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The Impact of the COVID-19 Pandemic on Youth Experiencing Homelessness: A
Qualitative Study

Bryan A. Pecoraro

A dissertation submitted to the Graduate Faculty of

JAMES MADISON UNIVERSITY

In

Partial Fulfillment of the Requirements

for the degree of

Doctor of Philosophy

Department of Graduate Psychology

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Dedication

I want to dedicate this research to my parents, Anthony and Denise Pecoraro, as without their empathy toward the unhoused, I would not have learned to help those in need. May the tradition of crazy highway U-turns and out of the way trips to get anyone on the side of the road clothed and fed, continue through me and my children for generations to come.

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In his name, glory be to Jesus who kept me afloat when I thought I would sink. When I prayed, you answered. When I got lost, you set me on track. And when I thought I couldn't go any further, you carried me. Amen!

To the participants of this study, you have endured so much throughout your lives. I can only hope that this study sheds some light on your experiences and brings attention to the cause of youth homelessness. Thank you for not only sharing your stories, but for trusting me to bring them to light. I hope you enjoyed talking with me as much as I enjoyed listening. I appreciate your help and your patience and wish you all well as you continue your journeys!

To Jessica, your love and commitment to "us" and our family allowed me to keep going all these years. You supported me, loved me, and caffeinated me and at any given point in time during these last few years, each was just as valuable as the other in keeping me going. You were the captain of the ship, and I will never be able to thank you enough for leading us through. You were my cheerleader, my therapist, and my partner in crime and for that, I will always be grateful! And to our children, Joshua, and Julianna, you have been patient, kind, and understanding through all of my crazy ride. You both have been troopers and I am blessed to have you all in my corner. I love you!

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To my friends, neighbors, and family members who stood by and tolerated missed calls and unanswered messages for years on end. Thank you! I am finally finished. I mean, I still won't pick up, but this time I'll have no excuses!

And lastly, to Johnny F, start calling around because Hofbrau isn't going to order itself. Thank you for pretty much daring me to do this; it turned into the most important thing I have ever done!

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Abstract

The purpose of this qualitative study was to understand how the COVID-19 pandemic impacted youth experiencing homelessness (YEH). During the coronavirus outbreak, millions of people's health worldwide was negatively affected. In addition to poor physical health, society's mental health was affected by political discourse, viral mitigation factors, social distancing, and distrust of both the media and government. Decades of research with those experiencing homelessness suggest that the housing insecure suffer from a litany of poor outcomes. Their physical and mental health are negatively affected by traumas and illnesses suffered prior to, and during, their transience. This study takes a phenomenological approach to examining how the COVID-19 pandemic affected YEH. Participants were screened to fit the study criteria and then they engaged in semi-structured interviews. Thematic analysis coding was used to analyze and identify themes and subthemes that developed from the interviews. Ten themes and eighteen subthemes emerged from these interviews. These themes and their respective sub themes are: Isolation (forced isolation and self isolation), Family Strife (Became homeless during COVID-19 pandemic and experienced homelessness prior to COVID-19 pandemic), Education (self educational apathy and perceived educator apathy), Loss (lost opportunities and loss of resources), mental health (suicidal ideation), catching COVID-19 (worried about contracting coronavirus and not worried about catching coronavirus), systemic failures (legal system, university, government), friendships (fading friendships and strengthened bonds), resiliency, financial insecurity (inability to obtain or sustain employment and no access to money).

Keywords: COVID-19, homeless youth, youth experiencing homelessness, pandemic, qualitative, phenomenological study, coronavirus,

Chapter 1: Introduction

Millions of people worldwide face poverty and homelessness every day. It is an issue that has plagued citizens of the United States since before the Great Depression (Kusmer, 2002). Unfortunately, in the past few decades, the fastest growing population within those experiencing homelessness is that of those who are considered youth. While there are varying metrics that change as to what qualifies as a “youth”, the matter remains that many young people are struggling to access basic needs and services across the nation. Exacerbating this tragedy for the past three years has been the effects of the COVID-19 pandemic and its ensuing mitigation response. Currently, the full scope of the effects of this pandemic response on youth experiencing homelessness (YEH) is unknown. In this study, the researcher will examine the impact of the COVID-19 pandemic on YEH and by doing so, hopefully shed some light on the current and future needs of this population. This section includes a brief introduction on the topics of homelessness, YEH, and the COVID-19 pandemic. It continues by introducing the problem statement, research question, and purpose of the study. The section then concludes with the definitions of important terms that need to be understood for the presentation of this study.

Issues Afflicting Youth Experiencing Homelessness

Homelessness is a pervasive issue affecting up to a million people or more a day in the United States (Canfield & Teasley, 2015). Jena (2020) states that defining who is homeless and what constitutes homelessness are the most important first steps in being able to not only dialogue about the issue but to take steps in solving it. Federal agencies within the United States make a valiant effort to quantify the number of homeless at any

one time. However, because each institution uses a different metric or definition of what it means to be homeless, the numbers vary from each entity.

Within the U.S., there is no consensus as to what constitutes homelessness. For example, the United States' Interagency Council on Homelessness (USICH) consists of 19 separate federal agencies – each of which provides liaisons to the council. The council's sole purpose is “preventing and ending homelessness in America” (USICH, n.d., About USICH section, para.1). While there are some agencies that overlap in their definitions, most of the agencies within the USICH all use different definitions to define each term. Four of these agencies stand out from the others because of their distinctions in definitions or qualifications in what constitutes homelessness. These agencies are: The Department of Housing and Urban Development (HUD), Department of Education (DOE), Department of Health and Human Services (HHS), and Department of Agriculture (USDA). Not only do these particular organizations provide resources for youth experiencing homelessness (YEH), but each of their definitions are often used in homeless research and funding (Sullivan, 2022).

It can be challenging to determine an accurate number of YEH. For example, the Department of Education (DOE) is more inclusive in its definition as it uses the McKinney Vento Homeless Assistance Act as its criteria. The DOE's estimates of homeless youth are often up to 100 percent or more than the other agencies' numbers, and though comparatively liberal with its inclusiveness of those who are homeless, it is actually more restrictive than many of the federal institutions in its definition of youth. Specifically, the DOE sets the age criteria at 21 (22 if in special education) while others have set the upper limit to as high as 25 (Perl et al., 2018).

There is not one sole attribute that leads to homelessness. Rather, there are numerous aspects that contribute to the complex and multifaceted aspects of losing one's home. While many risk factors can be used to predict transience, those who are experiencing homelessness are not homogeneous. First, there are external factors that exist that can cause changes in socioeconomic status for families and individuals. Events like war, economic recession, natural disasters, social and religious persecution, and most recently, global pandemics, are all large-scale events that have been known to lead to people losing their homes. Additionally, smaller social issues such as familial abuse, trauma, separation, divorce, sudden unemployment, economic downturn, and long-term poverty – all events outside of someone's locus of control – can also lead to housing insecurity (Jena, 2020). There are also internal and personal factors that apply to the causes of homelessness. These tend to focus on issues with mental and physical health, addiction and substance abuse, sex-trafficking, and running away (Jena, 2020, p. 13.). Over the past ten years, youth experiencing homelessness (YEH) have grown the fastest of any category facing these issues, which is a disturbing trend for this disenfranchised group. And while already facing baseline root causes of homelessness, these young people are at elevated risk for a litany of additional issues including sexual and physical abuse, drug use, sexually transmitted infections, and other health ailments (Lal, et al., 2021).

Onset of Corona Virus

SARS-CoV-2, a relatively new strain of the SARS virus (colloquially known as Coronavirus or COVID-19), causes numerous and varied impacts on health. Some of these effects are direct and are short in duration. Other effects, however, have proven to

be long term and due to comorbidity, can be fatal for anyone of any age, regardless of prior health conditions (Baral et al., 2021). Though originating in China in the fall of 2019, the virus quickly spread across Asia and Europe, ultimately making its way to the United States and by the end of 2020, it had reached all seven continents (Berlinger, 2020; Booker, 2020). The global crisis had officially been deemed a pandemic in March of 2020, mostly due to the immediate effects that the virus had on society.

Unfortunately, the most immediate effect was severe illness. Around the time the virus was deemed a pandemic, over 80,000 citizens had been infected resulting in over 3,000 deaths (Koley & Dhole, 2020). Initially, it was thought that those suffering from COVID-19 actually had the flu, pneumonia, or other more common types of “colds”. Much like the more common viral infections, people suffered fever, headaches, body aches, sore throat, cough, and gastrointestinal illnesses. However, in addition to the flu-like symptoms, people who caught the virus began to lose their sense of taste and smell. This, paired with acute respiratory problems, caused panic throughout both general society and the medical community (Nicomedes & Avila, 2020; CDC, 2022). While a majority of people who caught the virus recovered within a few weeks of initial infection, there were those whose symptoms actually worsened over the course of several weeks. Named post COVID-19 or Long-COVID, this syndrome was an extension of the short-term symptoms and led to longer lingering or worsening issues (Sellers, 2022; Mayo Clinic 2022).

Children were also susceptible to the symptoms of COVID-19. The overall symptoms in children diagnosed with COVID-19 were similar to those in adults who contracted the virus. Their symptoms, however, were much milder than those

experienced by adults (Koley & Dhole, 2020). Though some aspects were less severe, symptoms in children could actually worsen into multisystem inflammatory syndrome (MIS-C). When triggered in children and young adults, many vascular systems and organs are susceptible to inflammation which causes a variety of health issues from a mild rash to blood clots, and in some rare cases even death (Harvard Medical School, 2022; Sick-Samuels, 2021).

In addition to physical health, mental health was also affected by the coronavirus. Initially, mitigation responses around the world were put into place to try and slow the spread of the virus. To accomplish this, institutions began to close their doors and not allow people to gather, regardless of the purpose. Schools, businesses, restaurants, churches, as well as other organizations, remained empty while people sheltered in place (Amendola et al., 2021). These social distancing guidelines led to feelings of dread and loneliness, ultimately increasing anxiety and depression worldwide (Koley & Dhole, 2020). One of the largest stressors leading to the mental health crisis during the pandemic was the actual fear of contracting the virus. At COVID-19's onset, little was known about how the virus was spread or how contagious it was. Fear of the unknown became the norm and panic began to set in. Media outlets covered news of the pandemic constantly, and the consistent bombardment of death tolls, hospitalization numbers, and conflicting medical stories led to panic. More than panic, though, many felt the emotional toll of the social distancing guidelines set forth by governments worldwide. Because of the isolation, many were left depressed and anxious. The closure of most mental health organizations exacerbated this mental health breakdown. Counseling and therapy were

only available online and those appointments were hard to come by (Yurayat & Seechaliao, 2022).

Children and adolescents were the most susceptible to poor mental health during the COVID-19 pandemic. Children are already more vulnerable to mental health challenges when their parents and guardians are under high levels of stress (Jones et al., 2021). A lack of understanding in the conflict and politics surrounding mitigation factors complicated matters. In just the United States alone, political parties aligned themselves with different philosophies surrounding the appropriate mitigation factors in trying to slow the spread of COVID-19 (Imran et al., 2020). Because children lack coping skills in which to deal with such stresses, and community resources were unavailable due to shutdowns, a full-blown mental health crisis spread across the country in which youth mental health worsened and adolescent brain development became maladaptive (National Institute of Mental Health [NIMH], 2023; Jones et al., 2021; Imran et al., 2020).

Statement of the Problem

With the proliferation of vaccinations and the reduction of mitigation factors nationwide, it is generally accepted by society that the COVID-19 pandemic has reached an end. Schools are open again and virtual learning is no longer mandatory. Moreover, mask wearing is no longer a federal mandate and is now only decreed by private entities; few, if any, are even still using this method. Though The United States is back to “business as usual” the implications of the pandemic will be felt for years. (Erdelen & Richardson, 2021; Mayo Clinic 2022; Viner et al., 2022). However, the SARS-CoV-2 still exists, and people are still getting sick. Children and adolescents have faced some of the most severe consequences of the pandemic as have those experiencing homelessness.

Yet, there is little research that has been done, or is presently being done, on the intersection of these two populations. Moreover, many resources set forth for COVID-19 remediation, are difficult or unattainable for anyone experiencing homelessness, especially YEH. The homeless already face adversity in many aspects of: daily life, school, and relationships. This study investigates individual experiences of YEH during the COVID-19 pandemic in an effort to not only understand their plight but to also shed light on how to be proactive in future situations.

Purpose of the Study

The primary purpose of this study is to describe and understand the experiences of how COVID-19 and the ensuing pandemic affected youth experiencing homelessness. Until recently, there had not been a global pandemic since the Spanish Flu outbreak of 1918. Thus, little literature exists on disenfranchised populations in the United States and pandemic conditions. Further, while there is now literature beginning to emerge on how the disenfranchised were affected by COVID-19, much of it focuses on the intersection of race, age, mitigation effectiveness, and health outcomes (Pecoraro et al., 2022). At present, there is a gap in the literature regarding how those experiencing homelessness have been affected by SARS-CoV-2. Even less literature exists on youth experiencing homelessness and the effects of the pandemic on this population. At the time of this writing, there is currently one qualitative study on how the pandemic affected YEH (Rew, et al., 2021). However, this study was completed in mid-2020 and the full extent of the pandemic had yet to be realized.

Research Question

Because this study is phenomenological in nature, the research question that the author will explore is: “How did the COVID-19 pandemic impact youth experiencing homelessness?” By gathering data from participants (youth who experienced homelessness through the SARS-CoV-2 pandemic) this study will contribute to a currently nonexistent body of literature on the lived experiences of YEH during the time of the COVID-19 pandemic. This information can be built on, and used by, professionals working as community counselors, homeless resource specialists, shelter workers, school counselors, as well as other school professionals who work with these transient individuals.

The main inquiry was further broken up into three research questions that encompass the focus question. These questions are:

1. How did the COVID-19 pandemic affect YEH’s in general?
2. How did the COVID-19 pandemic affect YEH’s relationships?
3. How did the COVID-19 pandemic affect YEH’s schooling and academics?

These questions were used to gain a more complete picture of the lived experience of the YEH participants. Each question asks how the pandemic affected a particular facet of the participants’ lives and the specific interview questions will address these aspects

Definition of Terms

McKinney-Vento Homeless Assistance Act (MVHAA): A federal law that mandates those youth who are homeless under their definition receive resources and certain allowances from the school. Their definition focuses on the aspect of lacking “...a fixed, regular, and adequate nighttime residence...” while allowing a caveat for those

who are living with others but are not legally bound to them or their residence (National Center for Homeless Education [NCHE], n.d.).

Youth Experiencing Homelessness (YEH): Refers to those individuals who qualify under the federal definitions of homelessness. The participants in this study will qualify under the Department of Housing and Urban Development (HUD) agency definition, meaning that they will have qualified as homeless under its definition from the time of March 2020 until August 2022. The cut off age for the MVHAA is 25.

Transient: The word transient will be used interchangeably with homeless and housing-insecure as the current literature points to this term as acceptable and more appropriate than previously used terms such as “runaways”, “vagrants” or “throwaway juveniles”.

COVID-19: The words COVID-19, SARS-CoV-2, Coronavirus, and COVID will be used interchangeably as they all refer to the same virus. This is the strain of SARS virus that was newly discovered and spread across all seven continents.

Global Pandemic: In this manuscript, the global pandemic will also be referred to as the COVID-19 pandemic, the SARS-CoV-2 pandemic, or simply as the pandemic. For this study, it refers to the time between which SARS-CoV-2 was discovered and spread across the globe in 2019 and August 2022, when the mitigation mandates that were in place in most of the United States were mostly all lifted.

Social Distancing: this is the term used by the media as an all-encompassing way to express the restrictions on people gathering together. It can also reference the

minimum distance of six feet in between people set forth by the Center for Disease Control (CDC) early in the pandemic.

Mitigation Factors: Mitigation was a catch-all term used for any system put into place to slow or spread of the coronavirus. While not an all-encompassing list, the following were the most commonly used: masking in public, social distancing, closing schools, restrictions on public gathering, and a constant use of chemicals or hand wipes to clean items that have been handled by people.

Virtual: Also referenced as virtual learning. When in the context of the pandemic, the term virtual refers to anything done on a computer. The term virtual also references having meetings through a video chatting software, such as Skype, Google Hangouts, etc.

Summary

The COVID-19 virus and ensuing pandemic brought about extensive societal upheaval of which the full extent has yet to be realized. At the time of this writing (Fall 2022), general society is just now getting back into what is being termed the “new normal” (Barnett, Grafwallner, & Weisenfeld, 2021). Currently, social distancing and virus mitigation mandates have been lifted and there are few, if any, institutions that are still implementing any beyond those that are self-instituted. While almost everyone has been affected by COVID-19 in some manner, many were able to persevere and maintain a similar standard of living after the pandemic as to what they had before. However, the homeless population was already struggling and often relied on volunteers or school staff to supply goods and services needed to live.

When mitigation factors were put into place and institutions were mandatorily shut down, this set into motion a sequence of events, the results of which have yet to be specifically researched. There is indeed some literature on how the pandemic affected adults who were experiencing homelessness but the literature on children tends to focus more on quantitative academic achievement or on mental health, without a particular focus on YEH. This study's aim is two-fold. First, the researcher hopes to understand how the COVID-19 pandemic affected YEH. The coronavirus and subsequent lockdown affected everyone in different ways. However, as a disenfranchised community, YEH were especially vulnerable to its effects and have yet to have their voices heard in a large forum. This leads to the second goal of this study. The researcher hopes that this study launches more exploration into the lived experiences of YEH. Not only to publicize the struggles that society's homeless youth are faced with every day, but to also help front line workers in schools and shelters be more precise and mindful in their work as they all mold the future pathways of YEHs future (Dill, 2010).

Chapter 2: Literature Review

Introduction

The first section of this chapter focuses on topics relating to those who are homeless, starting with the varying definitions used by federal and local governments. That section further explores issues that are specific to the general population of individuals experiencing homelessness. It then narrows its scope to specific issues that youth face prior to becoming homeless and subsequent outcomes related to those youth who do indeed become homeless. After reviewing issues related to homelessness and youth experiencing homelessness, this section highlights the recent COVID-19 pandemic and what its effects were on the general populace of the United States. This section of the chapter will examine not only the health crises that the COVID-19 pandemic created, but the peripheral issues caused when society, especially schools, shut down for an extended period of time. The chapter concludes with an examination of the intersection of how the COVID-19 pandemic affected homeless individuals and where the gap in research lies within the literature.

Homelessness in the United States

What is Homelessness

Though there are many government agencies assigned to help those afflicted by homelessness, there is much variance among what constitutes not only “homelessness” but also “youth” (Rahman, Turner, & Elbedour, 2015; Tobin & Murphy, 2013). For example, Perl et al., (2018) states that there is “no single federal definition of what it means to be homeless.” (p. 3) and that many federal agencies and other entities use their own varying definitions. Additionally, the term “youth” is applied differently depending

on the government agency. There are programs that use the term youth to define anyone up to the age of 25, yet within the same federal system, other programs require that the term youth be applied to those who are ages 18 and younger (Perl et al., 2018). For the purposes of this paper, the term youth will be used generally in the context of the laws and definitions each institution uses but will always refer to an individual under the age of 25 as specified by the Department of Housing and Urban Development (n.d.).

Additionally, the literature uses a variety of words to describe those who are homeless, but because there is such diversity in how someone experiences homelessness, no general consensus exists on a single term to use. There are, however, acceptable phrases within the helping community and literature, thus for this manuscript, the words homeless, transient, and housing insecure, will be used interchangeably (Tsai et al., 2022; Canfield & Teasley, 2015).

Federal Definitions of Homelessness

One unfortunate barrier to helping those experiencing homelessness is keeping an accurate count as to who qualifies as homeless. While there are multiple agencies within the federal government that are tasked with helping those who are lacking permanent residence, many of these institutions define homelessness differently. Furthermore, not only are their definitions of homelessness different, but each requires a different level of proof to obtain benefits given to those who meet the criteria (Sullivan, 2022). For example, the United States Interagency Council on Homelessness (USICH) consists of 19 separate federal agencies, each of which provides liaisons to the council. The council's sole purpose is "preventing and ending homelessness in America" (USICH, n.d., About USICH section, para.1). While many agencies share definitions, four of these agencies

stand out from the others because of their distinctions in definitions or qualifications in what constitutes homelessness. These agencies are: Housing and Urban Development (HUD), Department of Education (DOE), Department of Health and Human Services (HHS), and Department of Agriculture (USDA). Not only do these particular organizations provide resources for youth experiencing homelessness (YEH), but each of their definitions are often used in homeless research and funding (Sullivan, 2022).

Of these four agencies, only HUD addresses both adults (those 25 and older for this federal entity) and children. HUD has recently changed its definition of homeless to encompass more individuals. It has done this by expanding the definition into four distinct categories: “1) Literally Homeless, 2) Imminent risk of Homelessness, 3) Homeless Under Other Federal Statutes, and 4) Fleeing/Attempting to Flee Domestic Violence” (USICH, 2018, p. 1-2). Category 1 defines any individual “who lacks a fixed, regular, and adequate nighttime residence” (USICH, 2018, p. 1) as homeless. An important distinction in category 1 is that one does not need to be houseless to be homeless. Those who are homeless in category 1 can live in temporary shelters, transitional housing, or even hotels and still be considered homeless. Additionally, category 1 includes those who sleep in areas not meant for human residence such as cars, abandoned buildings, etc. Category 2 makes it so that those who are not yet homeless, but will be, can file for assistance with housing if they have no other access or avenue to permanent housing. Category 3 addresses those who are under 25 and are unaccompanied or those families that include children. With this rule, those who qualify as homeless under other federal definitions or statutes can apply for HUD assistance with housing or other associated needs. The last category that HUD set, category 4, designates any

individual who had to leave their housing to escape domestic violence, abuse, or sexual assault and trafficking as homeless as long as they lack the resources to obtain other permanent housing (HUD, n.d.; USICH, 2018, p. 1-2).

Whereas the HUD (n.d.) definition of homelessness accounts for a variety of situations in order to encapsulate a larger number of people who are transient, the HHS's (2022) definition focuses on defining those who might benefit from the grant funded housing programs that they offer, specifically youth as defined by the Runaway and Homeless Youth Act of 2008. While the definition in the act mentions four specific age ranges depending on the program the youth is applying to, (younger than 21 years of age, younger than 18 years of age, younger than 16 years of age, and younger than 22 years of age respectively) the generally accepted age(s) for the housing and shelter programs is 21 and under (Runaway and Homeless Youth Act, 2008). Adding to this already confusing definition, to be considered homeless, these youth (within the age range) would need to be actively searching for a safe environment to live in where-as living with a relative is not possible and no other safe housing alternatives are available. The caveat is that these youth cannot be considered homeless unless they are unaccompanied by guardians (USICH, 2018, p. 2-3). Furthermore, both the terms "runaway youth" and "street youth" are used under the umbrella of HHS's definition of homeless youth. Runaway youth refers to any individual under the age of 18 who leaves their place of residence without permission from their guardians. The term street youth is used similarly but includes those minors who are chronically homeless or spend a significant amount of time on the street with increased risk for abuse or exploitation (Runaway and Homeless Youth Act, 2008).

The USDA also has published a separate definition of homelessness. This agency provides their own definition of homelessness specifically for the use in applying for the Supplemental Nutrition Assistance Program (SNAP). SNAP is the largest federal nutrition program that allows those who have low income, including those who are homeless, to purchase approved food through a provided debit card with no cost to the person (USDA, 2013a). For someone to qualify as homeless and receive the correlating SNAP benefits, the USDA simplified their definition of homeless down to two criteria. First, the person can simply lack a regular nighttime dwelling. If a person does reside in a dwelling, they can still qualify as homeless if that individual resides in temporary housing for no more than 90 days (USDA, 2013b, SNAP Clarification section, para. 3). This provision was set-up as such to allow displaced individuals to quickly obtain food (Sullivan, 2022).

