexual minority youth who were non-attempters, findings regarding openness about one's sexual orientation have been mixed. Charvat (2000), for example, concluded that failure to successfully resolve the coming out process put gay and lesbian youth at increased risk for suicidality, a finding echoed in Schneider and colleagues (1989) study which found that closeted gay male youth were at greater risk than out gay male youth.

Conflicting patterns have also emerged in the comparison of suicidality between homeless sexual minority and homeless heterosexual youth. In one of the earliest studies comparing the two groups, Kruks (1991) found that 53% of homeless gay male youth reported at least one suicide attempt while 32% of the general homeless male youth population reported an attempt. Other studies have echoed this increased risk for suicidality among homeless sexual minority youth (Whitbeck et al., 2004; Yoder et al., 1998). As with their finding on depressive symptoms, Noell and Ochs (1991) however

found homeless gay, lesbian, and bisexual youth were more likely to report recent suicidal ideation than were homeless heterosexual youth, but that no difference emerged when comparing lifetime incidence of suicidal ideation between the groups.

Substance Use and Abuse

While the risk for substance use and abuse increases when a young person becomes homeless (Cauce et al., 2000; DeRosa et al., 2001; Whitbeck, et al., 2001), one study found that 37% of homeless young people were thrown out of their family home because of parental disapproval of their alcohol or drug use, suggesting that substance use was occurring prior to homelessness for at least a portion of the population. Substance abuse and the use of alcohol can further fuel other risks once homeless including the risk for contracting sexually transmitted infections (STI) including HIV (Pennbridge et al., 1992).

Substance abuse is, likewise, a documented risk for sexual minority youth (Frankowski, 2004; Tharinger & Wells, 2000; Wright & Perry, 2006). Substance use and abuse rates among sexual minority youth appear to be higher than those documented among heterosexual youth (Rosario, Hunter, & Gwadz, 1997; Russell & Joyner, 2001). These rates continue to be high once adulthood has been reached with approximately 20% to 30% of the adult sexual minority community experiencing such problems (Amico & Neisen, 1997).

Homeless sexual minority youth also report relatively high levels of alcohol and illicit drug use (Frankowski, 2004; Lankenau, Clatts, Welle, Goldsamt, & Gwadz, 2005; Wright & Perry, 2006). The rate of use appears to be higher (Cochran et al., 2002; Unger, Kipke, Simon, Montgomery, & Johnson, 1997), the onset of use appears to be earlier

(Moon et al., 2000), and the diversity of drugs used appears to be broader (Cochran et al., 2002) than those of homeless heterosexual youth. Differences in usage patterns, however, have also emerged based on gender and the type of drug. For example, homeless sexual minority youth were more likely to have recently used methamphetamines (Cochran et al., 2002; Noell & Ochs, 2001) and more likely to have used injection drugs at some point during their life (Noell & Ochs, 2001) than were homeless heterosexual youth. Similarly, homeless lesbian youth were more likely to meet the diagnostic criteria for alcohol abuse than were homeless non-lesbian female youth (Whitbeck et al., 2004). On the other hand, homeless male sexual minority youth were less likely to have recently used marijuana (Noell & Ochs, 2001) and were less likely to meet diagnostic criteria for alcohol abuse (Whitbeck, et al., 2004) than homeless heterosexual male youth.

Illegal and Dangerous Activities

Many homeless adolescents have encounters with the criminal justice system. In a study of homeless male youth in New York City, 21% of the youth had spent time in jail in the three months prior to seeking shelter (Robertson, 1989). In Los Angeles, 56% of homeless male youth in one survey reported having spent time in detention facilities at some point in their life (Rotheram-Borus, Rosario, & Koopman, 1991). Survival sex is also not uncommon among the homeless youth population. Among a sample of homeless male youth ages 14 to 23, slightly more than 27% had engaged in survival sex in the three months prior to participating in the study (Pennbridge et al., 1992), with the risk increasing for older youth. The risk for contracting HIV infection and other STIs is elevated for homeless youth in general (Cauce et al., 2000; DeRosa et al., 2001; Whitbeck, et al., 2001) and is exacerbated by sexual risk-taking behavior such as survival

sex (Greenblatt & Robertson, 1993; Pennbridge et al., 1992; Yates et al., 1991). In the late 1980s, homeless youth were estimated to be HIV-infected at a rate that was 2 to 10 times higher than rates reported for other adolescent samples in the U.S. at that time (St. Louis et al., 1989; Stricof, Novick, & Kennedy, 1990), even though homeless youth seem to be as knowledgeable and as motivated to prevent HIV infection as their non-homeless counterparts (Goodman & Cohall, 1989; Hudson, Petty, Freeman, Haley, & Krepcho, 1989; Koopman, Rotherman-Borus, Henderson, Bradley, & Hunter, 1990).

