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# Homeless Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth in New York City: Insights from the Field

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This article reviews existing information about homeless lesbian, gay, bisexual, and transgender (LGBT) youth in New York City. It describes how the frequently heard narrative about them—“kicked out” of familial homes to the streets for being LGBT, heavy involvement with hard drugs and sex work, broad prevalence of HIV and suicidality—misrepresents the majority. It foregrounds issues that really are faced by most homeless LGBT youth, such as trauma, discrimination in foster care and shelters, structural barriers to exiting homelessness, and emerging adult development.

Between 240,000 and 400,000 lesbian, gay, bisexual, and transgender (LGBT) youth experience at least one episode of homelessness each year in the United States (National Alliance to End Homelessness, 2008). In New York City alone, there are 3,800–20,000 homeless youth, 15–40% of whom are LGBT (NYC Commission, 2010). These prevalence estimates have a wide margin of error, as statistics about stigmatized and invisible populations always do, but absence of more precise data would be a poor excuse to not address the problem based on what we do know (Ray, 2006). There is no denying that existing services' capacity is dwarfed by the need, as there are only about 250 LGBT-specific shelter and transitional living program beds in New York City (Anderson-Minshall, 2012). In mainstream, non-LGBT-specific homeless youth services, LGBT youth are often discriminated against and inadequately served (Hunter, 2008). Health disparities are evident, as homeless LGBT youth are at greater risk for victimization, sexual risk behaviors, substance use, mental illness, and suicidality than heterosexual homeless youth (Gattis, 2013).

This paper's authors are social work professors who served as volunteer staff members, consultants, evaluators, and community-based researchers in various New York City organizations serving homeless LGBT youth. Our work often included training volunteers, interns, and new hires, as well as creating cases for action for grants, fundraising, and the media. The conventional wisdom understanding that we encountered in this work was, in many respects, correct—most people intuitively understood that LGBT status increases risk of homelessness, that employment and housing discrimination impedes attempts to exit homelessness, and that homeless LGBT youth experience high rates of sex work, HIV risk, substance use, mental illness, and suicidality (Keuroghlian, Shtasel, & Bassuk, 2014; Tyler, 2008; Walls & Bell, 2011). We also found some things that were reliably counterintuitive to our various audiences: Only a minority of homeless LGBT youth report having been “kicked out” for being LGBT; just being engaged with services did not guarantee they were being well-served; some of their issues with housing and economic opportunity are shared struggles for their whole generation; and most homeless LGBT youth were not mentally ill, HIV+, involved in sex

work, or using hard drugs. In this paper, we review existing data around these homeless LGBT youth “counterintuitives,” note how they may have shaped service practices and priorities, and suggest how this service sector could evolve to meet these youths’ actual needs.

## **Becoming Homeless**

### ***“Kicked Out” for Being LGBT***

Although the narrative we usually encountered about homeless LGBT youth is that they were forced to leave familial homes for the streets because of their primary caregivers’ reactions to their gender expression or sexual-minority identity, only about 14–39% report having been “kicked out” for being LGBT (Berberet, 2006; Mallon, 1998). A provider-report survey, however, suggests LGBT status was the proximal cause of homelessness for a far higher proportion (Durso & Gates, 2012), and caregivers’ distaste for gender-atypical self-expression can cause problems for LGBT youth even without LGBT identity being in the foreground (Keuroghlian et al., 2014). Kicking youth out is only one of many possible parental reactions to their child being LGBT and is, thankfully, rare (Savin-Williams & Ream, 2003). Parental reactions to a child’s LGBT status can be understood in terms of family systems: Coming out changes a child’s role within a family system, e.g., as a potential grandparent. Role changes are inherently disruptive to systems, and families can be expected to restore homeostasis in similar ways to how they meet other challenges (Savin-Williams, 2001). Families themselves are also parts of larger systems like churches and communities, and families must manage how their response to their child’s LGBT status will affect their own position (Valera & Taylor, 2011). Our observation, although we have seen no systematic research on this question, was that youth “kicked out” of otherwise well-functioning homes for being LGBT had a relatively good prognosis for exiting homelessness. Their prior socialization had prepared them well for entry to conventional society and they did not have the burden of lifelong instability and trauma that characterizes most homeless youth.