The final agency that uses a distinct definition of homelessness is the Department of Education (DOE). Public schools are obliged to not only enroll YEH with little to no documentation but also have resources ready and available for any who do enroll. The DOE utilizes this mandate stemming from the McKinney-Vento Homeless Assistance Act (MVHAA) (42 U.S. Code Chapter 119, Subchapter I § 11301, 2015). The goals of this federal law are to both reduce the number of absences of transient youth and to supply these same students with supplies and resources that they might need in order to bring equity to YEH (Canfield & Teasley, 2015). Under this law, the definition of who is homeless is expanded from all previous acts and agencies. The provisions still exist for those who lack regular and adequate housing, are fleeing domestic violence, live in temporary shelters or hotels, are unaccompanied youth, will imminently lose their

housing permanence, and those who live in dwellings not suitable for human occupancy (42 U.S. Code Chapter 119, Subchapter I § 11302, 2015- General definition of homeless individual). Where the MVHAA deviates from the other definitions, and thus expands its count of who qualifies as homeless, is in its inclusion of those who share a residence or are “doubled up” with those who have permanent housing (Sullivan, 2022; 42 U.S. Code Chapter 119, Subchapter I § 11302, 2015). Because this act focuses on those in school, there is no specific age restriction. Rather, it follows the allowed age set forth by individual states. While normally this number is 21 years of age, many states do allow provisions for those in special education (Migration Policy Institute [MPI], n.d.).

As the definition of homelessness is varied and oftentimes confusing, this study uses HUD’s definition as the criteria for YEH. The definition set by HUD is the most encompassing definition and allows for a good cross section of participants.

Numbers of Those Experiencing Homelessness

The varying nature of the numerous federal definitions confounds the accuracy in identifying those experiencing homelessness as well as the total number of those experiencing housing insecurity in the United States. HUD, for example, conducts an annual Point-In-Time homeless count, and at its last count, it estimated that there were 580,466 homeless people in the United States (on one night in January of 2020 prior to the COVID-19 pandemic) (Henry et al., 2021, p. 6.) During that same time period, the Department of Education, using their definition, estimates the number of homeless students at 1,280,886, which does not include any adults in the count (National Center for Homeless Education [NCHE], 2021, p.4).

Complicating these numbers are the variations in the wording of each definition, even when aspects of the descriptions are similar. In all of the aforementioned federal agency definitions, provisions for hotel and motel living are included. However, HUD has the strictest requirements in that to qualify, one must be living in the hotel/motel that is paid for by an *outside* charitable agency (HUD, nd, p.1). Furthermore, HHS's definition requires that there be no other safe alternative to hotel or motel living and that it is used as a last resort (Sullivan, 2022). The other agencies do not contain this stipulation, thus leading to a broader interpretation of who is eligible for resources.

Another condition leading to the largest discrepancy in homeless numbers is the inclusion of those who are involuntarily sharing housing. This is commonly referred to as "doubling up" (Pavlakakis & Duffield, 2017). In HUD's Point-In-Time count, no individual living in another's residence, regardless of reason or length of time, was counted as homeless. However, the USDA, DOE, and HHS all consider degrees of doubling up as transience, and thus are counted into homeless population totals. Doubling up is often challenging to interpret, but inclusion of this population is an important aspect in distributing resources to those who need them. In the past two decades, high housing costs and limited affordable housing, in addition to rising foreclosure rates, have led to a higher rate of doubling up that had ever been recorded (Hallett, 2010). Often, doubling up is the precursor and first stage of transience for a family or individual and frequently leads to movement into a shelter (Hallett et al., 2015). The large disparities in the federal counts and literature make it difficult to narrow down the demographics of those who can be considered homeless and thus apply for certain benefits.

Causes of Homelessness

The causes of homelessness are often misunderstood. Common misconceptions focus on substance abuse or untreated mental illness, which historically has been subject of myth and conjecture more than based in actual science (Mallett, Rosenthal, & Keys, 2005). While these issues are indeed associated with homelessness, going from housed to transient is much more complex. There are numerous aspects that contribute to the transition from being housed to experiencing homelessness (Canoso, 2021; Timmer, Eitzen, Talley, 2019). It is important to note that, though there is some overlap, youths and adults experiencing homelessness often do so stemming from different causes. This section discusses both the root causes of adult and youth homelessness as both can be intertwined.

Determining a root cause for homelessness in adulthood is difficult. Jena (2020) describes a variety of external factors that can cause changes in socioeconomic status for families and individuals, thus leading to housing insecurity. Worldwide, events like war, economic recession, natural disasters, social and religious persecution, and most recently, global pandemics, are all large-scale events that have been known to result in people losing their homes. Additionally, smaller social issues such as familial abuse, trauma, separation, divorce, sudden unemployment, and long-term poverty are all outside of someone's locus of control and can also lead to housing insecurity. Jena goes on to describe internal and personal factors that apply to the causes of homelessness. These tend to focus on personal issues that an individual might have with mental or physical health, including possible addiction. However, these often are not the sole causes of

transience but rather are comorbid with other problems that together lead to homelessness (Mallett, Rosenthal, & Keys, 2005)

The literature seems to concur that the aforementioned factors can contribute to housing insecurity among adults. However, within the United States there have been two factors that much of the literature has highlighted as the main contributors in becoming homeless: the increase in poverty and the decrease in affordable housing (National Coalition for the Homeless, 2018). Unfortunately, there has been an ever-growing disparity between wages and inflation in the United States. In the past two decades prices on goods and services have increased while wages have remained relatively stagnant (National Coalition for the Homeless, 2009). Many families living on low wages have struggled to provide necessities and health care while also covering housing. It is because of this struggle that the number of people living below the poverty line increased in excess of forty million Americans in 2016 (National Coalition for the Homeless, 2017). Concurrently, housing prices have continued to steadily rise, leading to unaffordability and foreclosure (National Coalition for the Homeless, 2009). The National Coalition for the Homeless (2009; 2017) states that renting would be the typical next option for families struggling to purchase a home. However, because of overall housing prices increasing, even rent has been rising to unaffordable levels. Eventually, people have to make a choice between survival and housing. Unfortunately, since their income will only cover the essentials, they are forced to choose the former (Krocker & Chamberlin, 2010).

Although adult homelessness has been on the rise steadily since the 1980's, an alarming new trend over the past ten years has been the sharp rise in YEH. This group has grown the fastest of any category of people facing housing insecurity (Gasior et al.,

2018). For research and funding purposes, YEH are often divided into two groups: those who are experiencing family homelessness and those who are unaccompanied youth (Aratani, 2009). Family homelessness coincides with adult homelessness and was discussed in the previous section. However, unaccompanied youth who are experiencing homelessness do so for different and diverse reasons.

The literature suggests that trauma is one main cause of minors leaving the home, colloquially known as “running away”. Often, these youth experience high rates of abuse, neglect, physical and sexual assault, and have parents who are addicted to alcohol or other substances (Edidin, et al., 2012). In fact, studies conducted across different cities within the United States suggest that approximately 68 percent of unaccompanied YEH suffered some form of abuse at home and 71 percent had actually experienced multiple types of trauma simultaneously (Ferguson, 2009). These individuals leave home in search of better circumstances but unfortunately often end up living temporarily with friends or extended family and then must turn to the streets when those opportunities run out.

Further, there are those youths that are considered more at risk because of various concurrent circumstances. One such group is the LGBTIQ+ community. When youth members of this population come out to loved ones, some family members react harshly. They precipitate conflict because of personal and religious beliefs and force that young family member out of the house, even by aggressive means. It is currently unknown at what rate this occurs, but research estimates that on average, one in three unaccompanied YEH are members of the LGBTIQ+ community (Ray & Berger, 2007). Another at-risk group that suffers homelessness at a higher rate is the population of youth in the foster care system. These individuals not only face higher levels of trauma and abuse than most

youth, but they also face an additional unique circumstance: aging out. At the legal age of 18, foster youth are emancipated and often age out of the foster care program in which they are enrolled. Many of those who age out do not have a strong familial support, and even worse, do not have adequate financial or social supports that allow them to live independently. Thus, within a few months of independence, these young people end up homeless (Edidin, et al., 2012).

Though not primary causes, substance abuse and poor mental health do play a part in the housing insecurity of youths, though not as significant a role as is often anecdotally suggested (Mallett, Rosenthal, & Keys, 2005). Substance abuse, for example, was found to have only led to homelessness in less than 20% of all YEH, and this number is actually a liberal estimate (Edidin, et al., 2012; Mallett, Rosenthal, & Keys, 2005). Poor mental health as a precursor to transience for minors has been more difficult to determine. Mental illness and poor overall mental health are prevalent in excess of 80 percent of YEH (Edidin, et al., 2012). Because this number is so high, it has been hard to determine cause and effect of mental health and homelessness. In fact, much of the literature questions whether poor mental health has any significant effect on homelessness for youth at all. Instead, perhaps the trauma and ensuing transience, combined with familial instability, are the actual causes for the high incidence of poor mental health (Johnson & Chamberlain, 2016; Aratani, 2009; Perlman et al., 2014). It is of note that, while there is no study that has poor mental health as a significant determinant of transience in youth, mental illness is more prevalent in YEH than those who are housed by a rate of over a 100 percent

Outcomes for Youth Experiencing Homelessness

Almost universally, outcomes for YEH are unfavorable. Whether unaccompanied or familial, YEH are at risk for a litany of adversities regarding their physical and mental health, their academics, and other issues that arise. While some of these consequences are short lived, others have long lasting effects. Further complicating these adversities are the negative coping strategies that transient youth commonly use. Self-harm and substance use are widespread, leading to hopelessness, and inevitably, suicidal ideation and completion (Flach & Razza, 2021). Even more frightening is that mortality rates among YEH are “12-40 times elevated than those in the general population” (Kidd, 2007, p. 292).

Trauma is not only a gateway to homelessness for youth but also a consequence. Studies have shown that those young people who have experienced trauma prior to their homelessness, had over twice the likelihood of experiencing abuse while transient. There is greater vulnerability experienced while youth live on the streets, in shelters, or doubled up in housing, thus the experience of housing insecurity is itself traumatic (Aratani, 2009). Experiencing homelessness often causes PTSD, among other mental illnesses, for young people. Other traumas can range from verbal abuse all the way to sexual abuse and assault (Edidin, et al., 2012). This is especially true for female YEH. While there are no exact numbers, young unaccompanied transient women are at a significantly higher risk for abuse and trauma after becoming homeless. Often, they are forced into the sex trade to survive and worse, are forced into sex against their will (Flach & Razza, 2021).

These traumas greatly affect the mental health of YEH. Research suggests that upwards of 66 percent of all YEH develop mental illness as a result of experiencing

traumas and abuse related to their transient experience (Edidin, et al., 2012). For example, more than 33 percent of unaccompanied youth develop post-traumatic stress disorder (PTSD) from their various experiences while homeless. Further, YEH experience higher rates of depression, mood disorders and anxiety than their housed counterparts, by almost a factor of two (Flach & Razza, 2021). Notably, anxiety and mood disorders among YEH had the largest impact on suicidal ideation and completion, both of which is rampant among youth who are transient. Studies suggest that in comparison to their stably housed counterparts, YEH had greater than a 700 percent increase in suicidal ideation and attempts (Gewitz et al., 2020). Though prevalent, sometimes trauma is not the only factor causing mental health issues for YEH. Self-perception related to the stigma of being homeless plays a large part in low self-esteem, anxiety, and depression among those youth who are transient. A large proportion of these youth feel trapped and hopeless due to their circumstances. YEH often internalize society's negative perceptions of them and often began to feel responsible for their own conditions and as a result, heavy guilt sets in. Of course, YEH are not responsible for their plight, as the literature overwhelmingly points to circumstances outside the individual's control as the primary cause of transience in youth. Regardless, this guilt and self-blame, coupled with low self-esteem and feelings of hopelessness plays a large part in YEH's self-harm (Kidd, 2007).

Another unfortunate outcome of homelessness is substance abuse. Like mental illness, drug and alcohol use is anecdotally linked as a cause of homelessness. Because many studies look to those who are already homeless, it is often assumed that it was the substance abuse itself that led youth down the path to housing instability. Again, like the

mental illness myth, this is untrue. While there have been studies that demonstrated some YEH recreationally used substances prior to becoming homeless, a large majority of individuals turn to substance abuse after becoming homeless (Johnson & Chamberlin, 2016). Research suggests that approximately 80% of YEH use at least one substance such as alcohol, tobacco, or marijuana (Aratani, 2009). There is, however, a large contingent of YEH that engage in hard drug use. Alcohol, tobacco, and marijuana are considered “soft drugs” and are acceptable substances within many social, and even scientific, circles. Hard drugs, conversely, consist of: cocaine, crack, methamphetamine, and heroin (Barman-Adhikari et al., 2018). Though not as high a percentage as soft drug use, studies suggest an average rate of 41 percent of YEH have used hard drugs. While all hard drug use is problematic, of particular alarm is the abuse of heroin among this population. Studies have shown that heroin users among YEH will often inject the drug rather than smoke it. This gives them a more euphoric high and affects the body faster than smoking it. However, because of the already highly risky behavior that YEH engage in, heroin use among these transient youth is associated with an abundance of health problems including HIV/AIDS, Hepatitis C, and death due to overdosing (Edidin, et al., 2012; Barman-Adhikari et al., 2018).

YEH’s physical health outcomes are also poor. The combination of weakened immune systems and risky behaviors often lead to health problems not easily treated while transient. In addition to intravenous drug use, risky sexual behaviors have led to high rates of disease (Thompson et al., 2010). Sex is often used as a form of currency and is bartered for food, drugs, and shelter among homeless youth. This combination of risky sexual behavior and hard drug use has YEH contracting Hepatitis B and Hepatitis C at on

average rate of 11 times higher than housed youth and H.I.V. as high as 30 times higher (Noell, et al., 2001; Eddidin, et al., 2012). But more than sexually transmitted infections, cases of diabetes, influenza, pneumonia, and asthma exist in significantly higher prevalence (O'Connell, 2004). Additionally, skin and dental diseases, as well as lice infestations, go untreated for months or even years. This can lead to endocarditis, a heart infection that is often fatal if not untreated. All of the physical health ailments listed are treatable, and typically are, in those who are not experiencing transience. However, within the homeless population, these ailments lead to mortality rates that are up to 500 percent higher than non-homeless (Eddidin, et al., 2012; O'Connell, 2004).

Unrelated to health, YEH also experience poor academic achievement and school performance. They face great adversity in not only getting to school, but also staying in school. Because of high rates of transience among YEH, they attend an average of four schools throughout their lifetime and miss more than five days of school at a time (Aratani, 2009). These issues often build, leading to grade retention, special education, and severe school absence, eventually leading to dropping out. The Institute for Children, Poverty, and Homelessness, ([ICPH], 2017) found that YEH were nine times more likely be retained and repeat a grade, four times more likely to not graduate high school, and three times more likely to be placed in special education courses. Their lack of academic supports outside of school and inconsistent attendance has also led to lower standardized test scores in math and reading, among other core subjects (Eddidin, et al., 2012).

The COVID-19 Pandemic

To date, COVID-19 has afflicted over half a billion people worldwide and is responsible for six and a half million deaths, one million in the United States alone

(World Health Organization [WHO], 2022). A relatively new virus, COVID-19 causes numerous and varied impacts on health. Some of these effects are direct and last only in the short term. Others, however, have proven to be long term and through comorbidity, can be fatal for someone of any age, regardless of prior health (Baral et al., 2021).

Sudden Onset

In the last quarter of 2019, Chinese medical officials started to treat patients that were experiencing symptoms that resembled pneumonia yet did not respond well to typical treatment. As 2020 approached, more cases of this unknown “pneumonia” were confirmed in China and by January the WHO began to initiate safety protocols and investigations into what was causing this string of illnesses. Soon after in mid-January of 2020, it was discovered that these pneumonia-like symptoms were caused by a novel coronavirus called SARS-CoV-2, colloquially known as COVID-19 (Sencer, 2022). At this same time, efforts to contain the virus within the boundaries of its origin were unsuccessful. By February of 2020, there were confirmed cases in not only multiple Asian countries, but also across the European continent. Simultaneously, Eastern continents including North and South America, began to see cases spring up slowly. However, once in the United States, cases of COVID-19 began to spread rapidly and two months later, in March 2020, the WHO officially classified these viral outbreaks as a full-blown global pandemic. At that time, the novel coronavirus had reached all continents across the globe except Antarctica (Berlinger, 2020; Booker, 2020).

Impact on Physical Health

Initially, it was thought that those suffering from COVID-19 actually had the flu, pneumonia, or other more common types of “colds”. However as more studies were

done, additional symptoms started to become more prevalent. In addition to the flu-like symptoms of fever, headaches, body aches, sore throat, cough, and gastrointestinal illnesses, people who caught the virus began to lose their sense of taste and smell. This, paired with acute respiratory problems, caused panic throughout both general society and the medical community (Nicomedes & Avila, 2020; CDC, 2022).

At the onset of the pandemic, it was determined that if contracted, COVID-19 symptoms were often mild. Most who caught the virus recovered within only a couple of weeks and could return to normal activity. However, as the pandemic continued, there were those whose symptoms actually worsened after a few weeks. These, on average, lasted from one month all the way to a year or more (Mayo Clinic, 2022). This is called post COVID-19 syndrome or long COVID-19. Long COVID-19 has a variety of afflictions ranging from extended fever, fatigue, cognitive deficits (brain-fog), and worsening respiratory conditions, to blood clots, neurological disorders, heart arrhythmia, and even stroke (Sellers, 2022; Mayo Clinic 2022).

Most alarming in post COVID-19 syndrome was the severity in how the virus attacks organs in the body. While seniors and those with underlying health issues were warned to wear masks and try to avoid catching COVID-19, young and healthy people also started to decline, though with less frequency. The virus, as it was discovered, progressed through the body and could deteriorate healthy organs and cells. This was most prevalent within the lungs. Often, aside from the narrowing of air pathways, the novel corona virus caused lung inflammation and scarring. In those patients whose lungs were severely affected, acute respiratory distress syndrome (ARDS) set in. ARDS was the main cause in the need for COVID patients to require respirators in the hospital, and

one of the reasons why these same patients died from catching the virus (Galiatsatos, 2022). Sepsis (a blood infection) was the other mechanism of fatalities in patients suffering from COVID-19. Because the virus preys on weaker immune systems, those who already suffer a health impairment are at a higher risk to catch other infections. So much so, that if they do, organ failure is almost imminent. Once an infection begins to affect one organ, multiple organs can soon fail, leading to death (da Silva Ramos, 2021; Galiatsatos, 2022).

Like adults, children can also suffer from COVID-19, though the presence of severe symptoms in adults is more prevalent than in children. The general symptoms in children diagnosed with COVID-19 are similar to those adults who contracted the virus; young people still get the same flu-like symptoms that the adults suffer from, e.g. low-grade fever, cough and fatigue. However, these symptoms last only a fraction of the time and tend to be much milder (Harvard Medical School, 2022). Moreover, children suffering from long COVID-19, do so at a much lower rate. Less than 5 percent of children had COVID-19 symptoms longer than 28 days while adults still have COVID-19 symptoms lasting longer than three months at a rate of approximately 20 percent (National Center for Health Statistics [NCHS], 2022; Mellis, 2021).

Unfortunately, there are some specific risks that occur in children when they contract coronavirus. One such complication is multisystem inflammatory syndrome in children (MIS-C). MIS-C is an inflammatory response of the body, in this case to the COVID-19 virus. Though typically seen in elementary school age students, this syndrome can affect infants all the way through young adults. When triggered, MIS-C can affect separate or multiple areas of the body including the heart, lungs, kidneys, eyes,

skin, or even one's brain. Inflammation then causes a variety of issues from a mild rash or fever all the way to body weakness and harsh vomiting. In extreme cases, untreated MIS-C will cause organ damage and blood clots; in rare cases this leads to death (Harvard Medical School, 2022; Sick-Samuels, 2021).

The second anomaly that seems to correlate to the coronavirus in children, is the increased risk of diabetes. Diabetes is a chronic condition in which the pancreas cannot produce insulin (Type 1) or cannot use it properly (Type 2). When this occurs, blood glucose is not properly utilized, and the body loses valuable energy. Additionally, a buildup of glucose is dangerous in both adults and children. Extra blood sugar leads to eye problems, bad circulation, organ damage, gum disease, and could lead to stroke and death (Bailey, 2022; Diabetes UK, n.d.). Scientists are not fully sure what causes this increased growth in diabetes diagnoses, but they believe that the inflammation caused by the virus and the increased cases of MIS-C are causing the breakdown of the still developing pancreas in those under 18 years old (Bailey, 2022).

Impact on Mental Health

At the onset of the global COVID-19 pandemic, initial health responses were to mitigate infection spread and to understand how the virus affected the human body. To accomplish this, institutions began to close their doors and not allow people to gather, regardless of the purpose. Schools, businesses, restaurants, churches, among other organizations where meetings occur, were empty while people shuttered in place. Subsequently, people's mindset began to change. While viral infections were on the decline, mental health issues began to arise in both adults and children. Fear, anger, and frustration were common feelings that helped lead to increased anxiety and depression

(Amendola et al., 2021). These emotions, paired with isolation and uncertainty of the future, led to dramatic changes in emotional and cognitive well-being. Even those without underlying mental health issues began to show signs of panic attacks, phobias, and compulsions manifesting in such ways ranging from people shuttering in place in their own homes to getting committed involuntarily for a psychiatric evaluation (Verma et al., 2022).

Little was known about this strain of the corona virus. It was this uncertainty about the effects of catching the virus, that would start a mental health crisis across the globe (Drake, 2021). As the pandemic progressed, the media paid extra special attention to even the most minute details about symptoms, spread, and the rate of death. Concurrently, governments around the world began to implement isolation and quarantine orders making sure people were socially distanced from each other. This constant change in societal norms combined with the feeling of loneliness and fear related to getting sick or dying caused a large decline in mental health (Osman, et al., 2022).

One of the greatest stressors during the pandemic has been fear of contracting the corona virus. The rate of spread this new virus, paired with lack of understanding and information about the current strand, incited fear across the medical and science fields as well as to the general public (Drake, 2021). As the pandemic continued, the data showed that even though anyone could contract the virus and suffer long lasting effects, it was generally the senior population and those with underlying health conditions that were the most susceptible to the harsher symptoms of COVID-19 (Osman et al., 2022). However, that did not matter to most. Different news organizations and social media outlets served

as the sources of health information during this time. With a 24-hour news cycle, new numbers of those infected and those dying globally were constantly released. Citizens across the world were constantly reminded of their own mortality and the mortality of loved ones, regardless of age and susceptibility. Fear of death is incumbent in people; it is what keeps them alive and working towards better health and safety (Pradhan, Chetti, & Maheshwari, 2020). However, this fear increases exponentially in times when one's mortality is called into question, which is pervasive during pandemics (Greenburg et al., 1990). Unfortunately, many of these same news institutions spread conflicting information, and even worse, misinformation (WHO, 2020). Misinformation can be defined many ways, but the consensus in the literature is to define it as "that which contradicts the best expert evidence available at the time" (Vraga & Bode, 2020, p. 136). Across all media, conspiracy theories, rumors, and conjecture all were spread along with expert opinion given by medical professionals. What started as fear of the unknown, quickly turned political when legislators began to disagree on different areas of the pandemic including: causes, transmission, cures, and mitigation. Many took sides that aligned with their political beliefs leading to arguments and discourse in many countries including the United States (Nicomedes & Avila, 2020). Much effort was spent trying to not only prove "my side is correct" but "your side is incorrect". In addition to facilitating intense anger and anxiety, people developed hostility toward others who were not in agreement (Smith et al., 2021). These confrontations perpetuate the cycle of tension, anxiety, and anger, thus leading to further mental health issues (Greenburg et al., 1990; Nicomedes & Avila, 2020).