While sexual minority youth become more susceptible to delinquent behaviors which then increases the likelihood of contact with the criminal justice system once they become homeless (Wardenski, 2005), it is not clear whether homeless sexual minority youth are more likely to engage in criminal behavior (other than survival sex) than their homeless heterosexual counterparts. Noell and Ochs (2001) found rather, that homeless sexual minority youth were less likely to have been arrested than were homeless heterosexual youth.

One pattern that does seem to be fairly well established in the literature is that homeless sexual minority youth do appear to engage in survival sex more frequently than homeless heterosexual youth. While this appears to be true for both male and female sexual minority youth (Feinstein, Greenblatt, Hass, Kohn, & Rana, 2001; Klein, 1999; Lankenau et al., 2005; Lock & Steiner, 1999), it seems to be especially true of homeless gay and bisexual male youth (Kipke, Montgomery, Simon, Unger, & Johnson, 1997; Kruks, 1991; Whitbeck et al., 2004). The risk appears to increase as gay-identified male street youth become older (Pennbridge, et al., 1992). In contrast, one study examining homeless drug-using male youth who have sex with males (MSM) found that those who

did not identify as gay (but rather as heterosexual, bisexual, or transgender) were more likely to trade sex for money, drugs, or shelter (Newman, Rhodes, & Weiss, 2004).

Whether or not they engage in survival sex, homeless sexual minority youth appear to be at exceptionally high risk for contracting HIV and other STIs (Klein, 1999; Lock & Steiner, 1999; Moon et al., 2000). These youth report having significantly more lifetime partners and significantly younger voluntary sexual debuts than do homeless heterosexual youth (Cochran et al., 2002). Studies conflict on whether homeless sexual minority youth are more likely to be tested for HIV and STIs than homeless heterosexual youth. One study found this to be true (Rew et al., 2005), while another found the pattern to be true for homeless male sexual minority youth, but not for homeless female sexual minority youth (Solorio, Millburn, Weiss, & Batterham, 2006).

Summary

Negative street experiences once a youth becomes homeless appear to amplify any existing problems the youth had prior to becoming homeless (Tyler, Hoyt, Whitbeck & Cauce, 2001; Whitbeck & Hoyt, 1999). Once on the street, adolescent socialization occurs that increases the likelihood of chronic homelessness and subsequent dysfunctional behaviors (Tyler, Whitbeck, Hoyt, & Yoder, 2000; Whitbeck & Hoyt, 1999; Whitbeck, Hoyt, & Bao, 2000). While family connections appear to protect never-homeless individuals from the effects of traumatic life events (Anderson & Imle, 2001), and families are frequently central to programs and services for youth experiencing problems, families are sometimes the sources of greatest stress for homeless youth and thus cannot be mobilized as supportive resources for the youth (Rotheram-Borus, Koopman, & Ehrhardt, 1991).

Following a similar pattern, sexual minority youth appear to be at greater risk for numerous negative life experiences than their heterosexual youth counterparts. These risks are then further exacerbated when the sexual minority youth becomes homeless. Additionally, sexual minority youth appear to be at greater risk for actually becoming homeless than heterosexual youth. Research has shown that without the appropriate supports and resources sexual minority youth frequently drop out of school, run away and end up on the streets (Berger, 2005; Wardenski, 2005; Wright & Perry, 2006).

In 1999, the U.S. Department of Justice estimated that nearly 1.7 million youth experienced at least one episode of being homeless (Hammer, Finkelhar & Sedlak, 2002). Estimating the percentages of these youth who are sexual minority is difficult (Diamond, 2000; Rotheram-Borus, Koopman, Ehrhardt, 1991; Sell, 1997). While the National Network of Runaway and Youth Services (NNRYS, 1985) has suggested that about 6% of homeless adolescents are gay or lesbian, more recent estimates in studies have commonly fallen between 11% - 36% (Berger, 2005; Cochran et al., 2002; Feinstein et al., 2001; Noell & Ochs, 2001; Rew et al., 2001). This discrepancy may arise in part because of historical increases in rates of youth coming out more frequently and at younger ages (Savin-Williams, 2005), or the percentage differences may simply reflect geographic differences in the samples and movement of sexual minority youth to magnet urban areas that are perceived to be more open and tolerant (Whitbeck et al., 2004). While homeless sexual minority youth share a lot of similar issues with homeless heterosexual youth including many factors that contribute to becoming homeless (Pendergast, Dunne & Telford, 2001), issues surrounding sexual orientation frequently play a significant role in sexual minority youth becoming homeless, putting sexual

minority youth at increased risk for homelessness (Grossman & D'Augelli, 2006; Kruks, 1991).

In general, then, the literature suggests that (a) homeless youth experience significantly more negative life experiences than non-homeless youth; (b) sexual minority youth experience significantly more negative life experiences than heterosexually identified youth; and (c) homeless sexual minority youth experience significantly more negative life experiences (with a few exceptions) than homeless heterosexual youth. It seems logical from these patterns that homeless sexual minority youth would similarly experience significantly more negative life experiences than non-homeless sexual minority youth. It is to this question, that we now turn our attention.