### *Homeless for Other Reasons*

Most homeless youth have histories of family disruption, abuse, and family substance use (Kipke, Montgomery, Simon, Unger, & Johnson, 1997; Ray, 2006). LGBT status, although not necessarily the proximal cause of homelessness, is correlated with higher risk of many factors associated with homelessness, such as victimization at home and at school (Cochran, Stewart, Ginzler, & Cauce, 2002; Corliss, Goodenow, Nichols, & Austin, 2011). Some homeless youth were “kicked out” and others actually chose to leave because of conditions they could no longer tolerate (Hyde, 2005); the anecdotal example we often gave of this was parents taking their children’s disability money and spending it on drugs. Conflict with parents that was neither characterized as abuse nor related to LGBT status was the proximal reason for homelessness for 47% of 188 intakes at a New York City emergency shelter for homeless LGBT youth, according to our unpublished analyses of its database. We sometimes encountered youth with severe behavioral issues who had “bounced around” as various programs discharged them and friends and family took them in and kicked them back out (NYC Association of Homeless and Street-Involved Youth Organizations, 2012). All of this added to the burden of instability and trauma that our youth carried with them at the time of intake.

### **“Fell Through the Cracks” of Mainstream Youth Services**

Most currently homeless LGBT youth did not go from familial homes straight to the streets, but were once involved the child welfare system and had stayed at other shelters (Berberet, 2006). Although it is ideologically difficult to accept that things could get worse for youth in care,

Unfortunately, the foster care system that was intended to provide a haven for these young people can be a system that in many ways replicates the conditions youth need to be spared. Youth often report that congregate care facilities (typically for 14–21 year olds) are rife with theft, drug use and abuse, and violence. (NYC Association of Homeless and Street-Involved Youth Organizations, 2012, p. 26)

It was common for our youth to have had problems in the child welfare system that were the same problems other child welfare clients had and not necessarily related to their being LGBT.

### ***LGBT Status and Mainstream Youth Services***

That having been said, almost all LGBT child welfare clients experience problems over their LGBT status. Most LGBT child welfare clients experienced physical or sexual abuse and virtually all were verbally harassed, by people who were either directly expressing homophobia or just thought LGBT youth were easy targets (Hunter, 2008; Mallon, 1998; Mallon & Woronoff, 2006; Ragg, Patrick, & Ziefert, 2006; Wilber, Reyes, & Marksamer, 2006). Most child welfare workers agree that it is unsafe for clients to identify as LGBT, which can be a self-fulfilling prophesy when workers ignore homophobic/transphobic harassment of clients or even join in, later blaming victims for being “too overt” or otherwise bringing it upon themselves (Mallon, 1998). Providers have sometimes discharged their legal responsibility to keep youth safe in ways that did more harm than good, unconstitutionally isolating LGBT youth “for their own safety” (Estrada & Marksamer, 2006) or just finding some administrative way to “get rid of” them (Berberet, 2006; Mallon, 1998). Adding to their risk within shelters is the presence of gangs (Zurn, 1994), which tend to be homophobic (NYC Association of Homeless and Street-Involved Youth Organizations, 2012). Many LGBT youth choose the *relative safety* of the streets (Mallon, 1998; SAMHSA, 2010), and the sense of betrayal and disgust we encountered among some of these youth was understandably deep.

## **The Experience of Homelessness**

### ***A Systems Perspective***

Popularly, homelessness is seen as an individual-level condition that can be rehabilitated somehow (McKenzie-Mohr, Coates, & McLeod, 2012). In reality, homelessness emerges and is sustained as a role within several systems. Like all systems, the systems that homeless LGBT youth

encounter dynamically act and interact to maintain their own homeostasis, sometimes at the expense of individuals' well-being.

### *The Streets*

The “street life cycle” is self-reinforcing. Street life experiences traumatize youth and make them want to leave the streets, but also force them to adapt themselves in ways that work against their preparation for life in conventional society (Auerswald & Eyre, 2002; McKenzie-Mohr et al., 2012). Street life also involves “street mentors” (Auerswald & Eyre, 2002), which our youth often folded into their “families of choice” (Weston, 1991) along with other street-involved people. These connections could be supportive, but also got youth into trouble when they were expected to take family members' sides in conflicts. Many of our youth adhered to the “Code of the Street” (Anderson, 1999), the idea of providing for the safety of one's own body and property through maintaining a reputation for the ability to cause violent retribution, arguably a special case of the “culture of honor” that emerges in any human environment where people cannot count on conventional authorities for protection (Nisbett & Cohen, 1996). It did not make them any safer (Stewart & Simons, 2006), probably because it engendered behaviors that got them expelled from program spaces where they really could count on conventional authorities for protection.

### *Toward Economic Independence*

The way to “get back on their feet” was not as simple as “get a job.” The entry-level, minimum-wage jobs that were available to our youth “are physically demanding, have unpredictable schedules, and pay so meagerly that workers can't save up enough to move on” (Ehrenreich, 2014). Many of our youth were racial minorities who came from poverty and did not finish high school, a demographic whose employment rate is conjectured to be about 5% (PBS, 2013). Our youth also often did not have identity documentation required to get a job—sometimes because it had been lost or stolen, and sometimes because it was still with family members who refused to give it to them. The public-benefits component of their route toward

economic independence had its own obstacles, as our youth had trouble accessing even those benefits to which they were legally entitled. Their benefits were regularly cut off because they had missed appointments (partially due to not having a stable address where they could receive mail correspondence), failed to follow program rules (NYC Association of Homeless and Street-Involved Youth Organizations, 2012), or fell through one of the many other cracks in the system that New York City has only recently begun to acknowledge and address (Taylor, 2014).