Another mental health facet affected by the COVID-19 pandemic was the feeling of loneliness or isolation. Much of society was in lockdown or at least restricted in some capacity between January of 2020 and August of 2022. Federal and local governments within the United States, as well as around the globe, forced their citizens into what was colloquially named social distancing. Lockdown was initially implemented to slow the spread of the corona virus. Normal routines were disrupted, and activities now had to be done from home. Productive activities like work and school, in addition to leisure activities like games and family events, were now all held virtually. While this did help in some aspects of getting things accomplished, many were left feeling lonely and isolated (Hossain, et al., 2020). This was an especially detrimental effect because of the compounded nature of this specific pandemic. The social isolation mandate was meant to help people not contract coronavirus, which would lead to an array of physical health problems or even death. And while it did serve this purpose, people's mental health began to deteriorate rapidly, most experiencing some manner of depression or anxiety. However, those who attempted to break social distancing orders to improve their own mental health, often caused further mental health issues either to themselves or others. Being around people lessened these issues surrounding isolation, however the fear and stress of now possibly contracting the virus also caused anxiety and depression (Pradhan, et al., 2020).

Unfortunately, children and adolescents were more susceptible to poor mental health during the COVID-19 pandemic than adults were. First, children are vulnerable to mental health issues when their parents or caregivers are experiencing high levels of stress. Exacerbating this problem is the fact that children often have limited

understanding of complicated issues. During the global shut down starting in 2020, children were able to understand the idea that people did not want to get sick (Jones et al., 2021; Imran et al., 2020). What was difficult to comprehend, though, were the politics and the conflict surrounding mitigation factors such as masking and school closures. Further complicating this scenario, is the simple fact that young people lack the coping strategies that adults have. Even the simplest of strategies, such as talking to a friend or trusted adult, is difficult because children often do not even understand their own feelings and emotions (Imran et al., 2020).

School Closures

Probably the largest mitigation undertaking during the COVID-19 pandemic was closing schools. At first, there was confusion as most thought that school closures would only last a week or two. By the time that interval had passed, school divisions had been rapidly implementing ways for educators to provide academic instruction from the teachers' homes to the students at their own residences. Students still had face time with their classmates and friends, however now it was all virtual. At first this seemed like a prudent move, schools were already often seen as places where students share germs and get each other sick (Tan, 2021). However, as time went on, this particular COVID-19 prevention method became controversial. There were many who started to believe that school closures actually caused more harm than good, due to the decline in child and adolescent mental health. The literature, while not fully in agreement that it was more harmful than helpful, does agree that school closures were detrimental in many aspects to those students who were isolated from their peers and teachers (Viner et al., 2022; Tan 2021).

Of all of the impacts of school closures, the most immediate was the impact on education an academic rigor. Because of COVID-19 mitigation, almost 90 percent of the world's students faced some manner of school closure. Subsequently, these students either engaged in online or virtual learning (Tan, 2021). This type of learning involves either self-guided, asynchronous learning in which teachers post assignments for students to complete on their own or synchronous learning, in which students log on at the same time as their teacher and work on assignments together as a class through software that allows simultaneous (synchronous) screen time. Many school districts embraced this new way of educating students as an alternative to missing school. Unfortunately, it was not well tested and thus presented many challenges (Dorn, Hancock, & Sarakatsannis, 2022).

The loss of actual education time that remote instruction presented was of primary concern. This deficiency of in-person schooling prevented students from engaging in meaningful learning experiences. In most cases overall student learning time was reduced by 50 percent or more from an average of approximately seven and a half hours a day to three and a half or less (Grewenig et al., 2021). These times reflect teacher and district expectations. Unfortunately, these are not accurate depictions of actual student academic engagement. Students began to tire of virtual learning and with many parents and guardians trying to navigate their own virtual work issues, students began to disengage and not meaningfully participate. Even worse, some just logged on to get participation credit and then go do other activities (Dorn, Hancock, & Sarakatsannis, 2022). Because instructional time was lost, approximately 20 percent of schools stopped teaching new material altogether during virtual learning. Rather, these schools spend time reviewing material that was previously taught (Department of Education, 2021).

This loss of meaningful instruction had drastic effects on overall learning. Kuhfeld et al., (2022) found an average math score drop as high as “.27 standard deviations” (SD) from the same interval of time pre COVID-19 and postCOVID-19. During this same time, the average reading score also dropped “.18 SD”. To put these numbers in context, math scores only dropped “.17” SD During the evacuation of New Orleans during Hurricane Katrina, in which students missed school for much of the year (Kuhfeld et al., 2022, para. 3). Across all subject areas, student achievement was down compared to pre COVID-19 numbers. Furthermore, even with virtual learning, almost 60 percent of students are estimated to be behind academically by at least three months per grade level. Educational estimates are that nearly one third of students will have to repeat a grade between kindergarten and 8th grade (Dickler, 2021).

Another aspect to consider while looking at educational impact is that of special education. Special education is a blanket term given to the individualization of curriculum for students with disabilities that would hinder their learning. These individual education plans (IEP) are written specifically for those students who were found eligible and not only include different goals for the student to achieve, but also include what resources are needed for those students to achieve those goals (Cook & Schirmer, 2003). These resources are eclectic and can range from types of materials used and modality of implementation to number of staff members needed and specialized training utilized to best give those who require and IEPs an opportunity to meet their educational goals (Cook & Schirmer, 2003). When schools closed, special education coordinators and teachers scrambled to rewrite IEPs to comply with the federal law. To do so, many important resources were dropped out of necessity because they were just

unavailable in a virtual learning capacity. Even worse, were that those students requiring specialized personnel no longer had access to those staff members. In some situations, this was not an emergency. Parents were able to carry on where typically an extra staff member would intervene. However, there are those students with disabilities so severe that even the parents are unable to fulfill what the student needs (Hurwitz, Garman-McClaine, & Carlock, 2022). At the time of this writing, the literature is just now starting to proliferate on specifics (rather than general trends) on how school closure affected those students with disabilities. Still, the current literature does agree that not only did the pandemic closures most severely impact students with disabilities, but also their parents. While these students are suffering from the higher rates of academic regression than their non-disabled peers, their trajectory of regaining academic ground and assimilating newer material is far slower than those same peers (Lipkin & Crepeau-Hobson, 2022).

Academic deficit was not the only loss experienced by students during the pandemic school closures. Schools provide a litany of important services to students that go beyond just scholastic activities; some are basic health needs, while others provide the groundwork for social emotional maturity. When educational facilities closed their doors, much of these vital services ended. For instance, school nutritional programs help provide meals to millions of students. These children rely on meal programs for breakfast and lunch and some buildings even provide weekend meals through backpack programs. Schools provide these meals free of charge or at a reduced rate for those students that suffer from low socioeconomic status (SES) (Tan, 2021). Beyond nutrition, schools universally provide a spectrum of health care services. In addition to scoliosis, hearing, and vision screenings that are given from elementary through middle school, across the

United States (among other countries), school personnel are often tasked to administer temporary first aid in addition to medication for those students with chronic illnesses (e.g. diabetes). There are even instances in which schools provide free dental work for those students with financial need (Dibner, Schweingruber, & Christakis, 2020).

Besides physical health and well-being, schools provide the foundation for social emotional learning and maturity. Elementary students, especially the ones in kindergarten through 3rd grade, build self-regulation skills. These skills aid in their ability to focus and sustain attention, adjust and maintain appropriate emotions, and build positive relationships with both their peers and adults (Tan, 2001; Dibner, Schweingruber, & Christakis, 2020). These same social emotional programs also teach positive citizenship skills. This is the time when young people learn manners, empathy, and character development, all taught by their primary teachers and school counselors. For the older students, schools are not only the foreground to learn about healthy and safe relationships, but they teach family life education, sexual health and well-being, and if parents allow, how to protect against sexually transmitted infections (Allensworth, et al., 1997).

The Impact of COVID-19 on People Experiencing Homelessness

Prior to the pandemic, homelessness was a growing crisis in the United States. Though numerous institutions and agencies exist to combat homelessness, the numbers of people experiencing homelessness (PEH) rose through the 1980s and continued to do so up through the global COVID-19 pandemic. Without the added stress of a viral epidemic, PEH already face higher risk consequences associated with daily life. In addition to adverse health and social consequences, their mortality rate is five to ten times greater

than those in general society (Rew et al., 2021). Throughout the time in which the pandemic existed, all disenfranchised populations were disproportionately affected, but PEH were especially vulnerable. Among other factors, this was primarily due to the lack of practicality in implementing common mitigation practices (Fuller, 2020).

There was already a lack of space at shelters by the time the pandemic had spread to the United States. The often-crowded conditions at shelters and other short-term living institutions worsened when the pandemic occurred. Social distancing was infeasible because of the close proximity beds had to each other. Further, many municipalities were issued stay at home warnings. This, of course, is difficult when one has no actual home to live in; numerous PEH live in tent encampments or other impermanent structures (Wood, Davies, & Kahn, 2020). Those who were in shelters, had sparse access to supplies as they were already low. Cleaning supplies remained in short supply as the pandemic continued, thus consistent hand washing, and facility cleansing was inadequate (Fuller, 2020).

Further complicating any practical COVID-19 response for PEH was the lack of needed resources, including actual service providers (Rodriguez et al., 2022). If avoiding the contraction of the virus was the primary objective of all residents, including PEH, the second objective was getting treatment for those who did. This however was a problem in the community of housing insecure. COVID-19 is more severe in the presence of comorbid conditions. Ailments such as heart disease, asthma, and other respiratory conditions exist in higher prevalence in transient individuals, especially those who are of middle age or older (Farnish & Schoenfeld, 2022).

Chapter 3: Research Methodology

Overview

The current study aims to explore the lived experiences of youth experiencing homelessness (YEH) during the COVID-19 pandemic. In this chapter, the author addresses the purpose of this study, the research question, all protocols related to participants and their participation, procedures for data collection, and the analysis of the data collected.

This study was a phenomenological qualitative study in which the author examined a litany of issues that YEH faced from March 2020 to August 2022. At the time of this writing, there was sparse literature that used a qualitative approach to investigate the experiences of precariously housed youth during the pandemic from their own perspective. Specifically, the literature focused on the general populace, housed youth, or adults experiencing homelessness. Moreover, these studies collected data in early to mid-2020, (i.e. Rew et al., 2021) suggesting that the full range of COVID-19 related circumstances were not fully recognized as the pandemic was in its infancy.

This current study differs from Rew et al. (2021) in three distinct and important ways. First, Rew et al.'s study began only two months into the U.S.'s pandemic mitigation (May 2020) and concluded by November of the same year, approximately 20 months before all federal mandates had been lifted. This timeline, while an important start to the literature, does not capture the full extent of circumstances that YEH experienced during the entire pandemic time frame. The second difference is that Rew et al.'s study was a supplemental study to their original that was "...to test a one-on-one intervention that focused on developing skills in setting goals, developing self-efficacy to

resist alcohol, and self-efficacy to resist risky sexual behaviors” (Rew, et al., 2021, p. 654). The authors changed the scope of their study only after the COVID pandemic began and the institutional shutdowns commenced. In contrast, this study was designed from its onset to specifically determine what the effects of the coronavirus and pandemic would be on YEH. The final difference occurs with each study’s participants. This study’s participants range from ages 15 to 24 years old (during the pandemic), while Rew et al.’s (2021) ages ranged from 18 to 23. There were also differences in the location of participants with this study including a range of states on the East Coast, while Rew et al.’s study included one southern state.

A phenomenological analysis was chosen for this study due to the unknown depth the pandemic had on these transient individuals. Everything related to COVID-19 happened rapidly: its onset, its symptoms, governmental mitigation strategies, rules and laws relating to these mitigation strategies, and institutional shutdowns. Everyone, regardless of socioeconomic or housing status was affected (Drake, 2021). The issue that remains, however, is how YEH experienced these same events that those who are not affected by housing or economics experienced them. The intention of this study is to examine a fuller picture of what it was like for a YEH to live through the COVID-19 pandemic. Creswell (2013, p.93) states that learning about how a particular phenomenon has been experienced by a population of individuals is what the “essence” of a phenomenological study represents. Implementing a phenomenological approach with multiple participants reveals the emotions and explicit experiences behind the circumstances of this disenfranchised group of individuals. In applying phenomenology, this study suspends biases and gets to a more basic, yet concentrated, appreciation for the

unique circumstances of these youth who experienced homelessness during the COVID-19 global pandemic (Merriam & Tisdell, 2016).

Purpose of the Study

The purpose of this study is to describe and understand the experiences of YEH during the COVID-19 pandemic. Though it is generally accepted by society that the pandemic is coming to an end, due to both the vaccinations to the SARS-CoV-2 virus and the end of COVID-19 mitigation mandates such as masking and social gathering restrictions, the implications of the pandemic will be felt for years (Mayo Clinic 2022; Viner et al., 2022). Children and adolescents have faced some of the most severe consequences of the pandemic as have those experiencing homelessness. Most of the literature has focused on quantitative aspects of the pandemic: academic performance, numbers of infected individuals, length of symptom duration and latency, etc. Yet, there is little qualitative research that has been done, or is presently being done, on the intersection of these two populations.

Methods

Participants

Because many municipalities do not agree on a common definition of homelessness, and the definition of homelessness is varied and oftentimes confusing, this study uses HUD's definition as the criteria for YEH. The definition set forth by HUD is the most encompassing definition and allows for a good cross section of participants. As discussed in chapters 1 and 2, HUD's definition of YEH refers to individuals, under the age of 25 and who fall into one or more of four distinct categories: "1) Literally Homeless, 2) Imminent risk of Homelessness, 3) Homeless Under Other Federal Statutes,

and 4) Fleeing/Attempting to Flee domestic violence” (USICH, 2018, p. 1-2). This scope can be, but is not limited to, youth living in: hotels, motels, friends’ or relatives’ houses, shelters, abandoned buildings, vehicles, or structures that do not belong to (or are leased to) a child’s parent(s) ” (USICH, 2018, p. 1).

The participants in this study are individuals who would have been under the age of 25 during the COVID-19 pandemic. Though many youths were enrolled in school during the pandemic, being a student in school was not mandatory to participating in this study as many YEH are transient. Some were in transition between schools and some had dropped out. Further, some have graduated or aged out during that interval of time and thus would not have been in school at all. These participants were recruited through two separate avenues. First, participants were asked to participate through Mobile Hope, an emergency homeless resource institution located in Loudoun County, Virginia and who serves families around the Northern Virginia area in the suburbs of Washington D.C. This area was ideal because of the variability of environments (ranging from rural to urban) and their different socio-economic make ups (below poverty line to affluent). Furthermore, the region in Northern Virginia is racially diverse and those experiencing homelessness range greatly in ethnicity (Jarvis, 2021). The second recruitment method included posting flyers online through social media and other institutions that work with the homeless (Appendix C and Appendix D). This allowed for participants with a variety of backgrounds residing outside of the Washington D.C. to have their voices heard. Though it is unclear how many individuals could be required for saturation, a good estimate was between nine and twenty. Both methods were approved by the James Madison University IRB (Appendix A).

Data Collection

Because the researcher is himself a school counselor, it would be a conflict of interest for him to work with the YEH within his own school. Thus, participants were chosen from outside the school in which he works. The employees and volunteers at the aforementioned organizations were given, and subsequently determined, inclusion criteria for quality candidates. This criterion included: those who were under the age of 25 and those who were identified as experiencing homelessness at the time of the COVID-19 pandemic (see the Ethical Considerations section of this chapter for further information).

Eligible participants were contacted and invited to participate in a semi-structured interview that lasted approximately 20-30 minutes. A consent form was developed for the parents of minors and those who are over the age of 18. For the actual participants, two separate assent forms were developed: one for 7-12 years of age and one for 13-17 years of age. Once everyone consented and gave their permission, data collection began. The researcher's contact information was provided to those organizations for the participants' parents or guardians to reach out to the researcher to ask any pertinent questions. The option was given to each participant to meet by virtual meeting (e.g. Skype or Google Hangouts, etc.) or meet in person at a location of their choosing. Each interview was recorded via audio device and once completed, they were stored on a password protected hard drive with encryption until they were transcribed, at which point, they were deleted.

Research Questions

Because this study was phenomenological in nature, there was one main research question the researcher investigated: How did the COVID-19 pandemic impact youth experiencing homelessness? To get a complete picture of what the effects were, three sub

research questions were developed and explored through a series of interview questions. Each question asked how the pandemic affected a particular facet of the participant's life.

These sub-questions are as follows:

1. How did the COVID-19 pandemic affect YEH in general?
2. How did the COVID-19 pandemic affect YEH relationships?
3. How did the COVID-19 pandemic affect YEH schooling and academics?

However, once researcher conducted a few interviews, it became clear that some of the questions needed to evolve. Agee (2008) argues that qualitative question development is not only an interactive process, but that a quality study has questions that are refined in the ongoing process of conducting the research. For this reason, the researcher added two additional sub-questions in order to gather more complete data. These questions were:

4. How did the COVID-19 pandemic affect YEH's mental health?
5. How did the COVID-19 pandemic affect YEH's physical health?

Interview Questions

The interviews were semi-structured because the study relied on participants' experiences. The following questions were asked of each participant. However, the semi-structured interview process allowed for flexibility and spontaneity; new questions revealed themselves, stemming from the answers of the participants. Additionally, probing follow-up questions such as: "please explain.", "can you elaborate?" or "can you give me an example?" were asked for clarification (Creswell & Poth, 2018). Further, each specific question may have called for a different, yet specific, follow up not listed in this chapter. The interview questions and study introduction script can be found in Appendix B.

Interview Questions

1. During the pandemic, how did COVID impact the way you experienced your life during that time? How did you experience yourself?
2. What was your relationship like with your family during COVID?
3. How were your friendships during COVID affected?
4. What was your student experience like during COVID?
5. Is there anything that we did not cover that you think is worth talking about?

Analysis

Once the data was collected it was transcribed and the recordings were deleted for privacy purposes. The next step for the researcher was to analyze the interviews. The purpose of qualitative research is to describe phenomena that occur in people's lives and to make meaning of their experiences (Renz et al., 2018). In order for this to occur, researchers conduct data analysis which is the process of finding emergent patterns within the data (Merriam & Tisdell, 2017). For this study, thematic analysis was chosen as the method for coding and finding emergent themes. This method was chosen because unlike many other analysis methodologies, thematic analysis is not tied to a specific theoretical approach or perspective. Because of the unknown nature of what themes might emerge from the data, this study required a flexible method, which is a tenant of thematic analysis. The researcher was interested in a question that was relatively new, as the end of the pandemic is less than a year old. Furthermore, the researcher was only interested in seeing what the lived experiences were like for YEH during the COVID-19 pandemic. The goal of thematic analysis is simply to identify themes that are important or interesting that tell a story about the participants (Clarke & Braun, 2017).

Braun and Clarke (2006) outline a six-step framework to implementing thematic analysis; however, it is notable that their steps are not linear. For example, one can move backwards through their steps, or skip around as needed in order to strengthen the themes emerging. Their six steps are: 1) become familiar with the data 2) generate initial codes 3) search for themes 4) review themes 5) define themes and 6) write up the manuscript. In this process, the researcher initially read through the responses to get an overall sense of the general information provided. He took notes in the margins and then reread them to make sure that the notations were accurate. Next, open coding was performed. This is the process of developing and modifying codes as the researcher reads through the transcripts. This was implemented because there were no pre-determined codes (Maguire & Delahunt, 2017). Again, the data is somewhat new because of the small gap in time between the implementation of this study and the end of the pandemic restrictions. For Step 3, the researcher of this study began to look for patterns within the codes. He began to take emerging patterns and type them into a Microsoft Excel spreadsheet, separated by each participant and interview question or follow up question.

It was at this point, Step 4 (reviewing the themes), that the researcher engaged in a two-step review. He not only went back through the transcripts to see if there were any missing themes or text that should be coded differently, but he engaged in triangulation by utilizing three other analysts to go through the transcripts and see if their themes and codes matched the researchers' themes and codes. Step 5 was a lengthy process in which the researcher further refined the codes and themes to determine appropriate subthemes as well as to compare and contrast each subtheme to a main theme to check the quality of each. In some cases, the researcher found some major themes were more appropriate as

sub themes and vice versa. Step 6 was completed by completing this dissertation document.

Trustworthiness

A goal in qualitative research is to make the study legitimate. This was achieved through a high level of trustworthiness of the researcher's methods (Merriam & Tisdell, 2017). When researchers actively demonstrate trustworthiness in their work, they increase the credibility of their study. Additionally, they also take steps to ensure that their own personal biases do not influence the results of the study. By showing trustworthiness, the researcher strengthens the validity of their research and helps to prevent any potential distortions that could arise from personal biases. For the purposes of this study, the researcher engaged in investigator triangulation. Here he utilized three professionals in different, but related, fields to look over the transcripts to see if his coding and thematic analysis were accurate. Additionally, once he combined his codes, sub themes, and themes with theirs, they took a second look to maximize accuracy. Conducting triangulation is in line with thematic analysis as one of its core tenants is to lend greater credibility to the data (Thurmond, 2001).

For reference the three professionals are as follows:

- A Master's level researcher and professor of Public Health, with publications on the COVID-19 pandemic.
- A Master's level school counselor who has worked more closely with older YEH in her practice.
- A graduate student who specializes in coding and has excelled throughout her course work.

Ethical Considerations

Even though this research is important, there are many ethical considerations that the researcher took into account while working on the study, the first of which was the age of the participants. This study specifically examined youths experiencing homelessness during the COVID-19 pandemic. There is a need for this research as the literature focuses mainly on the general populace, adults experiencing homelessness, or the academic achievement of YEH. Also, there is little to no data that takes a holistic, qualitative look at YEH. Working with young people poses a particular challenge because of their developmental abilities. Many researchers feel that children and other minors cannot entirely give informed consent due to their inability to fully understand the consequences of their participating in research activities (Ensign, 2003). This was why participants were only chosen as their parents or guardians allow if they are under the age of 18.

Another consideration was that many of the participants are part of the population experiencing homelessness on the east coast of the United States. Because homeless individuals, whether they are minors or adults, are a disenfranchised population, care must be taken to not take advantage of them. The literature on ethical research practices with vulnerable populations identifies coercion as a concern related to research involving marginalized groups. For this research study working with YEH, offering too much in terms of an incentive to participate with the researcher is considered financial coercion. Not only is this a bad practice but is also considered unethical (Ensign & Ammerman, 2008;

Ensign, 2003). Ensign (2006) gives guidance on how researchers can provide incentives, while limiting coercion. In that study, it was found that incentives in general do not constitute coercion and thus, a breach of ethics. However, if kept at \$10.00 or below, this incentive avoids hurting those who might have a substance problem. Further, Ensign suggests trying to not use financial incentives at all and instead offer non-monetary incentives. In line with these practices, the researcher did not offer any incentives to participants.

One final ethical consideration is the obligation of nonmaleficence – the responsibility of the researcher to do no harm (American Psychological Association [APA], 2019). Though it was unlikely with older participants, there was a possibility that younger participants who were homeless, were not self-aware of that status. A literature review revealed no studies or data on this aspect of working with YEH. However, the researcher has been a school counselor for over a decade and in that time, most students that qualified for MVHHA resources were unaware of their homeless status. Because of a dearth of research, it can only be speculated that having that knowledge is detrimental to their mental health and their own positive regard. According to Agpalza (2022), children are often unaware of their own poverty and often only realize as they grow older, even as late as adulthood. Perron, Cleverly, and Kidd (2014) list an array of psychological trauma associated with those experiencing poverty including loneliness, helplessness, and lack of self-esteem. From these trends and lack of studies, it can be surmised that there is a danger in the possibility of revealing to a child that they are homeless or impoverished with no prior knowledge of such before

speaking to the researcher. To avoid this ethical dilemma, the researcher on this study spoke to the guardians or parents of all of the participants who were under the age of 18 in an effort to make sure that they are already aware that they are homeless.

Reflexivity and Positionality

Reflexivity is characterized as a crucial process in carrying out qualitative research. It allows the researcher to interact with the participants in the context of his/her/their own positionality and involves self reflections on identity (for example gender, class, education, age, etc.) and possible biases (Roulston, 2010). Throughout this study, it was important for this researcher to engage in reflexivity. Many aspects of the researcher's identity differed from those of the participants. Being reflexive entails not only noting these differences and being aware of any internal bias, but also acknowledging the intersectionality of participant identities (for example, these participants not only all identified as youth, but also as homeless). He recognizes that his mere presence as a researcher and the 17+ year age difference presented power differentials between the participants and had the capacity to influence the outcome of the interviews, and ultimately, the study.