Data and Methods

Participant and Agency Description

Survey respondents were youth and young adults who received services at Rainbow Alley during the period of time in which the survey was administered. As a program of the Gay, Lesbian, Bisexual, and Transgender Community Center of Colorado, Rainbow Alley provides support, education, advocacy and social activities for sexual minority youth and their allies. Support for sexual minority and questioning youth is provided through open-topic support groups run by trained volunteers, informal case management, peer-to-peer support, and a drop-in center. Educational support includes access to homework assistance, GED preparation guides, and basic computer skills trainings. Social activities have included talent nights, drag shows, dinner and movie nights, and annual events like prom and weekend camping trips. The program is built on a youth-adult partnership model whereby staff members engage youth in decision-making

roles for programming, policies and administrative changes. Services are provided to sexual minority youth, some of whom are homeless and some of whom are not.

Survey Administration

The surveys were administered during June, 2004 and June, 2005. Participation was requested of all drop-in center participants during a 3-week period, and data were collected until at least 100 surveys were completed each year. It was explained that participation in the survey was completed voluntary. While exact information on response rate was not collected, facility staff report that virtually every participant asked agreed to participate in the surveys. Examination of agency records indicated that eight participants participated in survey administrations in both years. Demographic matching was used to eliminate the earlier of the two duplicate records for each of these participants.

Limitations

A couple of words of caution are in order regarding the sample used in this study. While numerous studies drawing from community-based, representative samples have been conducted which have established the legitimacy of sexual minority youth's heightened need for attention from the research, clinical, and policy communities, studies using samples of subjects accessing social services are critical for understanding the issues that clients present to social workers in the day-to-day course of social work practice. This is especially true for adolescents, as most will not use professional services even when facing a major social or mental health crisis (Busch & Horwitz, 2004; Kataoka, Zhang, & Wells, 2002). As such, while the generalizability of the study's findings are limited due to the type of sample used, the findings may actually be

representative of the types of problems that social workers encounter in their community-based practice.

Second, while it may seem obvious without stating it, these youth have self-identified as sexual minority youth. Savin-Williams (2005; Diamond 2003) correctly points out the concern that youth who are same-sex attracted but who do not identify with the labels of gay, lesbian, or bisexual are not likely to be included in samples such as these. This clearly means that the findings do not generalize to all same-sex attracted youth.

Measures and Instruments

The following measures were used in the survey along others not reported in this paper. For this project we examined issues that have been commonly examined among homeless youth in existing scholarship.

Homelessness. Survey participants were asked three questions to determine if they had experienced a spell of homelessness within the last year. They were asked to indicate the number of times they had stayed in a homeless shelter, the number of times they had slept outside because they had nowhere to stay, and the number of times they had slept on someone else's couch because they had nowhere to stay. A dichotomous variable was constructed from these three questions to indicate whether the respondent had been homeless during the last year.

Gender. Participants were asked to identify their gender and were given five potential responses: "female", "male", "trans/male", "trans/female", "self identify/other". Given the small numbers of subjects who identified in the specific transgender or self identity categories, gender was recoded into female, male, and transgender.

Race. For race/ethnicity, respondents were given the options of describing themselves as “American Indian or Alaska Native”, “Asian”, “Black or African American”, “Hispanic or Latino/Latina”, “Native Hawaiian or other Pacific Islander”, “White”, or “Multiracial”.

Sexual Orientation. While all subjects in the sample identify as non-heterosexual, variability does exist in terms of the identity label that respondents claimed. Response choices in the survey were “gay”, “lesbian”, “bisexual”, “pansexual”, and “not sure”. Given the small number of respondents who identified as pansexual, the category was combined with the bisexual category for purposes of analyses.

Age. Respondents were asked to indicate their age.

Victimization in school. Respondents were asked to indicate whether or not they had been harassed in school during the last twelve months (a) because of their race/ethnicity; or, (b) because someone thought they were gay, lesbian, bisexual or transgender. Additionally they were asked to indicate the number of days that they had felt so unsafe that they had skipped school in the last thirty days, and to rate the frequency of how often they felt unsafe or afraid at school ranging from “never” to “all of the time”.

Partner abuse. To determine if the respondent had experienced physical abuse at the hands of a romantic partner, they were asked to indicate whether or not their boyfriend or girlfriend had hit, slapped or physically hurt them on purpose in the past twelve months.

Familial abuse. Two questions were asked to determine if the youth had experienced abuse by their family of origin, specifically because of their sexual

orientation. First, respondents were asked whether or not they had been verbally harassed by a family member because of their sexual orientation in the past twelve months. Following that, they were asked whether or not they had been physically harassed or attacked by a family member because of their sexual orientation in the past twelve months. No question specifically asked about sexual abuse so it is possible that some respondents included sexual abuse as part of physical abuse. The two questions were combined into a single family abuse variable where a one indicates that they had experienced one or both types of abuse.