### *Encounters with Law Enforcement*

Like other urban poor youth (Fine et al., 2003), our youth experienced encounters with police as traumatic, unpredictable, explicitly oppressive, and not necessarily contributing to anyone's safety (Dwyer, 2013). The NYPD's "broken windows" practice of keeping areas safe by "cracking down" on obvious signs of social disorder (Harcourt & Ludwig, 2007) apparently leads them to scrutinize street youth gathered in gentrified areas (NYC Association of Homeless and Street-Involved Youth Organizations, 2012). "Profiling" has been observed of urban youth of color for marijuana (Ream, Johnson, Dunlap, & Benoit, 2010) and transgender youth for sex work (Amnesty International, 2005). The problematic practice of using condoms found on suspects as evidence of sex work involvement, which made some of our youth hesitant to carry condoms with them, has only recently been curtailed (Santora, 2014). Tickets for entering the New York City subway system created an upward spiral of consequences, as these youth had no money to pay fines or even the subway fare to get to court. They ended up with arrest warrants, and those who were immigrants faced devastating consequences (NYC Association of Homeless and Street-Involved Youth Organizations, 2012). All of this caused them to be socially labeled as criminals and interfered with their progress toward independent living.

### *Modern Emerging Adulthood*

Adult-like economic and housing stability is not any more automatically available to our youth than it is to the rest of their generation of modern



emerging adults. The modern economy does not need droves of young, entry-level workers (Côté & Bynner, 2008). Multiple residence and work transitions are normal at this stage where the expectation is that youth work on their identity, refining the choices they made about themselves largely in theory during adolescence by trying out actual adult roles and eventually creating a life that is an authentic expression of who they are. (Arnett, 2011). The full benefit of this stage is, of course, only as available to youth as there are adult roles for them to try out.

## **Risk and Resiliency**

### ***Sex Work and Substance Use***

Although we did encounter youth who followed the commonly heard narrative of falling into a hard drug habit, supporting it through sex work, and needing months or years to change behavioral patterns, stories like this were very rare (Ream, Barnhart, & Lotz, 2012). Few New York City homeless LGBT youth have any experience at all with hard drugs, sex work, or alcohol addiction (Forge, 2012; Van Leeuwen et al., 2006). A longitudinal study of youth involved in a transitional living program for homeless LGBT youth found that those who were involved in health risk behaviors at intake usually completely ceased those behaviors upon moving in (Forge, 2012).

### ***HIV Risk***

One of the “common-sense” choices of psychoeducation topic for homeless LGBT youth was HIV risk. We were pleased to see that the message was getting through: Our youth had accurate knowledge about HIV risk, knew where to find free condoms, practiced safe sex in casual encounters, and were either scrupulously safe about having sex while drunk/high or did not do it at all (Forge, 2012; Ream et al., 2012). The message may, however, have been incomplete. Some of our youth practiced the norm of not using condoms with primary, trusted partners in order to distinguish them from casual, “open,” or sex work partners, and many of those who were HIV+ had acquired it from a primary partner (Ream et al., 2012).

### *Mental Illness*

Although most homeless youth meet criteria for some psychiatric diagnosis (NYC Association of Homeless and Street-Involved Youth Organizations, 2012) and homeless LGBT youth have even higher mental health risk than heterosexual homeless youth (Cochran et al., 2002; Noell & Ochs, 2001; Walls & Bell, 2011), the chances that our youth would “get the help they need” were far from certain. “Medicalization” of our youth was more often part of the problem than part of the solution. An example of this is that diagnoses of “bipolar disorder” were reported by 20% of intakes to a homeless LGBT youth emergency shelter in 2007, even though incidence in the general population is 3%. This may have been because of a trend at the time to impute a “bipolar disorder” diagnosis to unmanageable behavior (Moreno et al., 2007). “Unmanageable behavior” is a distinction that could also be imputed to youth following the behavioral requirements of the Code of the Street or whose childhood home environment was so chaotic that they never internalized behavioral limits (Garbarino, 1999). The pervasiveness of psychiatric medication, however, makes it an easier proposition to change youths’ brain chemistry than their living arrangements or their childhoods. We sometimes heard about workers telling youth that they had to be on medication in order to receive services. Some of our youth genuinely wanted and could have benefited from medication, but consistent access to medication is needed for it to be helpful, and this was often not available. Psychiatric hospitalization should have been a gateway to consistent access to medication and several other services, but discharge planning is not always done conscientiously, and hospitals regularly (illegally) discharge homeless people to shelters and the streets (Forchuk, Russell, Kingston-Macclure, Turner, & Dill, 2006). Access to outpatient mental health was also often prohibitive. Youth told us they wanted counseling, and they turned for counseling to any worker who was there consistently, regardless of that worker’s qualifications. In making referrals, we had to account for not only what the services were supposed to do, but whether they would actually do it for our clients.