This researcher identifies as a 42-year-old White, cisgender, straight man who grew up in the suburbs of New York city and then moved to various locations to what he considered "the South", which were all located in central to northern Virginia. He is also a married father of two children who identify as male and female. Though professionally, he often works with YEH, his interest in the topic derives from social interactions and religious groundings stemming from as far back as childhood in New York. Often, he would see people with signs asking for food or money on the side of the road when his

parents were driving locally. The researcher's parents, especially his father, would frequently hand these individuals whatever cash he had on him at the time or circle around to a fast-food restaurant and get enough food for a full day's meal.

The researcher's father would often cite the bible and say that he was doing "the Lord's work" by helping the less fortunate, which strengthened the researcher's desire to participate and help these transient individuals. This was a stark contrast to his experience of how others saw those experiencing homelessness. Derogatory epithets were often used as descriptors for those individuals who were experiencing homelessness and asking for money or a job. Throughout this researcher's upbringing, words such as "bum", "hobo", and "addict" were commonplace from not only friends and family, but acquaintances and strangers as well. It was not unusual for the researcher to be in the car with his uncle in Manhattan where he lived, only for that family member to roll down his window and yell obscenities at someone from merely being in the median asking for spare change.

While scenarios like this one were not out of the ordinary for him to witness, there are two moments that stand out to the researcher that truly solidified his compassion for these people and made him want to help more than he could do as a teenager. The first moment was a brief, but powerful, scene that encapsulates the issue of homelessness in general. It is not uncommon to come out of the train station in midtown Manhattan and be met by men and women who live in shelters, or even on the streets, asking for spare change or money for some food to eat. Sadly, these individuals are ignored, yelled at, or are hassled by the transit police to leave people alone. In one disturbing case, the researcher watched a well-dressed lady actually stop to give one hungry, middle-aged man some money. What started off as a good deed, however, quickly became very

degrading. She took out a paper bill denomination, made the gentleman get on his knees, swear to her that he was not going to buy drugs or alcohol with the money, and then made him beg for it before she gave it to him. Even as a teenager, the researcher was disgusted by what he saw. There were so many questions that ran through his head at the time. Examples include: “How could one person treat another person like that?”, “Why do we treat those experiencing homelessness almost as sub-human?”, and “Is this a common occurrence?”.

The second pivotal moment the researcher experienced was at a friendly poker game the summer after graduating with his undergraduate degree. This was a weekly game with friends he has known since middle school mixed with friends he had met in college. The conversation turned to work, and the researcher had mentioned that he had worked with teenagers who were both experiencing mental illness and homelessness as their residential counselor. There was a little bit of snickering from a couple of the other participants in the game and when asked why they were laughing, these individuals showed their ignorance of the plight of those who were experiencing homelessness, especially YEH. The most offensive, and least knowledgeable, comment came from the individual the researcher knew the longest. He had wondered why the taxpayer should be responsible for the boarding and mental health of these individuals simply because they and their parents were unable to manage their money correctly. He further quipped that if these teenagers and their parents would just have gotten jobs and saved money like everybody else, they would not be in that situation.irate, the researcher, defended his youth clients and the conversation moved on. In that moment however came the researchers second epiphany: the general population is uneducated to the causes and

issues surrounding homelessness. These two small moments were powerful and stuck with the researcher, thus shaping his approach to practice in counseling.

From his time as a residential counselor to the time of this writing, the researcher (now in the new role of school counselor) witnessed hundreds of aggressions and microaggressions towards the unstably housed, many of which came from the professionals within the school system that he worked with every day. When confronted with these transgressions he speaks out openly and honestly about the real causes and overall plights of those experiencing homelessness. He also works within his school and school system to assure any students experiencing homelessness receive the resources they were entitled to. Even outside of work, he works within his neighborhood and local agencies to donate food, money, clothing, and toys for those in need.

Still, the researcher acknowledges these peripheral gestures and experiences do not provide the same depth of understanding that experiencing homelessness would. Furthermore, there are various levels of homelessness to which the breadth of one is dissimilar to the breadth of another. So, to be reflexive for this study, the researcher partnered with a local resource center/shelter named Mobile Hope. Their mission is to "...provide support and emergency shelter to youth up to age 24 who are at-risk, precariously housed or homeless and empowers them to become self-sufficient."(Mobile Hope, n.d.). The executive members of the administration team helped this researcher navigate the potential power issues that exist between a researcher and disenfranchised youth (Rodriguez & Brown, 2009). They guided the researcher in not only who to talk to, but also how to approach each individual to avoid bias.

Chapter 4: Data Analysis

Chapter Overview

The purpose of this study was to understand the experiences of YEH during the COVID-19 pandemic. There is little data available specifically on how the worldwide COVID-19 pandemic affected those youth experiencing homelessness. All of the available literature on YEH and COVID-19 at the time of this writing, was written as conjecture of what YEH were possibly experiencing while the pandemic was happening. There is currently only one qualitative study on how the pandemic actually affected YEH (Rew, et al., 2021). However, this current study differs from Rew et al.'s in three distinct and important ways. First, Rew et al.'s study began only two months into the U.S.'s pandemic mitigation (May 2020) and concluded by November of the same year, approximately 20 months before all federal mandates had been lifted. This timeline, while an important start to the literature, could not possibly capture the full extent of circumstances that YEH experienced during the entire pandemic time frame. The second difference is that Rew et al.'s study was a supplemental study to their original that was "...to test a one-on-one intervention that focused on developing skills in setting goals, developing self-efficacy to resist alcohol, and self-efficacy to resist risky sexual behaviors" (Rew, et al., 2021, p. 654). They changed the scope of their study only after the COVID pandemic and the institutional shutdowns began.

The current study was designed from its onset to specifically determine what the effects of the coronavirus and pandemic would be on YEH. There were pre-determined interview questions, three of which that were not primarily asked by the previous study. The final difference occurs with each study's participants. This study's participants have

a greater distribution of age and geographic location. The age range of YEH during the pandemic was 15-24 years old and participants resided in multiple states along the east coast. Rew et al., had an age distribution of 18-23 and according to the authors "...took place in a southern state (Rew, et al., 2021, p. 654) . Though only subtle differences, age and location can have an effect on needs and outcomes through the pandemic.

This study uses a phenomenological approach to help understand the holistic experiences of YEH during the COVID-19 pandemic. Chapter 4 presents the results of this qualitative study, starting with a description of the data collection method and demographic characteristics of the participants. The subsequent chapter sections describe any themes elicited from the participant interviews and the chapter ends with an overall summary of the findings.

Data Collection

The researcher for this study conducted ten ($n=10$) semi-structured interviews: six by telephone and four face-to-face. The reason for the multiple methods of interviews is because of the varied means of recruiting participants. There were two original methods of recruitment: working with residents of the Mobile Hope Organization and posting recruitment flyers (Appendices C & D) in online message boards and social media. Mobile Hope is an organization located in Loudon County, Virginia that works directly with the precariously housed and those living in poverty. They provide a litany of services, but of note: room and board, clothing, job training, food, hygiene products, transportation as needed, and case management (Mobile Hope, n.d.). Members of the upper administrative team invited the author to spend time on their premises and when appropriate, they would introduce possible applicants to the author in hopes that they

would agree to be interviewed. Additionally, these administrators contacted possible applicants via text or phone to see if they would be willing to speak to the author and participate in the study. Through these methods, six participants (two by phone, four face-to-face) volunteered to be in the study. Concurrently, IRB-approved recruitment flyers were uploaded online to various social media sites including, Facebook, Instagram, and TikTok. Through this method, four participants (all by phone) volunteered to take part in this study.

All participants signed consent forms. Those who were interviewed face-to-face, signed a paper copy of the informed consent form (Appendix E). Those who were interviewed by phone, signed a digital informed consent form through a link set up on the Qualtrics XM software website (Appendix F). Regardless of the forum, all participants were audio recorded using an Aomago digital audio recorder (except one who verbally asked to not be recorded). To ensure privacy and confidentiality, all phone interviews took place in the primary researcher's home office. All face-to-face interviews were conducted in the office of the social worker at the Mobile Hope campus. Interviews ranged in duration from 15 minutes and 3 seconds to 36 minutes and 41 seconds, averaging out to 22 minutes and 12 seconds per interview. One participant, though he signed the consent form, asked that the researcher not record. He did, however, verbally approve note taking. His interview is not calculated in the average time per interview.

Audio recordings were kept on a password protected Hewlett Packard laptop in the primary researcher's home office. Once complete, recordings were transcribed using the *Go Transcript* service which offers 2048-bit SSL encryption. Once fully transcribed, the researcher listened to the recording while reading the transcript to ensure that no

errors existed. Once complete, the audio recordings were deleted, and the transcripts were kept in a lockbox within a locked file cabinet within the primary researcher's office. Informed consent forms were kept in a lock box and locked within a different filing cabinet in the primary researcher's basement, away from the corresponding transcripts. This was to ensure confidentiality and that the participants' real names cannot be matched to their transcripts.

Prior to informed consent forms being presented to any possible participants, the primary researcher explained anecdotally what the purpose of the study was. Once a participant expressed interest, that individual was presented with the informed consent form which was explained in detail by the author of this study. Once a participant agreed to partake in the study, that individual was asked if they had any pre-recording questions. Once questions were answered, the primary researcher started the recording device and began reading the interview script that was read to all participants prior to asking the research questions. Once the participant gave a final approval that he/she/they were willing to participate, the author began the semi-structured interview.

The participants were made aware that they would be answering five questions regarding their time during the COVID-19 global pandemic. They were also told that possible follow-up questions might be asked of them in order to get a more complete picture of what their experience was like during that time. The following questions were used to conduct the one-on-one semi-structured interviews:

1. During the pandemic, how did COVID impact the way you experienced your life during that time?
2. Tell me about what it was like with your family during COVID.

3. Tell me about what it was like with your friendships during COVID.
4. Tell me what your student experience was like during COVID.
5. Is there anything that we did not cover that you think is worth talking about?

When follow-up questions were needed, participants were reminded that they did not have to answer those questions but could if they felt comfortable.

Description of Participants

The sample of participants used in this study consisted of ten youths who, at an interval of time during the COVID-19 pandemic, experienced homelessness as per the HUD definition of what they term “homeless youth” (USICH, 2018, pp. 1-2). To be considered a youth, one must be under the age of 25. HUD then lists four classifications that might qualify someone as homeless: “1) Literally Homeless, 2) Imminent Risk of Homelessness, 3) Homeless Under Other Federal Statutes, and 4) Fleeing/Attempting to Flee Domestic Violence” (USICH, 2018, pp. 1-2). Category 1 defines any individual “who lacks a fixed, regular, and adequate nighttime residence” (USICH, 2018, p. 1) as homeless. An important distinction in category 1 is that one does not need to be houseless to be homeless. Those who are homeless in category 1 can live in temporary shelters, transitional housing, or even hotels and still be considered homeless. Additionally, category 1 includes those who sleep in areas not meant for human residence such as cars, abandoned buildings, etc.

Category 2 makes it so that those who are not yet homeless, but will be within two weeks, can file for assistance with housing if they have no other access to permanent housing. Category 3 addresses those youth who are unaccompanied or those families that include children. With this condition, those who qualify as homeless under other federal

definitions or statutes can apply for HUD assistance with housing or other associated needs. The last category that HUD services, category 4, designates any individual who had to leave their housing to escape domestic violence, abuse, or sexual assault and trafficking as homeless as long as they lack the resources to obtain other permanent housing (HUD, nd; USICH, 2018, p. 1-2). The following table (Table 1) and sections give detailed descriptions of each participant. Pseudonyms will be used to protect each participant's real identity.

Table 1.

Demographic Information About the Study Participants

Name	Ethnicity/Race	Age During Homelessness & COVID-19	Gender Identity	LGBTIQA+ Identity (Y/N)	HUD Homeless Qualifying Category*
Ben	Caucasian	17	Male	N	1
Lars	Caucasian	17	Male	N	1/3
Karen	Hispanic	15	Female	N	4
Carol	Hispanic	19	Female	N	3
Megan	African American	18	Female	Y	3
Mahati	Indian	21	Female	N	2
Malik	African American	22	Female	N	1
Jan	Caucasian	20	Female	Y	3
John	Caucasian	19	Male	Y	3
Jack	Caucasian	18	Male	Y	1/4

*1. Literal Homelessness 2. Imminent Risk of Homelessness 3. Homeless Under Other Federal Statutes 4. Fleeing Domestic Violence

(USICH, 2018, p. 1-2).

Participant 1

Ben is a 20-year-old Caucasian male who was evicted from his home after a verbal and physical altercation with his parents. He reported that he had suffered some mental health issues previous to his eviction, but only took his medicine sporadically. His dad pressed charges stemming from the altercation and Ben is currently serving community service as punishment. He described himself as a below average student in school, but a very good football player who was being scouted by a few colleges. Since

the COVID-19 pandemic ceased all athletic activity, he now works between two and three jobs, in addition to his community service, to make ends meet while he searches for affordable permanent housing.

Participant 2

Lars is a 21-year-old Caucasian male who was adopted at birth. He described friction with his adopted family but avoided conversation as to why he was forced to leave his adoptive parents' home at 17 and move in with his grandmother. He eventually met his birth parents during the pandemic and specifically moved in with his birth mother mid-way through. It was during this time, Lars delved into a deep depression stemming from revelations while living with her. He suffered from suicidal ideations and his birth mother made him leave her home. After a stint in the hospital, he bounced around from shelters, to motels, to even a tent. Currently, Lars is a freshman at a southern University.

Participant 3

Karen is an 18-year-old Hispanic female who has been homeless on and off since she was 14 years old. This was due to multiple familial abusive living situations. At 14 she also became pregnant. After her baby's birth, Karen lost custody of her daughter and spent some time in both a mental health facility as well as the legal system. She has lived with her current boyfriend for over a year now and regained custody of her daughter. Though she works part time, Karen never fully enrolled in school and currently has not finished high school. At her request, she asked that her former school counselor be present during the interview for support.

Participant 4

Carol is a 21-year-old Hispanic female who is currently a mother of a toddler. She became homeless at 19 as she was not allowed to return home during the COVID-19 pandemic from a therapeutic boarding school located in a Northern West Coast state. She currently is housed between shelters and hotel rooms provided by a resource organization in Northern Virginia.

Participant 5

Megan is a 20-year-old African American female who identifies as gay. She became homeless at 18, when her parents told her to move out. Because of her young age and lack of finances, she moved into a basement apartment but had no official lease. She began heavy drug use at 12 years of age to cope with her depression and had to spend time in a facility to overcome her addiction. She is no longer homeless as she has a lease under her own name and is currently steadily working.

Participant 6

Mahati is a 25-year-old Indian female who was an international student studying at a mid-size southern university. She became homeless at 21 years of age because of the mitigation restrictions set forth by the State and the University in conjunction with policies governing international students taking virtual classes (Strauss, 2020). At the onset of the COVID-19 pandemic, she was unable to work, had no safe housing available by the university, and her access to money had been restricted by foreign banks. Once restrictions were lifted, she was no longer considered homeless for a period of time. Currently, her status is pending because while she has the ability to sign a lease in her

own name, she has not found a place to live and her ability to stay is completely dependent on her student status.

Participant 7

Malik is a 24-year-old African American male who currently suffers from homelessness and has done so on and off for the past 8 years. He currently works odd jobs but is still looking for a stable place to live. Though he does have family, he said something “went down” between him and his mother (which he stated he did not want to talk about) which is why he remains unstably housed.

Participant 8

Jan a 24-year-old Caucasian Female who identified as part of the LGBTIQ+ community. She reported that she has been unable to obtain an identification card for nearly 7 years and as such, is unable to secure housing on her own. She moved twice during the pandemic and is now settled in the Northern Virginia area with her boyfriend (whom she asked to be present during the interview).

Participant 9

John is a 22-year-old Caucasian Trans male living in rural Tennessee and is married to participant 10. He disclosed that he has a diagnosis of Autism Spectrum Disorder and was homeschooled up until he attended college. He was outed to his conservative parents by one of his college professors and thus when society went into isolation due to the COVID-19 pandemic, he was not allowed to come back to his parents' house. Throughout the pandemic, he moved around to a couple of shelters, but struggled because funding for necessities and organizations that gave out necessities

dwindled, and many lost their ability to function. Currently, he is housed and is doing what he describes as “social work”.

Participant 10

Jack is a 22-year-old Caucasian Trans male living in a rural southern state located on the East Coast of the United States and is married to participant 9. He has been in and out of foster care since the age of 13 because his mother was using substances. Jack was living in a shelter when pandemic restrictions hit his area of the country. In an effort to stay out of the overcrowded shelters in fear of contracting the Corona virus, Jack often accepted invitations to stay with anyone who offered a home, bed, or couch for him to sleep in. In one of these instances, Jack was sexually assaulted and became pregnant. Though making an effort to stay with his child, the state removed Jack’s baby from his custody and with permission, put him up for adoption. Jack is currently living with his husband, participant 9, his second son and an adopted child. He currently plans on attending college for social work in the fall.

Emerging Themes

At the time of this writing, little is known about how the COVID-19 pandemic affected youth experiencing homelessness. This researcher used a phenomenological approach and conducted semi-structured interviews with ten participant youth experiencing homelessness. Though each of these participants come from a diverse background and have all lived through varied experiences, this researcher was able to identify 10 common themes stemming from review of the interview transcripts. The interview protocol started with five specific questions that all participants were asked the same way. However, based on preliminary answers, varied follow up questions were

asked to each participant to get a fuller, more comprehensive, picture of how their lives were affected by the COVID-19 pandemic. These 10 themes are explained below in the context of the responses given by the participants. They are: Isolation, Family Strife, Education, Loss, Mental Health, Catching COVID-19, Systemic Failures, Friendships, Resiliency, and Financial Insecurity. Additionally, each theme has respective subthemes. Table 2 lists the themes and their emergent subthemes. Excerpts from the participant transcripts were used to showcase these themes. Though paraphrased and shortened where appropriate, full quotations of the participants lived experience through the COVID-19 pandemic are presented in Appendix G.

Table 2

Themes and Subthemes

Themes	Subthemes
Isolation	<ul style="list-style-type: none"> • Forced Isolation • Self-isolation
Friendships	<ul style="list-style-type: none"> • Fading Friendships • Strengthened Bonds
Family Strife	<ul style="list-style-type: none"> • Became Homeless During COVID-19 Pandemic • Experienced Homelessness Prior to COVID-19 Pandemic
Education	<ul style="list-style-type: none"> • Self Educational Apathy • Perceived Educator Apathy
Mental Health	<ul style="list-style-type: none"> • Suicidal Ideation
Catching COVID-19	<ul style="list-style-type: none"> • Worried About Contracting the Virus • Not worried About Contracting the Virus
Systemic Failures	<ul style="list-style-type: none"> • Legal System • University • Government
Financial Insecurity	<ul style="list-style-type: none"> • Inability to obtain or sustain employment • No Access to Funds
Resiliency	Not Applicable
Loss	<ul style="list-style-type: none"> • Lost Opportunities • Loss of Resources

Theme 1: Isolation

The first theme identified from the interviews was isolation. All ten participants discussed isolation in some capacity. Some overtly stated that they felt “isolated” or “alone,” while others recalled situations that alluded to those feelings. Moreover, two subthemes developed within this theme: forced isolation and self-isolation.

Forced Isolation. When the COVID-19 pandemic hit its peak in the U.S., many municipalities (local, state, and federal) made rules and laws governing forced closures and social distancing. Many were affected, especially YEH. Lars explicitly stated that he felt “isolated both mentally and... physically...you can't go out...you can't be around people.” Jan furthered this sentiment, commenting that isolation caused her and others to feel abandoned and left to fend for themselves, partly fueled by social media. Now, she says, it’s difficult trying to “reintegrate into society.”

Even well-structured organizations became disjointed at the onset of pandemic regulations. Mahati was an international student living in her university dorm when the college had to shut down. Although most students were able to continue studies from their parents’ home, Mahati was unable to do this because she was “100% dependent” on her family to remain in the country. Due to the strict lockdowns in India, the banks were shut down and her family was unable to send her money. Mahati was not only cut off from her own family, but from her university’s student body. Although students could stay in dorms if they wanted to, Mahati said she was “the only person in my whole building” and had limited resources provided by the university.

Unfortunately, forced isolation occurred from more than institutions or social distancing rules. Families who were already stressed were pushed to their breaking point

during the pandemic (Theme 2), often leading to the forced homelessness (and thus forced isolation) of the participants interviewed for this study. Ben was forced out of his home after a physical altercation with his parents and wandered around in the snow before eventually finding a shelter.

Self-Isolation. By the time the pandemic had hit peak stride, so little was known about the origin of the virus and its long-term impact on health that COVID-19 dominated the news cycle for the majority of 2020 (Drake, 2021). While some were unconcerned with catching the virus and saw it nothing more than a variation of the flu, there were those, like Carol, who were very concerned about catching it and avoided it, by “barely leaving the house.” For Jack, a homeless and transgender study participant, self-isolation led to even larger problems and a sexual assault. In an attempt to avoid the shelters for fear of the virus, he said he would go with and “trust just about anybody...”

Theme 2: Friendships

This theme was directly related to interview question number three which asked, *How did COVID, if at all, affect your friendships?* This question was added to get a feel for how the pandemic affected non-familial relationships. Participants shared their stories about how these friendships changed over that specific interval of time. While each participant’s story varies, there were two sub themes that emerged: Fading Friendships and Strengthened Bonds.

Fading friendships. Most of the participants reported that because of the lack of face time, their friendships began to wane. Ben tried to keep contact with his friends through online gaming, even though he was experiencing homelessness. He expressed sadness that since he couldn’t “go out and mess around as teenagers should,” he and his

friends grew apart during “what should have been a great last couple of years” at school. Megan also struggled with fading friendships, noting that the classroom provided the only opportunity to talk to friends daily.

Mahati, too, struggled with many of her friendships during the COVID Pandemic. Responding to question three, she said that many of her friends elected to ignore her when she needed help, not because they couldn’t help but because they “chose not to.” A close friend, with whom she had entrusted her belongings when she flew home to India due to her father’s illness, threw all her things out. Similarly, Jack considered his friends to be his “street family,” saying they took better care of him than his own mom. This all changed with the coronavirus. As previously mentioned, his fear of the virus led to an assault and Jack getting pregnant against his will. Once pregnant, some of Jack’s friends, people he considered family, betrayed his loyalty, and left him behind because he no longer bought food for them using WIC benefits and food stamps, or sold them cigarettes.

Strengthened Bonds. Contrary to the experiences of some of the participants, some friendships were strengthened by the COVID-19 pandemic. Carol was able to “reconnect with an old friend” who eventually introduced her to the staff at Mobile Hope, who then helped her convalesce. Jan explained how her friendships became stronger because she would call her friends when she was stuck at home. This experience taught her who her “real friends” were, “...who you shouldn't trust, who you should trust.”

John had a similar experience. However, for him it was more than just friendships. John felt a stronger sense of community with other queer youth he had met in the shelter. As a result of being immersed in that community, he met several friends there who still to this day are like family, including one who became his husband. Even Jack

was able to come away with strengthened bonds during the pandemic. At first, he described the loss of friendships due to his pregnancy and his then subsequent inability to “do” and “get” things for some of the people he considered family. However, Jack went on to talk about strengthened relationships with those who did make an effort to connect, including meeting his future husband who was with Jack in the hospital for the baby’s birth.

Theme 3: Family Strife

Family played a large part in each of the participant’s lives during the pandemic restrictions. All but one of the participants talked about family strife occurring in some capacity during that time. In some cases, there were prior underlying familial issues which were then exacerbated by the upheaval of their routines. In other cases, the government’s restrictions impacted the participants’ families past their breaking point, which negatively affected everyone and resulted in homelessness for some of the participants. Those who experienced family strife spoke about it in detail when asked question two which stated: *What was your family life like during COVID?*

Became Homeless during COVID-19 Pandemic. Ben and his family didn’t always get along but were able to coexist. Ben had mental health problems but was on medication. Once restrictions and lockdown occurred, Ben and his family were all on edge and began to argue more, mostly about Ben not consistently taking his medication. After a physical altercation, his family kicked him out and Ben became homeless. Lars had a similar experience. His mom had given him up for adoption at birth, but he was adopted quickly. He lived with his adoptive parents until he was 17 years old and then for reasons he did not want to go into, moved out of their house and in with his grandmother.