Hopelessness. The question asked to gauge hopelessness, which has been found to be a more accurate predictor of suicide than depression variables (Beck, Steer, Kovacs, & Garrison, 1985), was “During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?”

Suicidality. Two questions were asked of respondents regarding suicide. The first asked whether or not the respondent had seriously considered suicide during the past twelve months. The second asked the number of times that they had attempted suicide in the past twelve months.

Self-injury. To capture the experience of self-injurious behavior, respondents were asked to indicate the number of times that they had cut themselves on purpose during the last twelve months.

Weight issues. Respondents were asked to indicate whether or not they had vomited or taken laxatives in an attempt to lose weight in the last thirty days.

Cigarette use. Respondents were asked (a) whether or not they had ever tried smoking cigarettes; (b) the age at which they first smoked; and (c) the number of cigarettes they had smoked per day in the last thirty days.

Alcohol use. Respondents were asked to indicate the number of days in their lives in which they have had a least one alcoholic drink. The response set was “0 days”, “1 to 2 days”, “3 to 9 days”, “10 to 19 days”, “20 to 39 days”, “40 to 99 days”, or “100 or more days”. Responses were recoded to represent the mean for the category. Respondents were also asked to indicate the age at which they first drank alcohol, the number of days they drank in the last thirty days, and the number of days in the last thirty days in which they had consumed five or more drinks in one sitting.

Other drug use. Questions were included on the survey that asked the number of days in their life that respondents had used marijuana, any form of cocaine, and methamphetamines. Dichotomous variables were derived from the responses to indicate whether or not the respondent had ever used each of the types of drugs.

Unprotected intercourse. To capture sexual risk taking, respondents were asked two separate questions regarding unprotected sex. The first question asked the respondent to indicate the number of times in the prior twelve months that they had received or performed vaginal sex without a condom. The second asked the same question, but with regard to anal sex. The two questions were combined into a dichotomous variable indicating whether or not the youth had engaged in either vaginal or anal sex without a condom in the last year.

Arrested. Respondents were asked to indicate at what age they were first arrested. This variable was transformed into a dichotomous variable capturing whether or not the youth had ever been arrested.

Carrying weapons. Finally respondents were asked to indicate how many days in the last thirty days they had carried a weapon. From their responses, a dichotomous variable was derived.

Results

Descriptive Statistics

The full sample size for the study was 187 youth who identified as non-heterosexual. Out of these, 47.59% ($n=89$) identified as female, 47.06% ($n=88$) as male, and the remaining 5.35% ($n=10$) as male/trans, female/trans, or self identify/other. Slightly more than forty percent (40.22%, $n=74$) claimed a gay identity, followed by almost equal numbers identifying as either lesbian (26.63%, $n=49$) or bisexual/pansexual (26.09%, $n=48$). Thirteen respondents (7.07%) indicated that they were not sure of their sexual identity. The mean age in the sample was 17.28, with a standard deviation of 1.75 years. The ages ranged from 12 to 21 years old.

Racially, 41.08% ($n=76$) of the sample indicated that they were white, with 27.57% ($n=51$) indicating a bi- or multi-racial identity, and 17.84% ($n=33$) identifying as Hispanic. Slightly less than 10% (9.73%, $n=18$) identified as African American. Six respondents (3.24%) claimed a Native American identity and only one respondent indicated that they were Asian (0.54%). Table 1 reports the descriptive statistics for the sociodemographic variables

| TABLE 1 ABOUT HERE |

Slightly more than one quarter of the sample reported victimization at school due to their race/ethnicity, and more than half indicated victimization because they were perceived to be gay or lesbian. Almost one in four reported missing school at least one day in the previous month because they felt unsafe with slightly more indicating that they were afraid at school either sometimes, most of the time or all of the time. Slightly less than half reported verbal and/or physical abuse by their family of origin and approximately one quarter reported physical abuse by their boyfriend or girlfriend.

Hopelessness was reported by 57.53% of the respondents, with 48.92% reporting that they had seriously considered suicide in the past year and 37.30% reporting that they attempted suicide at least once in the same time period. Slightly more than 42% reported self-injurious behavior through cutting in the past year, and almost 15% indicated that they had used laxatives or vomiting to lose weight in the previous thirty days.

In terms of substance use, most of the respondents had tried cigarettes with a mean age of first smoking a cigarette among those who had smoked of 12.74 years, and smoking an average of seven cigarettes per day in the previous thirty days. Most had also tried alcohol with those who reported trying it reporting an average age of 12.33 when they first had something to drink. Seventy-one percent reporting drinking alcohol in the previous thirty days, and almost half had had five or more drinks in one sitting in the previous month. A majority also reported having smoked marijuana at some point in their life, and approximately a third had reported having used methamphetamine and having used cocaine.