## The Current System

### *Emergency Shelters and Services to Youth on the Street*

Trauma is actually a far more pervasive experience for homeless youth (McKenzie-Mohr et al., 2012) than issues like survival sex, sex work, hard drug use, and suicide that are often mentioned as part of the case for homeless LGBT youth services, and we saw little effort to systematically address trauma in street outreach and emergency shelters. A major source of trauma was experiences with other services, some of whose problems were all over the media (Bosman, 2009; Thrasher, 2011). Workers who did not take responsibility for earning youth's trust back or who tried to "get through to" youth about how they must have brought problems on themselves somehow were not effective. Although vigilance against HIV is appropriate and is probably one of the main reasons so few are HIV+, we observed "market saturation" with condom distribution and HIV testing, which made us wonder if the space and staff our funders' priorities required us to repurpose from other efforts could have been better spent. We also noted many youth were not "cut off" by their families permanently or at all, which suggests emergency shelters could create stability for many youth by working with families to take them back.

### *Transitional Living Programs and Stable Supported Housing*

Many youth will need the system to scaffold their development all the way from basic stabilization through emerging adulthood. This is the function of a transitional living program (TLP), and the current TLP mechanism has limited capacity and is not set up to support youth for as long as they will need it. According to one count, there were only 336 beds city-wide (NYC Association of Homeless and Street-Involved Youth Organizations, 2012). For youth who get selected for one these beds, the clock often runs out too quickly. Although the typical TLP places "a great deal of emphasis on preparing residents to live independently" and their "goal is that our residents, upon graduation from this program, will move on to their own apartments" (The Ali Forney

Center, 2014), many graduates actually graduate to other programs (Forge, 2012). Capacity at the TLP level of service could be expanded through Host Homes. In Host Homes, host families provide homeless youth with room and board, as well as mentorship and socialization that they would probably not receive anywhere else (NYC Commission, 2010). Stable, supported housing programs like TLP's must also struggle with the question of youths' romantic relationships. Some TLP's and youth shelters forbade couples to stay together, which frames romantic involvement as a deficit during a psychosocial developmental stage when romantic relationships are focal. Some couples simply hid their relationship status from workers. Adult shelters reinforced romantic relationships by creating much more desirable arrangements for couples than singles and even welcomed same-sex couples, but this created a context where clients had to choose between losing their housing and staying with a partner who was abusive or putting them at risk for HIV.

### *Program Evaluation*

The paradigm for evaluation that we saw in the field seemed to burden programs determined to serve youth well and allow programs not so determined to stay out of trouble. A systematic, research-informed process inclusive of clients' voices could be created that would be less burdensome and more effective than formal site visits and administrative reports. It has always been true in child welfare that merely placing youth in care of their own minority group, does not guarantee they are well cared for (Bosman, 2009; Thrasher, 2011). Authority needs to exist in government not only to cancel grants but to force programs to cease operation, regardless of their funding sources, if they choose not to operate in a way that benefits youth, regardless of their funding source (Quintana, Rosenthal, & Krehely, 2010). We sometimes heard people defend incompetent and unsafe practices on grounds that something was better than nothing for these youth, but one of the main lessons that homeless LGBT youth work has for the entire field of human services is that bad work can do more harm than good (Mallon, 1998).

## Conclusions: Future Directions for the System

What the field of foster care and homeless youth services most needs to acknowledge is that adult-like self-sufficiency is simply not available until later in life than it was for previous generations (Côté & Bynner, 2008). In terms of the appropriate time to age out of the need for homeless youth services, 25 is the new 21. This service sector should also move away from scattered, single-purpose interventions and toward an integrated system that would scaffold homeless LGBT youths' development through emerging adulthood. Obvious partners for this are colleges and universities, who already support job readiness, provide mental health and remedial educational supports, and teach life skills for emerging adults. Partnerships should also be created with employers and programs like Job Corps, and shelters and TLP's could connect youth with screened community mentors. Access to having "made it" as an adult in our society is blocked without residential stability, positive relationships, education/training, and work, and it is up to the system to create a path homeless LGBT youth can travel all the way from the streets into successful young adulthood.

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