During the pandemic, he moved to Virginia to be with his birth mother because he thought getting to know her and his half siblings would help with the loneliness he felt during the lockdowns. It had the opposite effect, however. Lars became depressed and went to the hospital several times due to suicidal ideation. His birth mother had small children and could not handle Lars, so she told him to pack his bags, and Lars left.

Karen and her family had not gotten along since she was young. She grew up in a toxic household where she says she and her daughter were abused and neglected. She ran away at one point, then moved in with her uncle, who had won custody of her and her daughter. Although she has some good memories of living there, she began to feel excluded and eventually moved out and became homeless.

Carol said that even before COVID, she and her parents did not have much of a relationship. They sent her to a boarding school in Montana to handle what she called “issues.” When lockdown started, Carol moved back to her hometown to avoid being stranded in Montana. Unfortunately, her parents did not allow her to move back in.

Megan was also not allowed back during the pandemic. Her issues with her family started when she was in middle school. When she was 15, they told her that she had to move out of the house when she turned 18. She thought that they might change their mind because of lockdown restrictions. Megan admitted she had been a “stubborn, hardheaded” child, and she was also gay, which they did not approve of. Due to these factors, combined with the stress of COVID, her parents didn’t want to “deal with” her moving back in.

Malik was very forthcoming in his interview until the second question about family relationships. When his college closed because of the pandemic, he said he was “bouncing around between jobs” and then his mom kicked him out after constant

arguments between them. He lived at his job for a few weeks and slept in a trash truck for a month and a half.

John was the last participant interviewed who also became homeless due to family strife during the pandemic. He was outed as queer by a college professor who used his chosen name rather than birth name in an e-mail. He said his family was very religious and when they found out he was transgender, they told him to move out. Although his grandparents offered to take him in, his dad told them if they did, they would not see their other grandchildren.

Experienced homelessness pre-COVID-19 Pandemic. Jan was living with a romantic partner at the time and considered her family, since they had been together for so long. Any mention of family in the interview relates to this partner and her child. She responded to question two, referring to the nature of her family relationship during the pandemic as “awful.” She explained that everything became “a lot more difficult since her partner’s child was in the picture as well and she felt she couldn’t escape because the lockdowns kept her housebound. Because the neighborhood kids stopped playing outside, her partner’s son was stuck in the house, constantly on “electronics,” which caused strife for everyone. Jan ended up moving back to Virginia because of this household discord. She recalls saying to her partner, "It's not working down there. I'm not going to be trapped with you anymore.”

Similarly, Jack had no blood relative family to speak of except for his mother, though his mother was also homeless for a long time, so Jack was in foster care since he was 13 years old. He described his relationship with her as “iffy,” but said it did “give me some sort of support system.” As mentioned earlier, Jack’s “street family” was closer to

him than his own mom, until the pandemic hit. Then, many of his “street friends,” who he now calls “fake,” took advantage of him.

Theme 4: Education

Question 4 asks, *What was your student experience like during COVID?* Not all the participants were in school during the time of the COVID-19 induced pandemic. Those who were, however, describe varying educational experiences, both online and in person. Many schools that initially expected to be closed for no more than four weeks found themselves shut down for almost two years. Within this time, virtual learning was the primary method educators used to teach students while at home. In some instances, teachers remained in their schools and all students logged in through virtual portals to get some class time. In other instances, both teachers and students logged in from home through a virtual portal for learning (Tan, 2021).

While every school situation was different, there was an overarching theme that connected all of them: All students described some level of apathy toward their own education and even school itself. Also remarkable was the level of perceived apathy ascribed to their educators and educational institutions. Both subthemes are described in this section.

Self-Educational Apathy. Dorn, Hancock, and Sarakatsannis (2022) found that often, students were disengaged from their online learning environments and logged in simply to get credit for being there. Many of the YEH in this study felt similar notions. All the participants in this study who were attending school while experiencing homelessness and during the pandemic felt that online school was “difficult” or “hard.” Some felt “isolated,” and some did not even attempt virtual learning because of a

diagnosed learning disability such as Participant 7, Malik, who has ADHD. Participant 1, Ben, had an answer that encompassed the spirit of this subtheme: “I did very little work because obviously the teacher had no idea if I was paying attention. And I wasn’t.” More than just classwork, however, some became apathetic towards all academic endeavors. Not only did Participant 2, Lars, not do well during virtual learning, he delayed applying for college because he assumed “everything was going to be closed.” Karen, the youngest participant in the study, dropped out of school prior to the pandemic, and though she enrolled in a new school afterwards, she never fully returned, even by the time of this writing. The trauma she endured in her younger years, combined with everything going on during lockdown, solidified her decision to stay out of school.

Perceived Educator Apathy. Though self-educational apathy among students was evident in the literature, perceived *educator* apathy was not. A literature review revealed that most schools allowed for reduced academic rigor, while approximately 20 percent of U.S. schools stopped teaching new material altogether during the pandemic (Department of Education, 2021). The literature also discusses how teachers scrambled to adapt to virtual learning and make it an effective learning tool. A study by Fray et al. (2022) discusses the need for more research to be done on teacher wellbeing. According to their work, teachers worked harder than ever to make the student experience as favorable as possible during the uncertainty of school closings and virtual learning. This researcher saw that effort firsthand as a school employee himself. However, in this study, the YEH’s perception of their teachers was that of apathy.

Ben, felt apathetic while in online school. However, he shared that he felt his teachers were lost in trying to get school back up and running when the community

closures occurred. He said, “I had an IEP. I felt like the teachers ... didn’t know what to do so they kinda pushed me through. I really felt like they didn’t care.” Megan similarly perceived that her teachers were pushing students through, being too easy on assignments, and not planning properly.

Mahati, an international student at a mid-size university in Virginia, felt that the entire university had given up on not just her, but the whole population of international students by not providing the help they needed, leading to many of these students feeling “very alienated on campus.” Though there were times that the media (as well as a subset of parents and students) perceived teachers as the “bad guy” for keeping schools closed, the literature overwhelmingly supports teachers and the efforts they made to do their jobs with efficacy during the pandemic shutdowns. Fray et al. (2022) found that teachers’ beliefs in their own self-efficacy did decrease during school closures; however, student perception of educator enthusiasm is not mentioned in the literature.

Theme 5: Mental Health

Not surprisingly, 90 percent of the participants discussed mental health in some capacity. During the COVID-19 pandemic, children and adolescents were the most susceptible to poor mental health and are more vulnerable to mental health challenges when their parents or guardians are under high levels of stress (Jones et al., 2021). One of the largest stressors leading to the mental health crisis during the pandemic was the actual fear of contracting the virus. Additionally, social distancing guidelines led to feelings of dread and loneliness, ultimately increasing anxiety and depression worldwide in children as well as adults (Koley & Dhole, 2020). The closure of most mental health organizations

exacerbated this mental health breakdown. Counseling and therapy were only available online and those appointments were hard to come by (Yurayat & Seechaliao, 2022).

Mahati was the only participant who specifically mentioned being anxious. Her increased anxiety led to overeating, but when she sought counseling, resources were limited. The other participants who talked about having mental health issues mostly spoke about having depression. Megan, for example, described her mental state during online school as “just one giant big ass ball of stress.” She became depressed “hiding out” in her room on her computer, with little contact with her friends, in a house where she and her family members didn’t get along. Her grades slipped, which added to the tension between her and her parents. Things got worse after she graduated high school and began self-medicating with drugs, more so than she had before the pandemic. She progressed from smoking marijuana to daily Xanax use, which became so bad that she checked herself into an institution at age 19. Although she had a good job, and lessened her drug use, she became more depressed when her lease ran out.

Five other participants who suffered from depression are discussed in the subtheme Suicidal Ideation because they described their mental health issues as so severe and pervasive that they contemplated ending their own life.

Suicidal Ideation. As previously mentioned in this chapter, the data on the effects of the COVID-19 pandemic on different populations is just now emerging. There is no question that the U.S., among all the other nations, experienced a mental health crisis during the time of the pandemic (Yurayat & Seechaliao, 2022). However, at the time of this writing, there is little data available on suicidal ideation and completed suicide during the pandemic. Further, there is no consensus within the literature whether the suicide rate

increased during that time or remained the same. Some literature even purports the rate decreased globally during the pandemic months (Knipe et al., 2022).

Forty percent of the participants (n=4) in this study disclosed during their interviews that at least at one point during the pandemic, they suffered from suicidal ideation. All four of the participants who experienced this ideation sought help or treatment in a variety of ways and all with varying success. Lars shared that he was “locked down in Georgia” and then moved to Virginia which was locked down. He became depressed, leading to suicidal ideation, resulting in several hospital visits. He told the researcher that now that COVID is over, he is “fine now.” John also felt suicidal during the pandemic. He sought out services from a suicide hotline that he knew of, although it did not help him the way he had hoped, He said hotlines “became a lot harder to access” and joked that “I actually got hung up on one time,” at which point, he gave up trying. Jack had better success with mobile crisis services, saying that COVID restrictions made his “already bad mental health decline.” Most times he received help over the phone, but one time he was desperate and asked for someone to come get him. He had to sit for about five hours in the lobby under the watch of a clinic worker until help was available.

Of all the participants who spoke about their mental health, Karen was the most thorough. In addition to suffering abuse from family members, she had lost custody of her infant because she ran away to protect herself, deteriorating her already fragile mental health. She told the researcher that her depression continually got worse as she was attempting to get custody of her baby, but she couldn’t afford a lawyer because she wasn’t working, and her boyfriend didn’t have the funds. During a particularly low

period, Karen said a lawyer texted her “out of nowhere” and told her if she wanted her daughter back, she needed to go to Fairfax, present her case, get arrested and then be admitted to a shelter and get help. Being in the shelter added to her depression, especially since it was near Christmas and her birthday. She missed her boyfriend and especially her baby. She felt it wasn’t her fault that she ran away, since she was escaping a toxic household. She told a staff member that she had suicidal thoughts, and soon she was connected to a counselor whom she trusted and was admitted to a hospital for treatment. They helped her to recover through enrolling in activities, eating properly, and other actions which soon led to her being released and getting custody of her baby, who was crawling around her phone during the video interview.

Theme 6: Catching COVID-19

As the coronavirus infiltrated the U.S., most, if not all, citizens wanted to avoid contracting the virus. Little was known about the COVID-19 virus, except that people in foreign countries were getting very sick and it was spreading more rapidly than most viral infections tend to. This combination of the unknown and rapid illness caused almost immediate panic. By mid-March 2020, the U.S. federal government, in addition to local municipalities, began to shut down businesses, schools, and other gathering places. This was supposed to last only between two and four weeks, but instead of mitigation factors decreasing after that time, they began to increase. More institutions began to close, mandatory social distancing and masking was implemented, and schools remained closed which forced parents to not only work from home but also to help educate their children from their home (Jones et al., 2021; Imran et al., 2020). Media outlets covered news of the pandemic consistently, and the constant bombardment of death tolls, hospitalization

numbers, and conflicting medical stories led to panic. Everybody adhered to the mandates and shuttered in place to avoid catching the COVID-19 virus (Yurayat & Seechaliao, 2022).

Eventually, people became overwhelmed by all the mandates and wanted things to go back to normal. Some news channels began to question the severity of the mandates and even their necessity. What started off as safety precautions were becoming political and began splitting the nation into two factions: Those who were worried about contracting the virus and those who were not worried about contracting the virus. The following section discusses these subthemes, including mutually exclusive results and surprising findings. Regarding the overall theme of *Catching COVID-19*, there were two surprising results. The first was that only 60 percent of the participants spoke about being worried, or not worried, about contracting coronavirus. This is surprising because the literature on COVID-19 overwhelmingly discusses people's particular fear of catching the virus or people not following mitigation mandates. The second surprising result was that none of the participants discussed politics when referring to their decisions regarding the pandemic, especially regarding social distancing or the no-gathering orders.

Worried About Contracting the Coronavirus. Not surprising was that a group of the participants feared contracting the coronavirus and getting ill. In general, most people who had heard of the coronavirus or COVID-19 feared exposure to it, especially early on (Drake, 2021). The literature is rife with studies on people's fear of getting sick and their desire to stay away from others to avoid illness. For this present study, there were two interesting results regarding worrying about contracting the coronavirus. The first surprising result was that only 40 percent of this study's participants mentioned

actively avoiding the coronavirus. These participants were: Ben, Karen, Carol, and Jack

The second surprising result was that half of the participants only mentioned not wanting to contract COVID-19 in passing. They said it more as an afterthought rather than a legitimate concern. Ben did not have much to say about it except when asked about how his friendships could have been strengthened during the pandemic, he said, “Everyone, I mean me too, was afraid of getting sick.” When Karen was asked how COVID-19 impacted her life as a general question, she stated that it was not immediately impactful for her and that, “It wasn't really hard for me. I would just stay indoors and try not to get sick.” Neither Ben nor Karen mentions a concern about getting sick ever again within the interview. Carol, however, had a large concern about getting ill. She had just gotten pregnant when the vaccines had rolled out to the public. She said she avoided going out for fear that her developing baby might catch COVID or RSV.

Jack also was very cautious about contracting COVID-19 and was the only person in the study who repeatedly mentioned avoiding others to stay healthy. Unfortunately, it was Jack's fear of contracting COVID that led to him getting sexually assaulted and becoming pregnant. The researcher felt it necessary to follow up Jack's answer to not only fully honor his story, but to clarify how his assault was COVID related. Jack freely shared his story, saying, “From my experience of being homeless for three years, if then I can do something to help anybody else, I'm okay with these questions.” Jack said that after seeing some people in the shelter get sick and die from COVID, he became reclusive to avoid close contact. However, he said that behavior led to him “trusting the wrong people,” resulting in a sexual assault. Jack also had to avoid illness due to his probability of high-risk pregnancies. Even worse, the hospital in Jack's area was

overwhelmed with patients, resulting in long wait times and greater exposure to COVID. Jack did end this story on a positive note, though. He said he and his two sons (also conceived during the pandemic) will have “free healthcare for basically the rest of my life because I was in foster care.”

Not Worried About Contracting the Coronavirus. Though YEH often have limited to no access to health care (National Coalition for the Homeless, 2018) this study revealed that some participants continued living their “normal” lives and were unfazed by the idea of catching the coronavirus. Two of the participants outright said they did not care about catching the virus. Malik, responded that his life during the lockdowns “... was lit. It's a party!.” When the researcher asked Malik about social distancing during that time, he said that although at first everyone wanted to stay inside, their attitude became, “We were just like, screw it, we're outside. We going to catch COVID we going to catch COVID.” They felt it was unlikely that young adults would catch it. Malik’s comments were especially intriguing because he “... had a couple of friends pass away from COVID.”

Jan had similar views. At the onset of the pandemic, she, like everyone else, isolated, and social distanced. Eventually, however, she felt that isolation was more disruptive to her “life and happiness” than catching COVID-19. She continued that she did not fear getting sick because she likes being “...one with the earth, if you will. My time here is what my time here will be and it'll end or begin regardless of what I do or say, so I might as well just enjoy it.” Jan closed out the interview by proudly admitting, “If I'm going to get COVID, I'm going to get COVID. For the record, still haven't got COVID!”

Though there is not much literature on this developing subject, a few researchers have investigated why some did not fear contracting the virus as much as their counterparts. Age seems to be a factor for those not following social distancing guidelines. Adolescents and younger adults tend to feel less susceptible to illness and thus are less likely to follow COVID restrictions (Bai, 2020). Other theories suggest that while a feeling of invulnerability might play a part, younger individuals simply crave social interaction and increased independence and because of this, did not adhere to social distancing protocols (Berge, et al., 2021). Regardless of the reason, YEH are more susceptible to illness no matter the age. It is currently unknown if the combination of age and housing status had a worse effect on the spread, contraction, and prognosis of those who got ill from coronavirus. The literature is presently emerging on this topic.

Theme 7: Systemic Failures

No system within a dominion of governance is perfect. This was made evident during the governmental response to COVID-19. Whether by the federal government or local municipalities, policy decisions made in good faith do not always go as planned (Gaskell, et al., 2020). Many systems set up both federally and locally acted on information available at the time. Unfortunately, this information was not always correct and there were breakdowns in critical systems citizens use every day. The following subthemes emerged from interviews with the ten participants of this study. By their own accounts the following government systems in some manner failed at carrying out their duties. These subthemes/systems are: The Legal System, Universities, and Government.

Government. Mahati had one of the more unique circumstances of all the participants interviewed for this study. She was the only participant to become homeless

due to U.S. federal government policy set forth during the COVID-19 pandemic. When federal and state lockdown mandates were enacted, she found herself amid a systemic breakdown that left her in deportation (and thus, housing) limbo. During the pandemic, the President of the U.S. announced that international students would have to take classes in person or transfer to another university that had in-person classes, otherwise they would be deported (Strauss, 2020). This, however, was not possible as the state government had not opened any of the university campuses for in-person learning. Mahati recalled additional travel restrictions regarding international students with expired visas. She couldn't return to India because of their lockdowns, and if she did, she didn't know if she could return to the U.S. And, because the banks in India were closed, her family was unable to send her funds for living expenses.

Along with Mahati, several the other participants felt abandoned by the government, both federal and local. In his interview, Ben said it felt like the government didn't care about the homeless. He and his friends needed food, but they were too old for school-sponsored programs. He summed it up by saying, "It became difficult to live. I needed as much free food as possible and as much resources and they didn't seem available to me and us as it should have been." Lars also felt disenfranchised. He told the researcher that he didn't receive any government aid during the pandemic but felt that other, non-homeless, groups were getting assistance merely because of their social status

University. In addition to governmental failures, Mahati also dealt with failures by the university she was attending, which she said should have provided "more of a cushion for international students." As mentioned within Theme 1, Mahati was the only student remaining in the dorm building during the lockdowns, and very few resources

were available. She, like other international students, felt “very alienated on campus.” When classes went online, she said, many of them “...were stuck. They didn't know what they could do, where they could go.”

Speaking for the student body in general, she added that resources dried up, including access to the therapy sessions she had been attending.

John also had an issue with his university. Its failures played a big part in his becoming homeless in the first place. During John's interview, he identified as a “trans” youth and as “queer.” He explained that he was raised in “...a very small Catholic community” in which he was only allowed to be around “strict Catholic traditionalists.” Eventually, John went to college and felt comfortable enough to come out to one of his professors. That changed when campus closed from lockdown, and he had to go home to do virtual learning. Although John had continuously warned this professor to please only use his legal name in emails because his parents would check his computer, the professor sent an email using John's chosen name. Said John, “My parents found out I was transgender and said I couldn't live there anymore.” Whether the professor's actions were deliberate or accidental, John was failed by this individual which in part led to his experience of homelessness.

Legal System. Two of the participants were dealing with the legal system during the pandemic, the first of whom was Ben. As was mentioned in the *Family Strife* section, Ben and his family were already dealing with issues stemming from his mental health condition and their stress from the pandemic mitigation mandates. Ben and his father got into a physical altercation and law enforcement had to get involved. Besides kicking him out, his father pressed charges and Ben had to spend time on probation. When this came

up in the interview, his body language changed, and he seemed defeated. He wistfully explained that “everything took longer than was fair.” While on probation, he was required to take anger management courses, which was put on hold for over a year during the pandemic, forcing him to remain on probation.

Karen was the other participant who was involved with the legal system during that time. Through a series of horrible events, she was involved with the legal system multiple times throughout what would have been her high school years (had she attended high school full time). Prior to the pandemic (at 14 years of age), Karen ran away from her abusive mother and went to her boyfriend’s house. Her mother called the police, and when Karen reported her abuse, the police took pictures, acknowledged abuse had occurred, but still returned her to her mother. During the pandemic, however, Karen ran away again and eventually turned herself into the police on the advice of her lawyer who was trying to help her get custody back of her baby. The judge wanted to return her to her mother, but Karen tried to explain that there was proof her mother was abusive. She pleaded her case to live with her boyfriend and not her mother, but she felt trapped by the system. She asked the judge and her lawyers to find the officer who had taken the photos proving she was abused, but when they found the officer, the photo was missing. Without proof, no one believed that she had been abused and neglected, and they took her mother’s side.

During the pandemic, Karen began the process to get custody of her child, but again felt let down by the legal system. As described in Theme 5, Karen’s lawyer made her come back to face some charges, which included her arrest (this information was not given by the participant, though she alluded to the fact that she was in some bigger legal

trouble). Karen was then admitted to a mental health shelter. Besides feeling she was being unfairly punished as well as denied rightful access to her baby, she was frustrated that both her criminal case and her civil case were facing serious delays, increasing the time she had to stay in the mental health facility. Eventually, she found a family member whom she trusted and who helped her navigate the lawyers and courts. She was ultimately reunited with her child.

Theme 8: Financial Insecurity

One far-reaching consequence of the pandemic has been both global and local financial instability. Not only decimating the labor market, consumables have also been decreased, thus leading to a reduction in the entire consumer market (Li et al., 2021). Many were let go from their jobs and others who were looking for work could not find any. More pressing for the participants in this study is that YEH conventionally have a difficult time finding employment, even in good economic circumstances (Rew, et al., 2021). For this study, COVID-19 made financial instability a multifaceted issue of a causality dilemma. Participants seem to have differing opinions on why there was financial instability in their lives. Two separate subthemes emerged underneath this theme that categorize their answers. They are Inability to Obtain or Sustain Employment and No Access to Money.

Inability to Obtain or Sustain Employment. Ben became homeless during the pandemic. At the time of the interview, Ben had been working three jobs trying to make ends meet. However, during the beginning stages of the pandemic, he lost his first job and couldn't find work because "everything was closed." He also mentioned limited access to free food and resources during this time. Karen also was facing a litany of

reasons as to why she could not steadily work during the pandemic. At just 14 years of age, she had worked sporadically but steady work was impossible due to her previously mentioned depression, pending legal charges, and her efforts to regain custody of her baby. Although Karen is still working at the time of this writing, she does take care of her daughter, and says her homelife is now a bit more settled.

Carol also was eventually able to get a job, but only toward the end of the pandemic. She had just moved back to Virginia when she became homeless. She said there were fewer jobs available to her at the time, and she rarely left the house due to fear of contracting the coronavirus. John had a similar experience searching for work during the pandemic. In his interview, he spoke of the losses that he experienced during the lockdowns: several food pantries and clothing drives shut down, as well as non-congregate hotel shelters. He described “Sitting in a room by myself trying to figure out how to get food and stuff like that...I couldn't find a job due to COVID restrictions ...and I couldn't finish college.” Jack lived in the same town as John. Much of his youth was spent in shelter care, to the point where the shelter’s address was the address on his I.D. card. He had a different experience in looking for work. In his words, “When I went to go look for a job, not only did I get rejected for being pregnant, but I also got rejected because the address on my ID was to a homeless shelter.” He explained that when he told potential employers he was homeless, the interview would end 30 minutes later and when he would call to follow up, they’d say the position had already been filled.

No Access to Funds. While there is a lot of literature about economic loss and the inability to obtain work during the COVID-19 pandemic, there is little written regarding the inability of people to access funds. The participants in this study had some

noteworthy experiences and ideas regarding their inability to get money that was already theirs or that they felt was owed to them. Mahati, the international student, was unable to access any cash for several months during the pandemic while attending her university due to the bank lockdowns in India. Additionally, as an international student she did not pay U.S. federal tax and thus was not eligible for any of the government stimulus checks.

Many of the other participants, however, were eligible for the stimulus funds during the pandemic, including the housing insecure. Over two thousand dollars in essentially free money was given out to citizens to help them with necessities and to stimulate the economy (Cicotte, 2022). In Lars' interview, he lamented that he and other "homeless kids" weren't eligible for stimulus money. What Lars did not realize is that he was eligible. Because he was homeless and not claimed on anyone's taxes, he along with six other participants (Ben, Carol, Megan, Malik, Jan, John, and Jack) were eligible for all the funds given in the three stimulus checks. The issue was not that they did not qualify for the money. The issue was access to the money. One avenue of getting access to the funds was to have filed previous tax returns (Rowan, 2021). This was impossible for four of the eligible participants as they had just become homeless during the pandemic. These four participants had been living with family who *did* claim them on their taxes and because they were either students or not making enough money, they had no reason to file tax returns and thus, could not use that as a method of receiving the funds.