While the vast majority of respondents reported learning about HIV in school, more than half had engaged in either unprotected vaginal or anal intercourse in the

previous year. Thirty-nine percent had been arrested at some point in their life, and about one-third reported carrying a weapon in the previous thirty days. Descriptive statistics for the variables on victimization, mental health issues, substance use and abuse, and illegal or dangerous behaviors are listed in Table 2.

| TABLE 2 ABOUT HERE |

Differences between Homeless and Non-homeless Sexual Minority Youth

To examine differences between homeless and non-homeless sexual minority youth, chi-square tests were used for nominal and ordinal level variables, while t-tests were used for variables measured at the interval level. Analysis was conducted using Stata 9.2.

Demographics. No significant differences between sexual minority youth who had experienced a period of homelessness in the previous year and those who had not emerged with regard to gender ($\chi^2=1.21, ns$), sexual orientation identity ($\chi^2=4.58, ns$), or race/ethnicity ($\chi^2=4.10, ns$). Percentages are reported in Table 3. Similarly, no significant differences emerged with regard to the average age of the youth in each group. Those who had not been homeless in the previous year had an average age of 17.23, while those who had been homeless had an average age of 17.36 ($t=-.53, ns$).

| TABLE 3 ABOUT HERE |

Victimization. In all categories of victimization except one, significantly more homeless sexual minority youth reported experiencing victimization than did non-homeless sexual minority youth. Table 4 reports the percentages for each of the variables examined in this section. Homeless sexual minority youth were more likely to be victimized in schools based on race/ethnicity ($\chi^2=10.01, p<.01$), as well as based on

sexual orientation ($\chi^2=6.59, p<.01$) than were their non-homeless counterparts. While they were also more likely to report having skipped school at least once in the previous thirty days out of concern for their safety ($\chi^2=4.51, p<.05$), the average number of days skipped was not significantly different between the two groups ($\bar{X} = .67$ and $\bar{X} = .42$ for the homeless and non-homeless group, respectively; $t=.24, ns$). This suggests that the difference is not so much about the frequency of skipping, but rather a greater likelihood that homeless sexual minority youth will resort to skipping school as a way to manage their feeling unsafe. This is further underscored in the finding that the homeless youth were neither more nor less likely to report feeling afraid at school sometimes, most of the time or all of the time ($\chi^2=0.003, ns$).

| TABLE 4 ABOUT HERE |

Homeless sexual minority youth were more than twice as likely to report having been physically abused by their boyfriend or girlfriend in the previous twelve months ($\chi^2=7.83, p<.01$), and were one and a half times more likely to report being verbally or physically abused by their family of origin because of their sexual orientation ($\chi^2=9.21, p<.01$), than their non-homeless sexual minority counterparts. Similarly, the frequency of abuse by family members was significantly higher for homeless sexual minority youth than for their non-homeless counterparts. Homeless youth reported an average of 2.57 incidents of abuse because of their sexual orientation while non-homeless youth reported an average of 1.53 incidents of abuse ($t=-2.25, p<.05$).

Mental Health Issues. Homeless sexual minority youth were no more or less likely to report having used vomiting or laxatives as a way to lose weight in the previous month ($\chi^2=0.17, ns$), but were significantly more likely to report experiencing all other

issues examined pertaining to mental health. Percentages for this section are reported in Table 5.

| TABLE 5 ABOUT HERE |

Forty-five percent of non-homeless youth in the sample reported feeling sad or hopeless for two or more weeks during the previous twelve months compared to slightly more than two-thirds of the homeless youth in the sample ($\chi^2=10.06, p<.01$). Similarly, the homeless youth were more likely to have reported seriously considering suicide ($\chi^2=18.77, p<.001$), and/or to have attempted suicide ($\chi^2=15.99, p<.001$) in the previous year than the non-homeless youth. Homeless youth also report a significantly higher frequency of suicide attempts than do non-homeless youth ($\bar{X} = 1.03$ and $\bar{X} = .49$, respectively; $t=-2.49, p<.05$). The occurrence of self-injurious cutting behavior was reported significantly more often as well ($\chi^2=13.76, p<.001$), as was the frequency of cutting behavior ($\bar{X} = 2.17$ and $\bar{X} = 1.16$, for homeless and non-homeless youth, respectively; $t=-2.91, p<.01$).

Substance use and abuse. Patterns of cigarette and alcohol use were somewhat similar between the two groups of sexual minority youth. Homeless sexual minority youth were not significantly more likely to have tried cigarettes ($\chi^2=1.37, ns$), or alcohol ($\chi^2=0.56, ns$), than non-homeless sexual minority youth. Likewise they were no more likely to have had five or more drinks in one sitting in the last 30 days ($t=-.87, ns$), nor to have started drinking at a younger age ($t=1.11, ns$).

Homeless sexual minority youth did report, however, smoking their first cigarette approximately a half year earlier than the non-homeless sexual minority youth ($\bar{X} = 12.52$ and $\bar{X} = 13.14$) which was marginally significant ($t=1.34, p<.10$), and were

significantly more likely to have smoked more cigarettes per day in the previous thirty days ($\bar{X} = 6.05$ and $\bar{X} = 3.59$, $t=2.84$, $p<.01$). Similarly, homeless sexual minority youth were significantly more likely to have drunk alcohol more of the previous thirty days than were non-homeless sexual minority youth ($\bar{X} = 6.03$ and $\bar{X} = 3.75$, $t=2.21$, $p<.05$).

For the remaining three drugs examined, homeless sexual minority youth were significantly more likely to have used the substances than were non-homeless sexual minority youth. They were more likely to have smoked marijuana ($\chi^2=4.87$, $p<.05$), used some form of cocaine ($\chi^2=6.42$, $p<.05$), and used methamphetamine ($\chi^2=9.05$, $p<.01$). Percentages of use for each of the groups are reported in Table 6.

| TABLE 6 ABOUT HERE |

Illegal and/or dangerous activities. Homeless sexual minority youth were significantly more likely to have engaged in the illegal or potentially dangerous activities examined in this study. They were more likely to have engaged in unprotected vaginal and/or anal intercourse ($\chi^2=3.85$, $p<.05$), to have been arrested ($\chi^2=17.59$, $p<.001$), and to have carried a weapon in the last thirty days ($\chi^2=18.46$, $p<.001$). The average age arrested for those who had been arrested was not significantly different between the two groups ($t=1.03$, *ns*). However, significance was found between the average number of days a weapon was carried in the last thirty days between homeless youth ($\bar{X} = 1.95$) and non-homeless youth ($\bar{X} = .39$; $t=-5.15$, $p<.001$). Table 7 reports the results from this section.

| TABLE 7 ABOUT HERE |

Because sexual behaviors were broken down into more specific categories, we then examined potential gender differences within our results. Although the difference is not statistically significant, a higher percentage of homeless gay male youth engaged in unprotected vaginal intercourse (18%) than did gay male youth who have not been homeless in the previous year (11%). Lesbian youth who are homeless had significantly higher rates of unprotected sex – both vaginal intercourse and anal intercourse – than lesbian youth who were not homeless.

Discussion/Implications for Practice

As predicted, significant differences emerged between homeless sexual minority youth and sexual minority youth who did not experience homelessness in the previous year. Not surprisingly, most of the differences that emerged suggest that homeless sexual minority youth are at increased risk for negative life experiences over the already heightened risk that all sexual minority youth face. While similar behaviors were reported by both groups, the percentage of youth engaging in these behaviors was consistently higher for homeless youth than for their non-homeless counterparts. In no instances were non-homeless sexual minority youth at increased risk for engaging in a specific behavior or having a certain experience than were homeless sexual minority youth. The differences found suggest three primary themes about the social services needs of homeless sexual minority youth compared to those who are not homeless. Each of these are discussed next.

First, although in many ways the two subgroups of sexual minority youth have similar needs, a higher percentage of the homeless sexual minority youth need access to these services, suggesting that social service providers need to consider how to make the

array of needed services more accessible and user-friendly for these youth. This may include, in part, insuring that outreach occurs in areas where sexual minority homeless youth are known to congregate which can be different than areas where homeless heterosexual youth may hang out (Mallon, 1999). Engaging sexual minority youth peers in outreach activities targeting this population can spread the word that the agency and services are sexual minority friendly.

The findings on the array of services needed by this population echo general recommendations suggested by other researchers. These include the need for interventions in schools to insure the safety of sexual minority youth both in terms of their race and ethnicity, as well as their sexual orientation (Morrow, 2006). Social workers should pay attention to absenteeism among students who identify as sexual minorities and assess the role that harassment and the unsafe culture of the school might play in keeping these youth out of school.

Given that almost one-fourth of youth in the sample report physical abuse by their boyfriends or girlfriends, educating sexual minority youth about healthy relationships is critical. Social workers should examine curricula used in programs that are currently being offered to teach youth and young adults about battering in relationships to insure that they are inclusive of same-sex relationships. Likewise the finding that almost one half of the youth report verbal and/or physical abuse by their family of origin because of their sexual orientation, raises the concern about the potentially negative role of families in the lives of some of these youth. Care should be taken to avoid inadvertently outing sexual minority youth to their families since this may increase the risk of abuse for these youth (Morrow, 2000; Morrow, 2006; Walls et al., 2006).

Cigarette and alcohol use among sexual minority youth are epidemic for both homeless and non-homeless youth. In addition to providing alcohol-free spaces for these young adults, service providers may want to consider hosting twelve step programs or other recovery programs specifically tailored for GLBT youth. Similarly smoking cessation programs are clearly needed.