The second method of obtaining the stimulus money is to have both the proof of identity (I.D. card) and a fixed address to file a new tax return (Rowan, 2021). Of course, for YEH, this is a very difficult, or nearly impossible, task. Jan had been attempting to get

an I.D. card for over seven years and always found it difficult due to being homeless and not having a permanent address. COVID made this issue even worse for her because “during a pandemic, everything requires an appointment. To get an appointment, you have to have this, that and the other. ...you can't do anything without an ID.”

Some of the participants who may have had an ID did not have a fixed address nor would they have made enough money during the pandemic to file tax returns. Malik for example, did not have a steady address for months due to being kicked out of his house. He initially “pitched a tent” behind his workplace for two months. Then, he lived at a hotel and was able to pay for it weekly through his job. Eventually, he said, “I started getting in the hotels through Mobile Hope. Then six months down the road I'm in an apartment from them, which I'm in.” There is little literature on how to navigate experiencing homelessness and collecting stimulus money, none of which discuss youth. Because of inexperience, lack of resources, and being insecurely housed, people who need the stimulus money the most, did not, and will not, get it.

Theme 9: Resiliency

Resilience refers to an individual's ability to overcome adversity and to adapt to one's environment and circumstances (Cronley & Evans, 2017). Often, studies on YEH focus on the negative outcomes facing these young people and how they destructively cope with the hopelessness of a seemingly never-ending cycle of transience (Flach & Razza, 2021; Cronley & Evans, 2017). In this study, however, these participants who were already facing adversity encountered unprecedented scenarios with a global pandemic. Though there is some mention of negative coping strategies, these participants

showed lots of resiliency in the way that they handled the intersection of experiencing homelessness and the COVID-19 pandemic. Ben ended up homeless and "... working 3 jobs just to make ends meet." This was in addition to being on probation and in Anger Management and being "put it on hold for over a year and I am *still* on probation and have to do work even though this was years ago." Ben was working hard while navigating his legal obligations. Lars also showed resiliency while navigating through difficulties. He had moved three times during the pandemic: once from his adoptive parents to his grandmother's house, then to his estranged mother's house, and finally to a tent behind his job after his mom kicked him out. Through all of that, Lars eventually applied, and got into, a local four-year university. He proudly exclaimed, "I'm in now. I got my own car. I'm a freshman."

Megan also had a lot to be proud of. Her parents made her move out as soon as she turned 18. Unfortunately, the pandemic, along with lockdowns, had hit right before her 18th birthday which happened to be high school graduation for her. Thus, in a span of three months, she was kicked out of her house, lost her job, had to find a place to live. She told the researcher that for her, things were comfortable enough. Though her home life was contentious at times, Megan had a stable job she had held for over three years. However, Megan was persistent. After moving out of her house, she got a job at an eye doctor's office and saved enough money for a basement apartment in Fairfax County. Despite her job and apartment, she was depressed. She said, "I just want to leave. I'm going to go be depressed somewhere, I'd rather be fucking depressed out in Florida where it's sunny, beaches." She moved to Tampa, which she described as "lit" and a "very good time." This move transitioned her from homelessness and more importantly, into self-

sufficiency. She told the researcher that during the year she spent in Fairfax, she was able to “build a credit score and I got my own credit card.” This helped her lease an apartment in Tampa where she became a general manager of a shop.

Malik’s resilience emerged at the onset of his experience of homelessness. He said he had made the bold choice to move from inner city Philadelphia to Loudoun County, Virginia by himself because, he said, if he had stayed in Philadelphia “I would have turned into a different person.” Though not implicit, he alluded to the idea that he would have engaged in illegal activities. Once in Virginia, he found a job within three days. Although he left the first two restaurant jobs on his own accord, he was able to find yet another job. At a time when people were not able to find employment or gave up on it, Malik was able to find what he needed to get by while he searched for housing.

Jack also exuded resilience during the pandemic. Despite experiencing homelessness, a sexual assault, a subsequent pregnancy, and the pandemic lockdowns, he still managed to apply for jobs. He said, “When I went to go look for a job, not only did I get rejected for being pregnant, but I also got rejected because the address on my ID was to a homeless shelter.” Jack persisted and eventually found employment. He had to other obstacles to overcome as well. During the lockdowns, he said, “ a lot of doctors' offices were having us stand outside in the middle of winter to be serviced.” Through two pregnancies, living in shelters, seeking work and enduring the cold, Jack persevered.

Theme 10: Loss

Much of the COVID-19 literature focuses on loss during the pandemic across all age groups. Rew et al., (2021) also found this to be true, specifically for YEH. This study determined that loss was a major theme within this YEH community during the

pandemic. Besides loss in general, there were two subthemes that emerged: Lost opportunities and Loss of Resources.

In one way or another, each of these participants in the research study lost something. At minimum, many spoke about losing time and social activities endemic to their youth. Others spoke about losing friendships and relationships with their families (see sections *Fading Friendships* and *Family Strife* respectively in Chapter 4). Others, however, lost jobs and their means of supporting themselves. As teenagers and individuals in their early twenties, having these prospects was important. As people experiencing homelessness, having a job was critical. Because Ben became homeless right as the pandemic began, his cause for worry grew quickly when he lost his job and couldn't find another due to the lockdowns. Megan lost her job, among other things, at age 18 when COVID hit, the year she graduated high school and was told to move out of her house.

Though money was crucial, in those pandemic months, some things lost to these participants, were to them, more important than jobs. Karen, for example, lost precious time with her infant daughter as she ran away from an abusive home and then encountered legal trouble. Although she thankfully was reunited with her daughter, she had lost a lot of time, and suffered depression, through the delays she experienced in the long process of obtaining custody.

Lost Opportunities. Many of the participants missed out on opportunities that are afforded most individuals their age. Though not necessarily of immediate importance, these were social situations that make up a large portion of a teenager's free time. Ben felt the consequences of the pandemic simply by not being able to go out that often. He

said, “It started off fine, but since we couldn’t go out and mess around as teenagers should, my friends and I grew apart and what should have been a great last couple of years to school, it was lonely.” Because he had to move so often during the pandemic, Lars also lost opportunities to socialize. He said, “I didn't have any friends because I was still new to Georgia. I had just moved down there...” Megan too spoke about social loss, “To end the year of senior year, I had lost prom, I lost all that. Now I'm at home, I'm freaking sitting on my computer, I lost the social output of that school had brought with it.”

Aside from socializing, the pandemic jeopardized some of these participants’ academic futures as well, partly due to sports being stopped. Ben spoke about not just losing his friends but also a potential football scholarship. He said, “ People used to come and watch me play.” He said he was being scouted and “could have definitely gotten to go to college instead of working 3 jobs just to make ends meet.” Similarly, Lars believed he lost out on a financial path to college from a potential wrestling scholarship. He had achieved first place in a local competition and third at nationals. Then he got hurt and had to stop, but he was on his own at the time and couldn’t afford college.

Loss of Resources. As these participants discussed their homelessness, it was clear that the need for resources was imperative. Many lost jobs, homes, and financial stability, so the availability of shelter, food, and other means of subsistence was crucial. Unfortunately, as the pandemic continued, resources became scarce for many experiencing homelessness. In John’s town, food pantries, clothing resources, churches and shelters, all shut down due to COVID restrictions. He even slept in his car a couple of times and added that “a good part of the population was just left out to the streets.” His

town is still presently recovering economically. Ben also lost his job and his ability to live at home, so he relied on food donations and other resources that weren't as available as they should have been.

Jack also had problems finding basic necessities. He had already experienced homelessness prior to COVID-19. But after the pandemic had started, he said, "It was harder for me to find programs and resources that were willing to take me in or work with me." Jack added that although the homeless are told they have free access to jackets and clothes and blankets, "Where I'm from, that's not really true." Although tickets were handed out to coat closets, he said, it was difficult getting transportation and then the selection was limited because the clothing was being re-sold in stores rather than donated to the needy. Mahati, lost her resources due to pandemic restrictions put in place at her university. As mentioned previously, she felt she and others were treated differently and not provided with needed assets because of their international status.

Summary

Chapter 4 provides a summary of the themes that emerged from the semi-structured interview questions given to the ten participants in this study. These ten themes and their eighteen respective sub themes are: Isolation (forced isolation and self isolation), Family Strife (Became homeless during COVID-19 pandemic and experienced homelessness prior to COVID-19 pandemic), Education (self educational apathy and perceived educator apathy), Loss (lost opportunities and loss of resources), mental health (suicidal ideation), catching COVID-19 (worried about contracting coronavirus and not worried about catching coronavirus), systemic failures (legal system, university, government), friendships (fading friendships and strengthened bonds), resiliency, financial insecurity

(inability to obtain or sustain employment and no access to money). All these themes and subthemes listed in this chapter are put into context using the transcripts from each of the participant interviews.

Through their candor, the participants gave grand insight into the research question of how the COVID-19 pandemic impacted YEH. Though each of the participants are different in a variety of ways, including ages, support systems, gender identities, belief systems, and states lived in along the East Coast of the U.S. (among others), many shared in the same struggles, as they endured not only the pandemic, but the consequences of the executive mitigation response as well. Each of them told their stories of how they became homeless, some because of the pandemic itself. They shared their grief, hardships, loss, and one even shared about his sexual assault. It should be noted that not every theme had a negative connotation. One theme and one subtheme leaned more positively and focused more on participant successes rather than adversity. Chapter 5 discusses these themes further while analyzing their links to the intersection of homelessness and the COVID-19 pandemic.

Chapter 5: Discussion

Chapter Overview

While the COVID-19 pandemic affected nearly everybody worldwide, those who were experiencing homelessness were especially vulnerable. The purpose of this study was to understand how the COVID-19 pandemic, and ensuing pandemic response, affected YEH. Using a phenomenological qualitative research design outlined in chapter 3, this study utilized semi-structured interviews given by the researcher to collect data and hear the lived experiences of the participants, who either at one time, or the entire time of the pandemic, experienced homelessness. After coding was performed from the participant interviews, themes were teased out from the raw data, all of which are presented in detail in chapter 4. Chapter 5 further explores the significance of those results and makes connections to the counseling literature and field as a whole. In addition to discussing the results, this chapter provides prudent future research suggestions and the limitations of this study.

Discussion

The issue of youth homelessness within the United States is a complex issue. Marred by misconceptions and “half-truths”, it is often misunderstood by laypeople and government institutions alike. Further, the onset of the COVID-19 pandemic, added an unforeseen, and unprecedented, complication to an already difficult problem. This study aimed to gain a deeper perspective on how, the pandemic affected the daily lives of YEH. Through in-depth interviews and observations, the study highlights several key findings, highlighting how these ten participants were affected through those two and a half years.

The coronavirus, and the ensuing pandemic, had a multitude of effects on global society between December 2019 and August 2022. In addition to the inherent illnesses that the virus caused, global lockdown, along with the other remediation factors, caused a litany of effects the likes of which are still unfolding even at the time of this writing. Fuller (2020) wrote about the disenfranchised and how those experiencing homelessness were especially vulnerable to not just the virus itself, but to the effects of the entire pandemic. However, Fuller (2020) and the other authors mostly spoke about *adults* who were experiencing homelessness. The summer of 2022 is generally considered the end of the pandemic as most of federal and local COVID-19 mitigation mandates were lifted within the United States (Mayo Clinic 2022; Viner et al., 2022) and society resumed to what is now considered the *new normal*. Though the findings of this research study will contribute to the overall literature of how the COVID-19 pandemic affected one specific portion of society, it will hopefully serve as a base to a substantial body of work giving voice to not just YEH but also to other disenfranchised communities experiencing similar circumstances.

Through this study, the researcher set out to understand how the COVID-19 pandemic, and the subsequent mitigation measures, affected YEH, one of the United States' most marginalized groups. After coding the interviews from the ten participants, ten themes and eighteen subthemes emerged. These themes and their respective sub themes are: Isolation (forced isolation and self-isolation), Friendships (fading friendships and strengthened bonds), Family Strife (Became homeless during COVID-19 pandemic and experienced homelessness prior to COVID-19 pandemic), Education (self educational apathy and perceived educator apathy), Mental Health (suicidal ideation),

Catching COVID-19 (worried about contracting coronavirus and not worried about catching coronavirus), Systemic failures (legal system, university, and government), Financial Insecurity (inability to obtain or sustain employment and no access to money), Resiliency, and Loss (lost opportunities and loss of resources). These themes are presented in Table 2 in Chapter 4.

The phenomenological approach to this study was important for two reasons. The first reason is that most data on youth during the pandemic was quantitative. This research included academic progress from virtual learning, numbers of sick children, masking data, etc. By using a qualitative approach, this researcher was able to examine multiple aspects of the lives of YEH during the COVID-19 pandemic in their own words. Quantitative data fails to fully capture the true magnitude of these experiences. For example, one of the most prominent themes coming out of this study is family strife. Not only did some of the participants end up homeless because of family strife, but one of the participants even talked about multiple abuses perpetrated by a family member. The breadth of this type of story cannot emerge through quantitative analysis.

The second reason why a qualitative method was important, is simply because not many qualitative studies on this issue exist. The pandemic is still so new, that at the time of this writing, there was only one qualitative study examining the *actual* lived experiences of YEH throughout the pandemic. Rew et al. (2021) is an important study as it begins the research on YEH during the pandemic. However, as mentioned in Chapter 3, this study differs from the study by Rew et al., in a variety of ways, the most significant of which is date range in which data was collected. Rew et al., interviewed participants in mid-2020, which is closer to the onset of the pandemic when the effects on society would

not be fully realized. This study began in the fall of 2022, when the pandemic within the United States was declared to be over.

While the research question, *How did the COVID-19 pandemic impact youth experiencing homelessness* begins as a basic premise, the themes generated are intricate and vast. These themes are summarized in detail in chapter 4. While there is some consistency, themes from this study expounds on previously existing research done early in the pandemic (Rew et al., 2021). This section will probe further into key findings and discuss these themes with more depth.

Becoming Homeless During the COVID-19 Pandemic

The existing literature discusses the intersection of homelessness and the COVID-19 pandemic in the context of financial instability. Often, the discussion focuses on people losing their jobs or livelihoods and not being able to keep up with their bills and any mention of YEH in these stories revolves around families experiencing homelessness (Ronayne et al., 2022). Eighty percent of the participants in this study became homeless during the pandemic, but none of them referenced financial need as the reason. Of those eight individuals, seven of them became homeless due to family strife. There were physical fights, arguments, child abuse, bigotry, and parental instability that all played a part in these YEH participants losing the ability to stay in their homes. Each of these participants described in detail how their parents or guardians made it clear to them that they were no longer welcome in the homes that many of them grew up in. An unfortunate consequence of this was that not everyone found a shelter right away. Lars slept in a tent behind the building he worked in. Malik slept in the garbage trucks that his job provided their customers.

One of the participants, Mahati, became homeless during the pandemic but not due to family strife. This participant was considered homeless because of executive orders that the president at the time had made in consideration of international students at domestic universities within the United States. He decreed that international students who were not taking courses on campus, had to return to their nation of origin. Mahati, being from India, found this task to be impossible. Not only were international flights to her home country closed, but so were the banks of India. She had no where to go and had no access to money. She was glad when the executive order was rescinded because of the backlash it had caused, but in her mind the damage had been done. For her it was the “perfect storm” of politics and the failures of her university to take care of her (discussed later in this section) that had caused her to become homeless.

With the exception of Mahati, this is in line with the existing literature on YEH. Young people become homeless due to trauma within the home, instability, or disagreements over LGBTIQ+ identities (Edidin, et al., 2012; Ferguson, 2009; Ray & Berger, 2007). In these instances, the impact of the pandemic is obvious. Ben and Lars spoke about their parents already being overwhelmed and nearing their breaking points leading to the inability to handle any additional issues. Mahati was the victim of circumstance and policy made specifically in regard to the pandemic closures. For the others, it is less clear. With the social, emotional, and financial difficulties caused by the virus and ensuing mitigation factors, families were more apt to experience stress levels far beyond what they were used to, leading to feelings of being overwhelmed and reaching their coping limits. This, coupled with the lack of available resources, contributed to increased child abuse and neglect during the entirety of the pandemic

(Rodriguez et al., 2021). This study expressly saw that with some of these participants. Families forcing their children to leave home against their will does somewhat cohere in this context.

Systemic Failures

At the onset of the pandemic within the United States, there was little to no controversy regarding mitigation procedures. Rather, citizens were happy at the idea that their government was taking action to protect them from an unknown virus from a foreign nation. This, of course, was when experts as well as lay people believed that any of closures and shutdowns would only last two to four weeks, which ended up not being the case. Mitigation factors, including systemic closures, as well as masking, lasted for up to two and a half years in certain municipalities. The consequences of these actions at the time of this writing are not fully realized, yet research is beginning to proliferate in this area now that the pandemic has been over for almost a year. One of the areas that seems to be getting a lot of attention is institutional or systemic failure during the COVID-19 pandemic. Gaskell, et al., (2020) posit that large systems are bound to fail, and often do, because of “ineffectual central direction” , “conflicts and confusion over responsibilities...”, lack of mechanisms for collaboration..., and “weak capacity to... tailor policy to meet diversity” (p.524). With regards to the COVID-19 pandemic, the participants of this study were victims of these conflicts and confusions in different capacities. The three systems named in this study that the participants felt had failed them were their universities, the legal system and their government at large.

Five out of the ten participants mentioned at least one systemic failure that they experienced throughout the pandemic. Even worse, was those systemic failures, in

conjunction with other factors, caused two of the participants to experience homelessness. Both Mahati and John ended up homeless due to the inability of an institution to protect them as they should have. Further, systemic failures that the participants faced caused extended penalties within the legal system, the inability to be with one's child, impediment of access to desperately needed funds, insecurity, financial instability, and breach of confidentiality, among others. Moreover, during the pandemic, citizens needed larger institutional systems within the United States to not only function properly, but to protect them. Instead as Gaskell et al. (2020) discussed, each system "... proved itself vulnerable to failure at the time when its citizens most needed it" (p.523).

Positives That Came Out of the Pandemic

Both in the literature and anecdotally, there is very little discussion regarding anything constructive coming out of the pandemic. At the start of its coverage, media outlets primarily began reporting on the quantitative aspect of the novel coronavirus outbreak. They reported on topics such as number of people infected, number of people in hospitals, number of those on ventilators, numbers of those who have died, etc. By the height of the pandemic, this reporting started to include political discourse and conspiracy theories regarding mitigation factors in addition to the numbers of sick and hospitalized (WHO, 2020). Scientists, politicians, and laypersons all began to disagree about what the appropriate response should be as the COVID-19 pandemic continued. A web of cynicism ensued, ultimately leading to anxiety and depression and a nation divided among U.S. citizens (Amendola et al., 2021). These issues are outlined in detail in chapter 2 of this manuscript.

Surprisingly, the YEH in this study discussed aspects of positivity that they experienced during the pandemic. Eighty percent of the participants discussed at least one positive attribute that occurred during the two years of the pandemic. They were expressed through one theme and one sub theme that emerged: resiliency and strengthened bonds (respectively). Resiliency was a reoccurring theme with almost all of the participants. Through adversity, these YEH moved “homes” (some to different states), found and worked multiple jobs, utilized lesser-known resources, sought help from medical institutions, escaped abuse, hired lawyers, sought mental health treatment and drug rehabilitation, and hustled anyway they knew how in order to survive through one of the hardest ordeals facing the U.S. since the last pandemic in 1918, over one hundred years prior to COVID-19. These activities are hard enough under normal circumstances, but the participants in this study performed these activities while handicapped with hardship.

The other positive situation that the participants spoke about was strengthened bonds of friendship, though this does not refer to all friendships. In fact, most of the participants spoke about fading relationships in their lives during the pandemic, both family and friends. Interestingly, however, four of the participants discussed different aspects of enhanced relationships with the researcher. A common sentiment throughout this sub theme was about learning who one’s “real friends” are. In these conversations, the participants spoke about leaning on their friends when they got lonely, a common emotion for most during the lockdowns (Hossain, et al., 2020). More than simple friendships, John spoke about bonding with an entire community. While he was in the shelter, he met other queer youth like himself, a first for him. It was such a powerful

event, that he said, “A lot of those relationships are still going strong, so something good came of it [the pandemic].” Remarkably, while many were isolating and losing relationships, John actually met Jack while at the shelter, and their bond was so strong, that they eventually got married and still are to this day.

Implications For Researchers

Recruiting

One of the largest obstacles of this study for the researcher was recruiting participants. These challenges occurred for a number of reasons: A) did not fit the age parameter for the study B) language barrier C) participant no-shows D) lack of interest of organizations E) lack of rapport with potential participants and organization staff. These issues are in line with the literature in terms of recruiting challenges (Strehlau et al., 2017; Tidmarsh et al., 2022). Researchers interested in studies involving this population will want to consider and prepare for these types of challenges while conducting their research.

Rapport Building

One of the methods this researcher utilized to recruit participants for this dissertation was to work with Mobile Hope, an organization that provides outreach, resources, and shelter to any youth in need. Even through this collaboration, recruiting participants was not immediately successful. Though he had a working relationship with one of the directors from his time as a school counselor, the YEH utilizing Mobile Hope were under no obligation to speak to the researcher. Further complicating recruitment was that the other Mobile Hope *staff* was under no obligation to work with the researcher

in recruiting participants. So, this researcher had to build rapport with not only the YEH, but also the staff and other administrators as well.

The literature on working with YEH discusses the importance of rapport with any participants or potential participants (Strehlau et al., 2017). Interestingly, though, there is sparse literature on institutional/staff rapport, which was ultimately more important in recruiting participants. For this study rapport was indeed vital with likely participants. However, to manage access, the staff within the organization needed to see that the researcher was willing to put in time and “pay his dues”. This was achieved in two distinct ways. The first, was that the researcher showed up to the Mobile Hope campus nearly every day after work. Strehlau et al., (2017) discuss the importance of being present and a familiar face around those interviewees and potential participants. This was also crucial for the Mobile Hope staff. Everyone from the front office administrative assistant to the case managers, to even a director’s sister learned about the researcher’s dissertation project. He spoke to the administrative team on a regular basis as well as the general staff so that they felt comfortable with him around, and not just about his project. There was small talk as well as conversations about family and vacation plans etc.

Though an invaluable first step, simply being present did not elicit any interviews. It was this second method of rapport building that earned the trust of the staff and led to the majority of the participants: “paying his dues”. Favero and Heath (2012) discuss classic workplace expectations in that one must “pay their dues”, or “put in the hours” (p.343) to expect any extra benefits or favor in the workplace. To gain favor, this researcher began to volunteer within the organization. Though not an exhaustive list, the following is a broad example of the activities he engaged in: packing and handing out

food to families in need, helping with organization efforts in the distribution warehouse, helping to decorate the building façade with signage regarding an upcoming vote that could cause them to lose a large percentage of funding, helping to build a table that would serve as a centerpiece for the main office space, and attending the Christmas party dressed in festive clothing.

Building rapport with the staff of helping organizations or shelters emerges as a critical aspect of conducting research with disenfranchised populations, especially when youth are involved. These organizations, and the individual staff that work within, serve as crucial gatekeepers, offering access to a vulnerable population that often faces adversity. Researchers should plan time within the study guidelines for collaboration outside of direct study parameters to include general face time as well as volunteer hours. Establishing a positive and trusting relationship with these individuals and organizations not only facilitates access to potential participants, but also enhances the overall quality of the research process taking into account both ethical considerations and expertise with specific individuals or situations.