The ever present issue of suicidality among this population requires diligence on the part of service providers, and becoming homeless appears to exacerbate that risk in a significant way. Similarly screening for self-injurious behavior such as cutting should become commonplace as such self-destructive behaviors may be precursors to suicidal ideation and/or attempts.

Findings here also suggest that even armed with information about preventing HIV infection, a significant proportion of sexual minority youth continue to engage in risky sexual behavior. This risk appears to increase once these youth become homeless, and these data also suggest that sexual behavior of the youth do not necessarily line up with what sexual identity label the youth claims. HIV-related information should be comprehensive for all youth, making no assumptions about what types of sexual behavior a youth is likely to engage in based on the youth's claimed sexual identity.

The second overall theme speaks to the critical nature of culturally responsive homelessness prevention services for this population. Since it is clear from existing literature that homelessness both exacerbates existing problems experienced by the youth and fosters new ones, coupling services that provide the appropriate supports needed by these youth in their day-to-day lives while concomitantly intervening to prevent the youth from becoming homeless seems essential. These type of services might include

emergency, short-term foster care placements that are available to these youth while family intervention services are offered to address the areas of conflict that arise between sexual minority youth and their families of origin. Providing a safety net to keep these youth off of the streets for short periods of time while stabilizing the family with needed interventions could help prevent the youth from becoming chronically homeless.

Because of the potential for abuse and even being kicked out of the family home when parents discover their child's sexual orientation, social workers would be wise to help sexual minority youth develop contingency plans should this occur. Youth that have alternative residential options such as supportive relatives, partners or friends should be able to access emergency family intervention services to de-escalate the potential for abuse when they come out or upon being accidentally outed to their family. The availability of transitional living services for older youth who are approaching adulthood might also be one option for addressing the issue, especially for youth with whom reunification with their family is not a feasible option (Mallon, 1999). However, because programs designed to prepare older youth for adulthood frequently have lengthy waiting lists, agencies should review their policies to determine what kind of flexibility could be incorporated into their processes to enable them to respond in a timely fashion to situations such as these.

The final theme concerns the need for ongoing advocacy with mainstream agencies that provide services to either youth or the general homeless youth population. Child welfare systems and group homes have historically been viewed as unsafe and unwelcoming by sexual minority youth (Holdway & Ray, 1992; Mallon, 1998, 1999). These youth have frequently had numerous negative experiences interfacing with the

social service provision system and may, therefore, avoid accessing needed services at all. Mallon's (1998) work clearly demonstrates how sexual minority youth may – based on their experiences with the system – come to view the streets as a safer alternative to either family homes, group homes, or shelters.

The need for comprehensive support services for sexual minority youth – whether homeless or not – is clearly indicated. Given that the homeless youth reported significantly higher percentages in most of the factors examined here, the need for these services is even more pressing for this population. As the vast majority of sexual minority youth face the challenges of adolescence with a remarkable resiliency, the findings here should not be taken as a commentary on the sexual minority youth community as a whole. Rather these results provide social workers and social service agencies with a comparison of two groups of sexual minority youth who have sought services from a community-based social service agency.

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Table 1. Descriptive Statistics: Demographics

	Female	Male	Trans			
Gender	47.59%	47.06%	5.35%			
	Gay	Lesbian	Bisexual	Not Sure		
Sexual Orientation	40.22%	26.63%	26.09%	7.07%		
	African American	Asian American	Latino/a	Native American	White	Multi-racial
Race/Ethnicity	9.73%	0.54%	17.84%	3.24%	41.08%	27.57%
	Mean	SD	Range			
Age	17.28	1.75	12-21			

Table 2. Descriptive Statistics: Victimization, Mental Health Issues, Substance Use and Abuse, and Illegal and/or Dangerous Behaviors

	Yes	No
Ethnic/racial harassment (at school)	26.58%	73.42%
Sexual orientation harassment (at school)	53.46%	46.54%
Missed school because felt unsafe (last 30 days)	21.88%	78.13%
Afraid all of the time, most of the time, or some of the time (at school)	26.88%	73.13%
Physical abuse by partner (past 12 months)	22.78%	77.22%
Verbal or physical abuse by family member because of sexual orientation (past 12 months)	43.65%	56.35%
Felt hopeless for 2 or more weeks (past 12 months)	57.53%	42.47%
Seriously considered suicide (past 12 months)	48.92%	51.08%
Made one or more suicide attempts (past 12 months)	37.30%	62.70%
Engaged in cutting behavior (past 12 months)	42.47%	57.53%
Used laxatives or vomiting to lose weight (past 30 days)	14.44%	85.56%
Ever smoked at least one cigarette	84.95%	15.05%
Ever had at least one alcoholic drink	86.02%	13.98%
Ever used marijuana	71.51%	28.49%
Ever used cocaine	31.38%	68.82%
Ever used methamphetamine	34.97%	65.03%
Taught about HIV/AIDS in school	91.11%	8.89%
Engaged in unprotected vaginal or anal sex (past 12 months)	51.38%	48.62%
Ever been arrested	39.44%	60.56%
Carried weapon (last 30 days)	33.15%	66.85%

Table 3. Tests of Difference, Demographic Variables

	Homeless %	Not Homeless %	χ^2	p-value significance
Gender				
Male	48.57%	46.25%		
Female	47.02%	46.25%		
Transgender	3.81%	7.50%	$\chi^2=1.21$	ns
Sexual Orientation				
Gay	44.23%	35.90%		
Lesbian	25.96%	28.21%		
Bisexual	25.96%	24.36%		
Not Sure	3.85%	11.54%	$\chi^2=4.58$	ns
Race/Ethnicity				
African American	10.58%	8.86%		
Asian American	0.96%	0.00%		
Latino/a	17.31%	17.22%		
Native American	4.81%	1.27%		
White	36.54%	46.84%		
Multi-racial	29.81%	25.32%	$\chi^2=4.10$	ns

Table 4. Tests of Difference, Victimization Variables

		Homeless %	Not Homeless %	χ^2	p-value significance
Harassed (Race/ethnicity)					
	Yes	36.47%	14.08%	$\chi^2=10.01$	<i>p<.01</i>
	No	63.53%	85.92%		
Harassed (Sexual orientation)					
	Yes	62.79%	42.25%	$\chi^2=6.59$	<i>p<.01</i>
	No	37.21%	57.75%		
Missed school because felt unsafe (last 30 days)					
	Yes	28.41%	14.29%	$\chi^2=4.51$	<i>p<.05</i>
	No	71.59%	85.71%		
Afraid all of the time, most of the time, or some of the time (at school)					
	Yes	27.27%	27.14%	$\chi^2=0.0003$	<i>ns</i>
	No	72.73%	72.86%		
Physical abuse by partner (past 12 months)					
	Yes	30.69%	12.99%	$\chi^2=7.83$	<i>p<.01</i>
	No	69.31%	87.01%		
Verbal or physical abuse by family member because of sexual orientation (past 12 months)					
	Yes	53.92%	31.17%	$\chi^2=9.21$	<i>p<.01</i>
	No	46.08%	68.83%		

Table 5. Tests of Difference, Mental Health Issue Variables

	Homeless %	Not Homeless %	χ^2	p-value significance
Felt hopeless for 2 or more weeks (past 12 months)				
Yes	68.27%	45.00%	$\chi^2=10.06$	<i>p<.01</i>
No	31.73%	55.00%		
Seriously considered suicide (past 12 months)				
Yes	63.46%	31.25%	$\chi^2=18.77$	<i>p<.001</i>
No	36.54%	68.75%		
Made one or more suicide attempts (past 12 months)				
Yes	49.51%	22.50%	$\chi^2=15.99$	<i>p<.001</i>
No	50.49%	77.50%		
Engaged in cutting behavior (past 12 months)				
Yes	59.81%	27.50%	$\chi^2=13.76$	<i>p<.001</i>
No	45.19%	72.50%		
Used laxatives or vomiting to lose weight (past 30 days)				
Yes	15.53%	13.33%	$\chi^2=0.17$	<i>ns</i>
No	84.47%	86.67%		

Table 6. Tests of Difference, Substance Use and Abuse Variables

	Homeless %	Not Homeless %	χ^2	p-value significance
Ever smoked at least one cigarette				
Yes	87.50%	81.25%		
No	12.50%	18.75%	$\chi^2=1.37$	<i>ns</i>
Ever had at least one alcoholic drink				
Yes	88.57%	84.81%		
No	11.43%	15.19%	$\chi^2=0.56$	<i>ns</i>
Ever used marijuana				
Yes	78.10%	63.29%		
No	21.90%	36.71%	$\chi^2=4.87$	<i>p<.05</i>
Ever used cocaine				
Yes	39.05%	21.52%		
No	60.95%	78.48%	$\chi^2=6.42$	<i>p<.05</i>
Ever used methamphetamine				
Yes	44.66%	23.08%		
No	55.34%	76.92%	$\chi^2=9.05$	<i>p<.01</i>

Table 7. Tests of Difference, Illegal or Dangerous Behaviors

	Homeless %	Not Homeless %	χ^2	p-value significance
Engaged in unprotected vaginal or anal sex (past 12 months)				
Yes	58.25%	43.42%		
No	41.75%	56.58%	$\chi^2=3.85$	$p<.05$
Ever been arrested				
Yes	52.43%	21.33%		
No	47.07%	78.67%	$\chi^2=17.59$	$p<.001$
Carried weapon (last 30 days)				
Yes	46.08%	15.58%		
No	53.92%	84.42%	$\chi^2=18.46$	$p<.001$