Implications for Practitioners

While YEH are an already vulnerable population, the COVID-19 pandemic has brought to the forefront the need for specialized support to address their unique needs. Results from this study highlight areas of special interest that practitioners must be aware of while working with this population in the aftermath of the COVID-19 pandemic. Practitioners must be sensitive of the nature to the homelessness in which their client is experiencing. As evidenced by the diverse spectrum in which each of these individuals experienced homelessness, youth can be precariously housed in several ways and for a

variety of reasons. Though this study contained just a small sample, several participants experienced trauma by a family member. Trauma is often widespread in the YEH population. As such, practitioners are encouraged to implement trauma-informed care as a baseline means of treatment when working with those experiencing homelessness (McKenzie-Mohr et al., 2012). There is no consensus in the literature on one definition. Rather, trauma-informed care is a mode of practice that incorporates an understanding of how the impact of trauma affects an individual and then guides the practitioner through a course of treatment (Hopper et al., 2010)

It would not be inapt to say that each of the ten participants suffered a trauma throughout their lives. Many of the themes and subthemes are evident of this. Some spoke about abuse and neglect, and some spoke about having mental health issues and suicidal ideations. Aratani, (2009) suggests that the experience of housing insecurity is itself traumatic and thus, those YEH have experienced trauma by simply experiencing homelessness. Regardless of the nature of the care (case-management, counseling etc.) a trauma-informed framework is a crucial first step for success, as it not only offers independence and flexibility allowing for client choice, but also it offers a “strengths-based approach” (Hopper et al., 2010, p. 82) utilizing the individuals’ own skill sets to develop coping skills (McKenzie-Mohr et al., 2012; Hopper et al., 2010).

In addition to emotional needs, practitioners must be sensitive to the physical needs of YEH as well. Even in non-pandemic times, resources are affected by several factors and can be hard to come by (Shier, et al., 2010). It was evident in this study that during the pandemic, the participants were lacking resources. The two largest of which were food and shelter, but also clothing, warmth (in the form of blankets and jackets),

and other basic essentials were scarce. Because the pandemic had far-reaching consequences, even after it ended, it seemed that some of the participants were still inadequately nourished and clothed. Hauff and Turner (2014) recognize that often, people experiencing homelessness desire to take care of their most basic needs and search out those resources before fulfilling anything more pressing in the hierarchy of needs including things like health care, mental health care, hygiene, etc. All category of providers should be equipped to fulfill these needs. For example, it is not uncommon for teachers and school counselors to keep snacks, water, and jackets in their rooms and offices to make them available for any students who need. By fulfilling these basic needs, YEH are more amenable to searching out, and accepting, services from school professionals, as well as others (Havlik, et al., 2014).

Limitations of The Study

Research studies come with inherent limitations that must be considered along with their results. The first limitation of this study is the operational definition that the researcher used in defining both the scope of the homelessness that each participant was suffering and their corresponding ages. There are many definitions that both the governmental municipalities, and researchers, use to operationally define homelessness (this is thoroughly discussed in chapter 2). Though there are similarities to each definition, there is still nuance to every person experiencing homelessness. For example, minors can be unaccompanied or with family, and additionally, some of these individuals might be living in a shelter or another facility with a roof over their heads, while some are literally houseless. It is unfair to assume that the nature of each participant's homelessness can be generalized to all youth experiencing homelessness. The same is

true for the term youth. In this study, the term youth refers to anyone under the age of 25 as defined by HUD (HUD, n.d.; USICH, 2018). However, as discussed in chapter 2, many definitions of the term *youth* refer to those individuals under the age of 21 and some go as low as anyone under the age of 18.

A second limitation of this research study was the geographic location of the sample of participants. All participants gave their perspective from living on the eastern coast of the United States in the time frame of March 2020 to August 2022. Because weather patterns, general climate, politics, economic structure, and affluence all vary throughout the United States, it is safe to assume that geographic location plays at least some small part in differing outcomes for YEH.

One final limitation is that the researcher was inexperienced in carrying out a large-scale qualitative study protocol. While he made efforts to maintain consistency in the way in which he spoke and asked questions, he felt there was a "learning curve" to the interview process. Toward the beginning of the study, the primary researcher did not want to ask questions that felt too personal or that probed too deep in fear of offending participants. However, as interviews continued, he noticed that participants were eager to tell their story and did not mind speaking candidly on their life experiences. Towards the end of the process, the researcher felt more comfortable in not only asking probing questions, but in also asking the appropriate follow-up to get a full picture of the experiences of those being interviewed.

Recommendations for Future Research

The results of this research study, provide a solid foundation upon which future research can be based. However, more research on the implications of the COVID-19

pandemic on YEH needs to be conducted to get a fuller picture of how far reaching its implications were. The researcher of this study provides two recommendations for future research topics to help advance this field of study. The first recommendation is to focus on different aspects of demographic data. This can be done primarily by narrowing the scope of the participant pool. For example, local and federal government institutions use numerous operational definitions to define both the terms youth and homeless. In addition to age ranges, YEH fall into two other categories: unaccompanied minors and families experiencing homelessness (Aratani, 2009). This researcher used an expansive definition of homelessness by utilizing the HUD definition rather than a more focused one. By doing so, he was able to expand the applicant pool and obtain participant interviews in the time allotted for the study. By narrowing down the applicants by demographic data, a more detailed portrait of how the pandemic has affected these YEH would be discovered. Possible categories might include: unaccompanied minors, families experiencing homelessness, LGBTIQ+ youth, age and school grade cutoffs (elementary students, middle school students, etc.), and “literally homeless” youth (USICH, 2018, p. 1).

Additionally, it would be advantageous to broaden the geographic locations of participants in order to increase reliability. All participants for this current study were located on the East Coast. As mentioned in the previous section, weather, climate, politics, economic structure, and affluence all vary throughout the United States. It is safe to assume that geographic location plays at least some small part in differing outcomes for YEH. Finally, it would be beneficial to any research study with YEH participants to increase the pool size beyond $n=10$. This study was limited due to time constraints, and

as such, ten participants were what the researcher could recruit in a timely manner. Increasing the sample size increases the validity (Faber & Fonseca, 2014) which is the main objective in a phenomenological qualitative study (Johnson, 1997).

The second recommendation for future research is to conduct a longitudinal study. In doing so, researchers can gauge the long-term effects of COVID-19 and the pandemic response with YEH participants. The effects of the coronavirus alone were far reaching, causing numerous and varied impacts on health. Some of these effects are direct and short in duration. Other effects, however, have proven to be long term and due to comorbidity, fatal for anyone of any age, regardless of prior health conditions (Baral et al., 2021). More than just the virus itself though, the pandemic response has caused social and economic consequences in addition to political turmoil and an array of societal mental health problems (Douglas, et al., 2020). As the administrative pandemic response restrictions have been repealed for less than a year, the full scope of its effects are not yet known. Longitudinal studies follow individuals over prolonged periods of time and are often combined with qualitative research. Launching a longitudinal study with YEH participants would be useful for evaluating any enduring issues experienced in the future that are not yet known and has the distinct advantage of "...following change over time in particular individuals within the cohort" (Caruana et al., 2015, p. 537). This is of particular interest because not only would a researcher be able to track long term changes throughout the participant pool but also be able to track changes with individual participants.

Personal Reflection

It would be difficult to conclude this paper without a self-reflection. While this researcher knew that writing this manuscript would be difficult, particularly the data

collection and analysis, he really was unaware of the time he would have to put in beyond what would be considered a typical workday (See Chapter 5 for *Implications for Researchers*), however, looking back at all the hours put in to this project, he now has a greater appreciation for those working with any disenfranchised population, as well as what his own privilege has afforded him throughout his life. This was immediately evident after interviewing the first participant Ben. What had not occurred to the researcher (and thus required an immediate reflexive moment post-interview) was how complex Ben's story would be. While the researcher had worked with YEH before, it was not at this deep a level of homelessness. So, when Ben told the researcher his story, there was a level of culture shock. As a trained counselor, he was able to stay in the moment of Ben's interview. However, the drive home brought a wave of emotion for the researcher. He was angry at Ben's parents for making him leave and sad that Ben was in the predicament that he was. But the most prominent emotion he felt was guilt. This guilt was far reaching. At minimum he felt guilty because the parameters of this research study were that of no compensation. The more pressing guilt, however, came from the realization of his privilege. Ben, had an apartment that he could barely afford, and had to work three jobs just to be able to afford it. He also had to either walk or use public transportation to get to all of these jobs. Alternatively, the researcher was driving a car that he owned and was returning home to his single-family residence in a quiet neighborhood on a cul-de-sac.

This guilt was not unique to Ben's interview as each participant's story left a lasting impact on the researcher. These YEH participants were not just a number or a statistic. They were people struggling to overcome adversity, much of which was out of

their locus of control. More than that though, was the researcher's inability to better their lot in life. He thought, "Here I am benefitting from these *kids* and not giving much back in return." It wasn't until the end of the final interview with Jack that the researcher felt that his actions were justified and worthwhile. Jack said "It's okay. I've done interviews like this before. From my experience of being homeless for three years, if I can do something to help anybody else, I'm okay with these questions." The researcher was thankful to hear those words as it did put his entire project in perspective.

It was those words, and the words of the other nine participants, that made this the commitment to this dissertation meaningful. At first, the researcher was timid and reluctant to ask probing follow up questions. He felt like he was intruding on their privacy and that he didn't even deserve to ask follow-up questions seeing as though the participants were not getting anything out of speaking to the researcher. As the interviews went on however, the participants were actually at ease speaking to him and enjoyed their conversations. They wanted their story to be told to bring awareness to their struggle. Both John and Jack reveled in telling their stories, and at times, laughed at their reminiscence. Though the researcher was incredibly grateful, the participants too, all seemed grateful that he sat down with them and hear their story top to bottom. Their resilience was remarkable, and the researcher is appreciative of all of their time and energy. One last note, not a single participant asked for compensation for their time.

Conclusion

There is an unfortunate aura of misinformation surrounding the plight of those experiencing homelessness. Most laypeople do not give those who are transient much thought. Further, those that do, misconceptualize their existence. They often believe that

those who are experiencing homelessness, do so by their own devices in the vein of substance abuse or money mismanagement. Others believe that untreated mental illness causes transience and that those who are unhoused are dangerous (Markowitz & Syverson, 2019; Mallett, Rosenthal, & Keys, 2005). These facets of the public domain, however, are simply myth. A variety of external factors that cause changes in socioeconomic status for families and individuals is what leads to housing insecurity and thus, homelessness.

What is alarming, though, is the rate in which youth are beginning to experience homelessness. Not only are they the fastest growing group to experience transience (Gasior et al., 2018), but there are no signs of these numbers slowing down. Even more frightening, is the way in which youth homelessness occurs. While yes, familial homelessness occurs in the same manner in which adult transience transpires, unaccompanied homelessness, however, typically stems from abuse, neglect, assault, and other forms of trauma (Edidin, et al., 2012). The federal government is doing its part in combating homelessness, however, a significant barrier to helping those experiencing homelessness is keeping an accurate count as to who qualifies. While there are multiple agencies within the federal government that are tasked with helping those who are lacking permanent residence, many of these institutions define homelessness differently. Furthermore, not only are their definitions of homelessness different, but so is their definition of youth, and each requires a different level of proof to obtain benefits given to those who meet the criteria (Sullivan, 2022). Regardless of which definitions are used, it is abundantly clear that at the intersection of both groups, help is needed.

Obfuscating this matter further, was the COVID-19 pandemic. While not a full-fledged pandemic until March of 2020, what was supposed to last only a few weeks to a month was not deemed complete until approximately August of 2022 (Mayo Clinic 2022; Viner et al., 2022). The global pandemic affected scores of people across societal plains, including those in disenfranchised groups. Even at the time of this writing, a little less than a year after the official end of the pandemic within the United States, the effects of COVID-19 are still emerging. Most anecdotal data and research literature focus on mental health, physical health and youth academic outcomes. What was missing, however, was a qualitative analysis of the experiences of YEH.

This study sought to explore the lived experiences of YEH throughout the pandemic. The researcher wanted to holistically understand what youth who were precariously housed went through for those two years. There was a scarcity of data available, and what was available, was incomplete because the pandemic was still ongoing during the time of those studies. Though there is still a long way to go in the COVID-19 pandemic research of those experiencing homelessness, especially youth, this study contributes to what this researcher believes will be the start of a proliferation of studies exploring the SARS-CoV-2 virus and its consequences thereafter of trying to mitigate the effects on YEH.

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Appendix A

E-PROTOCOL	PROTOCOL IRB Form	Protocol # 23-3675 Date Printed: 04/16/2023
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Protocol Title:	The Impact of the COVID-19 Pandemic on Youth Experiencing Homelessness: A Qualitative Study
Protocol Type:	IRB Form
Date Submitted:	01/09/2023
Approval Period:	01/11/2023-05/31/2023
Important Note:	This Print View may not reflect all comments and contingencies for approval. Please check the comments section of the online protocol. Questions that appear to not have been answered may not have been required for this submission. Please see the system application for more details.

***** Amendment *****

Amendment

- Complete this one-page form,
- Update the sections of your protocol that you are requesting to amend,
- Electronically "sign" your application by clicking the check box on the Obligations page,
- Remember to click "Submit Form" so that the IRB administrators receive your request.

1. Summarize the proposed changes to the protocol in lay terms.

For this study I am currently allowed to only speak to those parents and students who are English speakers. I would like permission, through the use of an interpreter to be able to get consent from Spanish speaking parents or guardians and participants. Mobile Hope, the homeless resource center I am working with, recommended that I also get permission to speak to these individuals. According to them while many students speak English, their parents speak Spanish. Knowing they have an interpreters on staff and have said that these individuals will gladly help. I had all of the forms necessary professionally translated into Spanish in order for a quick and respectful transition.

Proceed to the appropriate section(s) of the protocol and make your changes.

IMPORTANT NOTE ON AMENDING ATTACHED DOCUMENTS: If you are requesting to amend a file that has been previously attached and approved, you MUST:

- Delete the file that is currently attached,
- Browse to the revised file on your computer,
- Upload the revised file that you are requesting to use.

2. Indicate level of risk involved with the changes proposed.
(If level of risk has changed, please update the Risks section in the Protocol Information).

Increase	X No Change	Decreased
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3. Will you re-consent subjects?

This is unnecessary. This is to increase the participant pool.

Approval Includes

List of sections (and questions) that have been changed/modified

***** Personnel Information *****

Starred items indicate required fields whenever that section is completed.

Principal Investigator

The Principal Investigator is an individual who conducts a research study. If the study is conducted by a team of individuals, the Principal Investigator is the responsible leader of the team. The Principal Investigator can create, view, edit, and submit the protocol.

Name of Principal Investigator*	Degree (MD/PhD/BSN/etc.)	Title
Bryan Pecoraro	PhD.	

Page 1 of 25

Appendix B

How did the COVID-19 Pandemic Affect Youth Experiencing Homelessness?

Interview Questions

Introduction Script for participants: Hello my name is Bryan Pecoraro and I am the primary researcher on a research study that is looking at how the COVID-19 pandemic affected youth experiencing homelessness. I look forward to hearing your story in your own words. If at any time you wish to no longer continue, please say something to me and I will end the interview right away. If you do wish to continue, I will ask questions about your experiences through the pandemic and I might need to ask follow-up questions afterward. This interview should last about 30-45 minutes and your answers are confidential. However, I must tell you that I am a mandated reporter. That means if during the interview, if you share that any children were abused or neglected, by law I have to report it to the appropriate authorities. Do you understand what that means? [WAIT FOR RESPONSE]. Do you have any questions before we begin? [WAIT FOR RESPONSE].

Ok, let's get started.

Question 1: During Covid, how did covid impact the way you experienced your life during that time? How did you experience yourself?

Question 2: What was your relationship like with your family during COVID?

Possible follow up questions depending on answers:

How, if anything, were things different? *

How, if anything, did things stay the same? *

Is there anything that could have helped your family during this time? *

Question 3: How were your friendships during COVID affected?

Possible follow up questions depending on answers:

How, if anything, were things different? *

How, if anything, did things stay the same? *

Is there anything that could have helped with your friendships during this time? *

Question 4: What was your student experience like during COVID?

Possible follow up questions depending on answers:

How, if anything, were things different? *

How, if anything, did things stay the same? *

Is there anything that could have helped your student experience during this time?*

Question 5: Is there anything that we did not cover that you think is worth talking about?

Possible follow up questions depending on answers:

What happened with that?*

Was that a drastic change?*

Did that affect any of the other things we talked about during this interview?*

Appendix C

Are you interested in participating in a research study?

THIS STUDY HAS
BEEN APPROVED BY
THE IRB, PROTOCOL
23-3675

**Tell Us Your Story!
You Can Make a Difference**

If you were in
5th -12th grade from
March 2020-August 2022
and were considered
homeless during that time,
you qualify to get
interviewed.

- Participation is **voluntary**
- Your info is **CONFIDENTIAL**
- Interview is 5 questions
- Will only take 30-45 minutes

Principal Investigator:

Bryan Pecoraro
571-214-7635
Pecoraba@dukes.jmu.edu

Hello! I am
Bryan Pecoraro, a Ph.D.
candidate at James
Madison University. I am
currently working on my
dissertation which is
about understanding how
the COVID-19 pandemic
affected youth
experiencing
homelessness.



E-mail or call if interested or with questions

Appendix D



RESEARCH PARTICIPANTS NEEDED

FOR A STUDY ON HOW THE COVID-19 PANDEMIC AFFECTED YOUTH EXPERIENCING HOMELESSNESS

THIS STUDY HAS BEEN APPROVED BY THE IRB, PROTOCOL # 23-3675

Tell Us Your Story

Principal Investigator:
Bryan Pecoraro
571-214-7635
Pecoraba@dukes.jmu.edu

Scan for more info



Participation Is Voluntary

Appendix E

This study has been approved by the IRB, protocol # 23-3675.



JAMES MADISON UNIVERSITY

Consent to Participate in Research

Identification of Investigators & Purpose of Study

You are being asked to participate in a research study conducted by **Bryan Pecoraro** from James Madison University. The purpose of this study is to how COVID-19 and the ensuing pandemic affected youth experiencing homelessness. This study will contribute to the researcher's completion of his dissertation for a PH.D. in Counseling and Supervision.

Research Procedures

If you decide to participate in this research study, you will be asked to sign this consent form once all your questions have been answered. This study includes an interview with questions that will be asked either online or at a place of your choosing. You will be asked to give answers to 5 questions related to how the COVID-19 pandemic affected different aspects of your life. Audio recordings of the interview will be taken only for note taking purposes. All identity information will be changed so as their information will remain confidential.

Time Required

Participation in this study will require approximately 30-45 minutes of your time.

Risks

When I ask you questions about what happened to you during the virus, you might begin to feel uncomfortable or upset. If this happens, it is O.K. We will stop until you are ready to continue.

Benefits

While there are no immediate benefits from being in this study, information from this study may benefit other people now or in the future. The hope is that through understanding of what those who experience homelessness went through during the pandemic, more funding of programs and resources will be made available during other pandemics. Resources might include, but are not limited to: mental health counselors, food, clothing, medical services, and shelter.

Incentives

You will not receive any compensation for participation in this study.

Confidentiality

The results of this study will be presented to a team of counseling educators in the completion of a Ph.D. degree in counseling. Your identity will stay private. The researcher has the right to use and publish non-identifiable data. While individual responses are confidential, general data will be presented publicly. All data will be stored in a secure location accessible only to the researcher. After a time of 7 years, all information you gave will be destroyed. Audio recordings will be deleted after being transcribed. Results will be made available to participants upon request. I also must tell you that I am a mandated reporter. That means if during the interview, if you share that any children were abused or neglected, I must report it to the appropriate authorities.

This study has been approved by the IRB, protocol # 23-3675.



Participation & Withdrawal

Your participation is entirely voluntary. You are free to choose not to participate. **JAMES MADISON UNIVERSITY** choose to participate, you can stop at any time without consequences of any kind.

Questions about the Study

If you have questions or concerns during the time of your participation in this study, or after its completion you would like to receive a copy of the final results of this study, please contact:

Researcher's Name: Bryan Pecoraro

Advisor's Name: Dr. Michele Kielty

Department: Counseling and Supervision

Department: School Counseling

James Madison University

James Madison University

Email Address: pecoraba@dukes.jmu.edu

Telephone: (540) 568-2553

Email Address: kieltyml@jmu.edu

Questions about Your Rights as a Research Participant

Dr. Lindsey Harvell-Bowman

Chair, Institutional Review Board

James Madison University

(540) 568-2611

harve2la@jmu.edu

Giving of Consent

I have read this consent form and I understand what is being asked of me as a participant in this study. I freely consent to participate. I have been given answers to my questions. The investigator provided me with a copy of this form. I certify that I am at least 18 years of age.

I give consent to be audio recorded during my interview. _____ (initials)

I **DO NOT** give consent to be audio recorded during my interview. _____ (initials)

Name of Participant (Printed)

Name of Participant (Signed)

_____ Date

Name of Researcher (Signed)

_____ Date

Appendix F

Q7



This study has been approved by the IRB, protocol # 23-3675

Consent to Participate in Research

Identification of Investigators & Purpose of Study

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Research Procedures

If you decide to participate in this research study, you will be asked to sign this consent form once all your questions have been answered. This study includes an interview with questions that will be asked either online or at a place of your choosing. You will be asked to give answers to 5 questions related to how the COVID-19 pandemic affected different aspects of your life. Audio recordings of the interview will be taken only for note taking purposes. All identity information will be changed so as their information will remain confidential.

Time Required

Participation in this study will require approximately 30-45 minutes of your time.

Risks

When I ask you questions about what happened to you during the virus, you might begin to feel uncomfortable or upset. If this happens, it is O.K. We will stop until you are ready to continue.

Benefits

While there are no immediate benefits from being in this study, information from this study may benefit other people now or in the future. The hope is that through understanding of what those who experience homelessness went through during the pandemic, more funding of programs and resources will be made available during other pandemics. Resources might include, but are not limited to: mental health counselors, food, clothing, medical services, and shelter.

Incentives

You will not receive any compensation for participation in this study.

Confidentiality

The results of this study will be presented to a team of counseling educators in the completion of a Ph.D. degree in counseling. Your identity will stay private. The researcher has the right to use and publish non-identifiable data. While individual responses are confidential, general data will be presented publicly. All data will be stored in a secure location accessible only to the researcher. After a time of 7 years, all information you gave will be destroyed. Audio recordings will be deleted after being transcribed. Results will be made available to participants upon request. I also must tell you that I am a mandated reporter. That means if during the interview, if you share that any children were abused or neglected, I must report it to the appropriate authorities.

Participation & Withdrawal

Your participation is entirely voluntary. You are free to choose not to participate. Should you choose to participate, you can stop at any time without consequences of any kind.

Questions about the Study

If you have questions or concerns during the time of your participation in this study, or after its completion you would like to receive a copy of the final results of this study, please contact:

Researcher's Name: Bryan Pecoraro

Department: Counseling and Supervision

James Madison University

Email Address: pecoraba@dukes.jmu.edu

Advisor's Name: Dr. Michele Kielty

Department: School Counseling

James Madison University

Telephone: (540) 568-2553

Email Address: kieltyml@jmu.edu

Questions about Your Rights as a Research Participant

Dr. Lindsey Harvell-Bowman Chair, Institutional Review Board James Madison University

(540) 568-2611

harve2la@jmu.edu

Appendix G

Participant Interview Quotes Illustrating Emerging Themes

Theme 1: Isolation

Forced Isolation

Lars:

I guess in my experience, it kept me really isolated both mentally and then also physically. You're always indoors, but the mental part of it was like, you can't go out, you can't do anything, you can't be around people.

Jan:

When you get put into isolation, you have to then re-cope with everything and then you're doing it on your own, so you get used to, oh, I can do this thing because I don't have to bother about it for nobody else. Then to try to reintegrate them into society is causing all these backlashes and everybody's like, oh no, don't talk to me. All this stuff that they've learned on the social media through the time, so these people are getting abandoned and left behind. Now they're trying to recover, while also still trying to just exist.

Mahati:

I'm financially, as an international student, 100% dependent on my family for me to be in the country. When everything was shut down, literally, the banks were shut down as well in India. It was a very strict lockdown in India. It wasn't here, but it was there... So financially, I was cut off from my family because they couldn't send me any money because the banks were closed, no international transactions.

Mahati:

Also during COVID, there weren't enough help provided for international students; everything went online. They said students could stay at dorms if you wanted to, but everybody had left. I was the only person in my whole building. So there weren't that many resources being provided by university where they could have done that during COVID. That was a little bit of a difficult experience...

Ben:

“I remember the day because it was snowing...I wondered around the streets a bit.”

Self-Isolation

Carol:

“Hearing about it was scary and kept me from going...I barely even left the house in general.” Jack:

“From where I was trying to get out of the shelters and away from a general population, I would go with about anybody. I would trust just about anybody to get away from REDACTED ...”

Theme 2: Friendships

Fading friendships

Ben:

...only had contact with friends through gaming consoles. Everything was closed. It started off fine, but since we couldn't go out and mess around as teenagers should, my friends and I grew apart and what should have been a great last couple of years to school, it was lonely. Like I said, we played games online, but that's

all we could do. Everyone, I mean me too, were afraid of getting sick. So we could never hang out. It's a shame because like I said we grew apart and by the time we graduated we really didn't hang out at all after.

Megan:

I definitely faded off from a lot of people that I knew in high school. It's like, some of the people I talked to on a daily, it's like, we really wouldn't have talked in the real world. It was just only because we had that class together.

Mahati:

I was reaching out to a lot of people, and I was unsure if something would work out. A lot of friends couldn't help me out or it was just not convenient to them to help me out. I stopped talking to some of them after that, just realizing in the most difficult period of time, they chose not to help me out just because they didn't want to, not just because they couldn't. I had bigger group of friends but coming out of COVID, it's a much smaller group of friends because of that. In 2021, when my dad fell sick and I had to fly out immediately, emergency, I had left all my luggage here with one of my really close friends, a best friend here, everything that I own here with her. She was supposed to pack everything and move me out when my lease ended for that year, which she did, but she was careless about taking care of it and she moved to a different apartment. She did not take my stuff with her like she promised that she would and they threw out everything that I owned.

Jack:

...both times I was pregnant, I had food stamps and I qualified for WIC, so I would buy food for them [friends from the shelter] and I used to roll and sell cigarettes. After that, I couldn't give them cigarettes or buy them food because I wanted to stay away from people as much as possible because of being pregnant and I didn't want to catch COVID. People dropped off once I could no longer get out and about to do things for them...definitely have some very fake friends

Strengthened Bonds

Carol

“reconnect with an old friend”.

Jan:

They definitely got a lot stronger. Every time I'd want to go to the bar or something and I couldn't, I just call my friends. Then through that you learn who your real friends are, who you shouldn't trust, who you should trust. It just strengthens the bonds that are there or it shows you the ones that don't need to be there.

John:

I'd say there's a positive spin. Just about everybody else in my shelter was a transgender or queer youth, so I got to be immersed in my community for the very first time, surrounded by people like me for the very first time. A lot of those relationships are still going strong, so something good came of it. I met my husband at that shelter, actually.

Jack:

Besides the person that I was dating, the only people that would come by my tent or I would actually interact with or have a strong connection with would be the real friends I still have today....yes, most definitely strengthened during the pandemic.

Jack:

“They [close friends] were actually in the hospital with me when I had my firstborn.”

Theme 3: Family Strife

Became Homelessness during COVID-19 Pandemic

Ben:

Things weren't going well. Everyone was on edge from not wanting to get sick and I had already had mental health problems which I took medicine for. We fought about me not consistently taking my meds and they threatened to kick me out. One day we had a physical altercation. An actual fight. And they did kick me out...That was the day I became homeless.

Lars:

...then just all that lockdown stuff just got to me, and I started getting depressed, and then I had to go to the hospital a few times because the suicidal ideation started. I left my mom. This suicidal stuff she couldn't handle because she had little kids. I have three little siblings and they couldn't be around that stuff ...my mom, she just said “I'm done”. She didn't set any help for me to go to or whatever. She just said, pack my bags and I'm out.

Karen:

Since I ran away, I had no contact with family, not even my own daughter. I was in a toxic household where me and my child were getting abused and

neglected and taken advantage of. I had no one to support me or help me and defend me. I tried running away. For the first time, I took my daughter, but she [Grandma] was really possessive over her [daughter] and called the cops and brought me in her home, but she kept getting worse every day, so I decided to leave. I left her with someone I trusted there who lived there.

Karen:

My uncle, at the end of the day, won custody over me and her. I lived with him, and he had a wife, and I think six stepchildren. Good things happened throughout those little times, but then things came by. I was getting left out for many stuff, and I was not happy about it because I'm like, I'm your blood. I'm your niece. I know I didn't ask for any of this, but at least I want my love and respect here. I want to get treated as a person.

Carol:

It was COVID and I would rather be stranded where I grew up rather than in Montana ...My parents were like, you can't come home... so I just came back even though I didn't really know what I was going to do or where I was going to go.

Megan:

I wasn't the easiest child, but at the time they just gave up on me really. They're just like, I don't want to deal with this. I can't handle this. They had two other kids in the house that were doing really well. I was a very stubborn, hardheaded child. I definitely liked to get under my parents skin a lot. Whenever everything just would go down, eventually over the years, especially with the drugs.

Malik:

I was bouncing around between jobs. Then eventually, my mom was on some bullshit. She kicked me out and so I had to live at my job for a few weeks, slept in a trash truck for a month and a half. Just arguments for no reason. Just a bunch of bullshit.

John:

My parents found out I was transgender and said I couldn't live there anymore. At the time, my grandparents lived right next door, they offered for me to live with them. However, my dad had said that if they allowed me to live with them, they would not be allowed to see any of my little siblings ever again.

Experienced homelessness pre-COVID-19 Pandemic

Jan:

It was awful. Everything got worse. All of those little details and little pieces that you can ignore or get away from when you go to work or go out to do something, stuck with them. It made everything a lot more difficult. My ex had a kid at the time, that was even worse because the kid used to be able to go run and play with the neighborhood kids. Then all of a sudden the neighborhood kids stopped going

outside, so he stopped going outside. Then he was stuck inside and this is where the technology thing comes back into play because it's so easy to be like, "Here, have an electronic." Then he'd be on the electronics and then you ask him to get off the electronics and he's so engrossed in it that he doesn't hear you. Then the girlfriend gets mad because you're yelling at the kid.

Jack:

iffy... It [relationship with his mother] was okay. Not very close, but it did give me some sort of support system. My street family took care of me better than my mom did. However, it didn't stay that way fully during COVID. He said that, "...some people dropped off once I could no longer get out and about to do things for them.

Theme 4: Education

Self-Educational Apathy

Malik:

"...but I don't do online. I have my ADHD. I got to be in the area. I got to be in the classroom... I never did online".

Ben:

I did very little work because obviously the teacher had no idea if I was paying attention. And I wasn't. I would play games or be in the other room. Sometimes the teacher would call on me and I wouldn't be there.

Lars:

I would've been more serious about it back then, but it just took my, I guess, motivation for wanting to go to college away. I didn't even apply for college till

January of last year. I had no hope of going because I just thought everything was going to be closed for a lot.

Perceived Educator Apathy:

Ben:

“I had an IEP. I felt like the teachers during COVID, it felt like they didn’t know what to do so they kinda pushed me through. I really felt like they didn’t care”.

Megan:

I know that a lot of teachers were excusing a lot of things instead of taking away a lot of points on tests and whatnot, just because the teachers didn't really fully understand what they were doing and the students didn't really fully understand the work because there was no planning that went into this, really.

Mahati:

If the university would have provided more of a cushion for international students, which [It] is not really known for by the way, that would've helped a lot”. Also during COVID there wasn’t enough help provided for international students. Everything went online... So there weren't that many resources being provided by the university where they could have done that during COVID. I feel like a lot of international students feel very alienated on campus.

Theme 5: Mental Health

Mahati:

I started overeating a lot because I was anxious a lot more. They didn't necessarily have any resources related to mental health. That was one thing I wish that the school had adapted to like online classes as well.

Megan:

Now I'm at home, I'm freaking sitting on my computer, I lost the social output of that school had brought with it. A lot of my friends that I had at the time, I just really stopped talking to until it's really feel like depressive phase where my day is constant. I'm sitting home, I'm in a house where I really don't get along with my family. I'm just hiding out in my room and then I'm doing school online, which is making my life harder because I'm not doing as good as I did when I was in school. And that also makes my personal life harder because my parents were very strict on my grades and shit. I was totally just one giant big ass ball of stress to be real with you... I wanted to be my own person. I didn't see the problem with smoking weed. I dabbled in some other stuff way after the fact than I moved out of my parent's house. I was popping Xanax really heavily. I had to put myself into an institution when I was 19 because I was doing too much. I was popping them every day. I was forgetting my days and I was just going off the opioid high.

Megan:

After my lease was out in Fairfax, I was depressed. I was like, I had a good job. What's good bro? I had a good job and everything, but I was just depressed and shit. I was like, I just want to leave...

Suicidal Ideation

Lars:

I was locked down in Georgia and then I moved up to Virginia and we were locked down up there. Then just all that lockdown stuff just got to me and I started getting depressed, and then I had to go to the hospital a few times because

the suicidal ideation started...This suicidal stuff she couldn't handle because she had little kids...my mom, she just said "I'm done".

John:

I think due to everybody's mental health dropping over COVID, things like suicide hotlines became a lot harder to access. I actually got hung up on one time, and it made me laugh so hard, I just gave up on that venture.

Jack:

COVID separating me from everyone else made my already bad mental health decline. I had to call mobile crisis a lot on myself. They came and took me to their facility once. Then the other few times they just talked to me over the phone. They were like, 'Yes, you're good.'... I had asked them, Hey, can they come get me, I'm feeling really suicidal. They were like, 'Yes, no problem.' They called them and I had to sit in there in my shelter's lobby for about five hours. You're not allowed to move, and a worker has to sit there with you and watch you the whole time.

Karen:

I was already going through depression because after the two-and-a-half or three-year range, I was on the run, and I was already depressed. It was just so many arguments, so many stuff, not toxic, but it was just so many downs. I was just so depressed...Since I was depressed throughout the times I was on the run since I was trying to fight for my daughter, but since I couldn't work, and the money my boyfriend made wasn't enough to get a lawyer, it would get me depressed, and I would miss her, of course, because she was my baby...Then that's when the

lawyer texted me out of nowhere on wintertime. I was in Baltimore, and he was like, 'If you want your daughter back, come to Fairfax and present yourself and get arrested and do all those procedures to get your daughter back,' so I did. At the time, I was just insane, and my mental health was not good. In the shelter care, I was just so sad, so depressed. I think it was already almost Christmas time and my birthday. My boyfriend was upset about that, too, because he didn't want me being in there. He wanted me to be with him. It was like a family tradition with him. I was so sad, and I'm like, I wonder how long I'm going to stay here for... Then they told me, it was for a long time, and I got more depressed because I'm like, I don't want to be in this place. I didn't ask. I shouldn't be here because of what I want to speak out about, that I was in a toxic household. That's not right. If nobody helped me, that's the reason I ran away. I was thinking of suicidal thoughts, and I told one of the staff there that I trusted. They got worried about it, and they went on and told someone, a counselor or something.

I talked to the counselor. He was listening to me, and he rated my depression a really bad one. He sent me to the hospital.

Theme 6: Catching COVID-19

Worried About Contracting the Coronavirus

Ben:

“Everyone, I mean me too, were afraid of getting sick.”

Karen:

“It wasn't really hard for me. I would just stay indoors and try not to get sick.”

Carol:

That was also scary, because I didn't know if it would be as bad now that I had him, because with RSV, and COVID, I was like, Oh my gosh, what if my baby catches it? I didn't want to go anywhere.

Jack:

Especially during the beginning of COVID where it was getting really bad and people started passing away. We stayed away from each other as much as possible, stayed in tents or tried not to commune as much... This is going to sound really weird, but COVID made me trust the wrong people. To get away from having to sleep at REDACTED with a whole bunch of people breathing the same air in close proximity. I didn't get pregnant by my own choice if that makes any sense... high-risk pregnancies. Every pregnancy I have will be high risk, so it made it hard on me... During COVID and being pregnant, and being high-risk, I had to go to the hospital a lot. There was longer wait times and I had to sit in the waiting room a lot longer risking the exposure to COVID even more.

Not Worried About Contracting the Coronavirus

Malik:

"... was lit. It's a party. At first ... everyone wanted to stay inside. Then it was just like, bro, fuck it, we outside. We were just like, screw it, we're outside. We going to catch COVID we going to catch COVID. At the time when COVID just hit, we were all partying. It was only really affecting adults and babies, or not adults, but elderly who were sick and infant babies and all that. Nobody was really tripping on it.

Jan:

At the end of the day, if I'm going to get COVID, I'm going to get COVID and that's just how it's going to go. Me fighting it and trying to la-di-da about everything, that's not going to do anything except disrupt my life and my happiness... I'm not really scared of like getting sick and stuff because I like to be one with the earth, if you will. My time here is what my time here will be and it'll end or begin regardless of what I do or say, so I might as well just enjoy it while I'm here and spread what I can to the next person...If I'm going to get COVID, I'm going to get COVID. For the record, still haven't got COVID!

Theme 7: Systemic Failures

Government

Mahati:

That semester, when I was here, Trump did come out with some policy about international students, saying they may have to leave the country if their visa ... expired or if people who had left the country, students who had left, wouldn't be able to come back because they'd stayed and violated their immigration...We weren't sure if students would be able to return or if I would be able to come back when I had gone to India after that. I was cut off from my family because they couldn't send me any money because the banks were closed, no international transactions... I didn't have access to money or funds. When everything was shut down, literally, the banks were shut down as well in India. It was a very strict lockdown in India. It wasn't here, but it was there.

Ben:

It feels like the county and the government in general did not care about us [the homeless]. It was hard for me and my friends in the same situation to get extra food through the schools because of our age. It became difficult to live... I needed as much free food as possible and as much resources and they didn't seem available to me and us as it should have been.

Lars:

I feel like the people, I guess especially the kids who were homeless during that time, didn't get any help, I guess stimulus or anything. It was hard, it was rough... That's correct. I didn't get any [Stimulus money].

University

Mahati:

If the university would have provided more of a cushion for international students, which [It] is not really known for by the way, that would've helped a lot. Also during COVID there weren't enough help provided for international students. Everything went online. They said students could stay at dorms if you wanted to, but everybody had left. I was the only person in my whole building. So, there weren't that many resources being provided by university where they could have done that during COVID. I feel like a lot of international students feel very alienated on campus. So when everything did go online, a lot of them were stuck. They didn't know what they could do, where they could go. Those, especially freshmen, were stuck in dorms.

Mahati:

“I was going through therapy sessions here on campus, but COVID hit. I think they had absolutely almost no resources...dealing with mental health during COVID and stress of exams and everything.”

John:

“They sent me an email over my work email with my chosen name despite my warnings that my parents checked my computer. Parents found out I was transgender and said I couldn't live there anymore.”

Legal System

Ben:

...everything took longer than was fair. I am on probation and have to be in anger management. They put it on hold for over a year and I am *still* on probation and have to do work even though this was years ago!

Karen:

With the court stuff, I was trying to tell the judge or my lawyers that there was an officer that...they took a picture, but the thing is it was hard for them to find the officer. I had a picture of him, but they tried contacting the officer, and he didn't have nothing on him. He took the picture for no reason. That's the only proof I could have used to show them, but he, I think, deleted it, or I don't know what happened...They didn't believe me at all that I told them I was in a household where I was getting abused and neglected because she kept showing victim's side. I don't know what she was doing that she made people think, ‘No she's a good person. She's provided for you. She's took care of you.’ That was the reason it was hard because no proof. Everybody thinks you're wrong, and

you're lying. If you have proof, they're going to believe you, and they're going to do something about it.

Karen:

I want my baby. I want my baby. I wonder how she is. I was just so sad, so depressed Then they told me, and they told me it [legally mandatory mental health treatment] was for a long time, and I got more depressed because I'm like, I don't want to be in this place. I didn't ask. I shouldn't be here because of what I want to speak out about, that I was in a toxic household. That's not right. If nobody helped me, that's the reason I ran away...What affected me with that was the court hearings and the trials and to get in a good schedule. Because I would have to wait for a whole month or a bunch of weeks just to get to my hearing.

Theme 8: Financial Insecurity

Inability to Obtain or Sustain Employment

Ben:

I lost my first job and I couldn't find a job after for a while because of course, everything was closed. This meant I needed as much free food as possible and as much resources and they didn't seem available to me and us as it should have been.

Karen:

Since I was depressed throughout the times I was on the run since I was trying to fight for my daughter, but since I couldn't work, and the money my boyfriend made wasn't enough to get a lawyer, it would get me depressed, and I would miss her, of course, because she was my baby.

Carol:

I didn't really have anything, I wasn't going to school, I didn't have a job. I guess there was less options, less places open for me to get a job...I barely even left the house in general. I would've had a job hopefully, but I didn't.

John:

I was essentially sitting in a room by myself trying to figure out how to get food and stuff like that when I couldn't find a job due to COVID restrictions in my area, and I couldn't finish college.

Jack:

When I went to go look for a job, not only did I get rejected for being pregnant, but I also got rejected because the address on my ID was to a homeless shelter. I would go in for an interview, they would ask to see my ID to make sure I'm above age and everything, for the age requirement here to hire people. They would see that address and they would be like, 'Oh, this is the shelter, right?' I'm like, Yes, I'm homeless. I had to explain it to them. They wouldn't say why, but they were like, 30 minutes later after the interview's done, I wouldn't hear anything. I would call the next day and they'd be like, 'Oh, sorry, that position's already been filled.'

No Access to Funds

Mahati:

I'm financially, as an international student, 100% dependent on my family for me to be in the country. When everything was shut down, literally, the banks were shut down as well in India. It was a very strict lockdown in India... So

financially, I was cut off from my family because they couldn't send me any money because the banks were closed, no international transactions, I think, from March till, I would say June/July. So a really long period of time, I was just surviving, because of my friend's family and their help. I didn't have access to money or funds.

Lars:

I guess I feel like the people, I guess especially the kids who were homeless during that time, didn't get any help I guess stimulus or anything...but they should have set something up like that for us kids. That was hard. It was rough.

Jan

I've been trying to get an ID now for like seven years and it's just really difficult to do, especially when you're homeless because most things require an address. How am I going to get a bill if I don't have anything to pay bills for, much less an address to send them to? To do anything without an ID is very difficult, but it makes it even harder during a pandemic because I could get my ID, but during a pandemic, everything requires an appointment. To get an appointment, you have to have this, that and the other. In order to have those things you have to have another appointment and another appointment. You can't do anything without an ID.

Malik:

Then eventually, my mom was on some bullshit. She kicked me out and so I had to live at my job for a few weeks, slept in a trash truck for a month and a half. Then I was able to just get a hotel that I paid weekly from my job. I did that for, shit, another two

months. Then I came back down here pretty much. (This is in reference to not having an address to apply for stimulus money).

Lars:

I pitched a tent up behind there [his work] and just worked all day for about two months, I think. Then I started getting in the hotels through Mobile Hope. (This is in reference to not having an address to apply for stimulus money).

Theme 9: Resiliency

Ben:

... working three jobs just to make ends meet. “[I was] on probation and have to be in anger management. They put it on hold for over a year and I am *still* on probation and have to do work even though this was years ago.

Lars:

I was on my own doing schoolwork for a while which is in a tent behind...I worked at REDACTED. That's a car wash. I pitched a tent up behind there and just worked all day for about two months, I think. Then I started getting in the hotels through Mobile Hope. Then six months down the road I'm in an apartment from them which I'm in. I kept going. ...I'm in [college] now. I got my own car. I'm a freshman.

Megan:

I ended up finding a basement. First COVID happened before my 18th birthday, which thank the God because I was able to go find a different job. I started working at this eye doctor's office. Within two months of working there, I think it

was when I was graduating. I saved up some money and then I ended up paying for a basement out in Fairfax for a little while. I had a good job and everything... but I was just depressed and shit. I was like, I just want to leave, I'm going to go be depressed somewhere, I'd rather be fucking depressed out in Florida where it's sunny beaches. I got to feel I'm enjoying my young years. It's not sitting in the fucking cold...I'm out here working 24/7.

Megan:

I had a lease. I had my name on a thing. At the time when I had got my basement in Fairfax, that whole year that I had spent in that, I ended up building up a credit score and I got my own credit card. I developed my stuff up and then whenever I moved out to Tampa, my credit was approved for a place. I was making good money, I had to moved out there and I got a good job out there. I became a general manager of this shop.

Malik:

She kicked me out and so I had to live at my job for a few weeks, slept in a trash truck for a month and a half. Then I was able to just get a hotel that I paid weekly from my job. I did that for, shit, another two months. Then I came back down here pretty much. I just didn't want to stay there because I would have turned into a different person. The first day I came back, I had a job by the third day. It was a job at REDACTED Café. I tried the restaurant business, but I said fuck it again, because I ain't doing this shit. Then I worked at REDACTED for a little bit. Then I worked at REDACTED.

Jack:

When I went to go look for a job, not only did I get rejected for being pregnant, but I also got rejected because the address on my ID was to a homeless shelter.... I had high-risk pregnancies. Every pregnancy I have will be high risk, so it made it hard on me...Also with COVID while being homeless, a lot of doctors' offices were having us stand outside in the middle of winter to be serviced. (Through two pregnancies, Jack was in and out of shelters, found employment, and persevered through a harsh winter of doctor's appointments).

Theme 10: Loss

Ben:

“I lost my first job and I couldn't find a job after for a while because of course, everything was closed.”

Megan:

When COVID hit, I was 18. I was graduating high school. I'd worked this job for three years and then when COVID hit, they ended up then closing the place and I had to move out at 18. Dealing with that, losing my job on top of trying to find a place, it was all...

Karen:

What affected me with that was the court hearings and the trials and to get in a good schedule because I would have to wait for a whole month or a bunch of weeks just to get to my hearing... [Also] the shelter care and the hospital.

Lost Opportunities

Ben:

“It started off fine, but since we couldn’t go out and mess around as teenagers should, my friends and I grew apart and what should have been a great last couple of years to school, it was lonely.”

Lars:

“I didn't have any friends because I was still new to Georgia. I had just moved down there...”

Megan:

“...to end the year of senior year, I had lost prom, I lost all that. Now I'm at home, I'm freaking sitting on my computer, I lost the social output of that school had brought with it.”

Ben:

Also all sports were done. I played football and it was the thing that I was good at. People used to come and watch me play ... I was good. I could have definitely gotten to go to college instead of working 3 jobs just to make ends meet.

Lars:

I was doing wrestling. I was good, not to brag...I got first there, third at nationals. I was doing good and then I got hurt, so I had to stop. At that time that was also when I was on my own and paying for my own stuff and I had to go to a hospital, so if I had to go again, I couldn't keep up with stuff.

Loss of Resources

John:

We lost a good two or three, maybe even four or five food pantries. A lot of clothing drives ceased their services until this year. We lost our non-congregate

hotel shelters over the course of that time period. All in all, we're still recovering economically in my little town, especially in terms of homeless services. A lot of shelters had to restrict the amount of beds they had and the amount of people that they could take. A good part of the population was just left out to the streets. All the churches that we relied on for food or clothing couldn't do it anymore because of these restrictions. There were a couple of times when I was sleeping in my car instead of staying in my transitional living program...this meant I needed as much free food as possible and as much resources and they didn't seem available to me and us as it should have been.

Jack:

It was harder for me to find programs and resources that were willing to take me in or work with me. Because being homeless, people tell you that they give you so much access to jackets and clothes and blankets. Where I'm from, that's not really true. They'll give you coat tickets to a coat closet, but then you have to find a way to get to that coat closet, or even find a jacket that fits you because everybody's buying them up when winter comes. They were all being sold in stores instead of given to what they were donated for.

Mahati:

...during COVID there weren't enough help provided for international students. Everything went online. They said students could stay at dorms if you wanted to, but everybody had left. I was the only person in my whole building. So there weren't that many resources being provided by university where they could have done that during COVID...Oh, I think in terms of going back to the resources I

can speak to, they do have...they do provide free counseling sessions on campus for students every semester. I was going through therapy sessions here on campus, but COVID hit I don't think they had absolutely almost no resources.