SURVIVAL AMONG MALE HOMELESS ADOLESCENTS

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CHAPTER I

INTRODUCTION

Approximately 1.7 million unaccompanied adolescents are believed to be homeless in America (United States Department of Justice, 2002); this is 7% of the total homeless population (The United States Conference of Mayors, 2000, p.50). Of the 1.7 million unaccompanied homeless adolescents 40% to 60%, or 520,000 are queer [1](Kipke, O'Connor, Palmer, & MacKenzie, 1995; Radkowsky & Siegel, 1997; Sullivan 1996; United States Census Bureau, 1999). Although often unrecognized by society, social services, and policy-makers queer adolescents are over-represented among the homeless. Homelessness is a personal, familial, social and community phenomenon. This crisis is amplified for youth due to their limited social, economic, and legal resources.

Sexual Orientation and Identity

Prevalence of Queer People

Variable estimates exist for the number of queer people in the population. Kinsey, Pomeroy and Martin (1948) published the first large-scale effort to study human sexual behavior. Despite professional and academic opposition to their work, Kinsey and his colleagues employed stratified sampling to collect data on 12,214 males, over nine years, all across the United States (521 data points per interview). Kinsey's well-known

[1] Although a term with historical pejorative connotations (Gamson, 1995), *queer* is the current term used within gay, bisexual, lesbian and transsexual activism. The term is inclusive of gay, lesbian, bisexual and transsexual orientations (Kates, 1999), and will be used in this paper for reference to Gay, Bisexual and Transsexual individuals. Queer will also be used for studies sampling these three groups. Studies not inclusive of gay, bisexual and transsexual individuals, will note the specific group or groups studied e.g. gay, or gay and bisexual.

study identified 10% of the adult male population as gay (Kinsey, Pomeroy, & Martin, 1948, p. 651). Additionally, Kinsey identified 46% of the population as bisexual (Kinsey, Pomeroy, & Martin, 1948, p. 656); no data were collected on transsexual individuals. In this same study 27% of 8-21 year old males sampled reported homosexual activity to orgasm (Kinsey, Pomeroy, & Martin, 1948, pp. 259, 320). The continuum of sexual orientation developed by Kinsey may be found in Appendix A.

Studies investigating the prevalence of homosexuality have been conducted subsequent to Kinsey's work. Sell, Wells, and Wypij, (1995) surveyed 3,931, 16 to 50 year old people across three countries and found that 20.8% of males in the United States reported either homosexual behavior or homosexual attraction since age 15. A study of 36,741 12 to 20 year olds in Minnesota found 6% of adolescent males self-identified as gay or bisexual (Remafedi, Resnick, Blum, & Harris, 1992). Sampling 4,204 high-school students in Massachusetts, 3% self-identified as gay, lesbian or bisexual; and 5.3% of students either self-identified as gay, lesbian or bisexual and/or reported same-sex sexual contact (Massachusetts Youth Risk Behavior Survey, 2001). Anecdotal evidence seems to indicate that transsexual individuals are aware of their orientation at younger ages than that of other orientations (American Psychiatric Association, 1994).

Table 1: Definition of Terms

Term	Definition
Adolescent	For the purposes of this paper "adolescent" refers to people between 14 and 20 years of age.
Bisexual	Physical and emotional attraction to members of one's own sex, as well as to members of the opposite sex (Kinsey, Pomeroy, & Martin, 1948; Nycum, 2000).
Gay	Having an exclusive physical and emotional attraction to members of one's own sex (Kinsey, Pomeroy, & Martin, 1948; Nycum, 2000).
Gender Identity	The psychological counterpart of biological sex (Hogan & Hudson, 1998), a social construction.
Heterosexism	An ideological system that denies, denigrates, and stigmatizes any non-heterosexual form of behavior, identity, relationship, or community (Herek, 1990, p.316).
Homelessness	Being without permanent lodging with a parent or legal guardian for seven days or longer.
Queer	Any category of gender and sexuality other than strictly heterosexual, including gay, lesbian, bisexual and transsexual, and transgender. Queer was historically a derogatory term used by homophobes against non-heterosexual people which has been appropriated and is used affectionately among non-heterosexual people (Greene, 1999; Kamel, 1983; Kates, 1999; Ridge, Minichiello, & Plummer, 1997; Nycum, 2000, p.148).
Runaway	A youth who is absent from their home or legal residence for at least one night without permission (United States Government Accounting Office, 1989, p.13).
Sex work	The performance of sexual acts, in exchange for food, shelter, money, protection or drugs (Greene, Ennett & Ringwalt, 1999; McNamara, 1994; Rotherum-Borus, Mahler & Rosario, 1995). Synonyms: Survival sex, prostitution, rent, sex work.
Straight	Contemporary, non-clinical term for heterosexual.
Survival	To remain alive or in existence; to carry on despite hardships or trauma, to persevere. Survival is physical, psychological and psychosocial functioning that does not return to previous levels of functioning subsequent to adversity.
Throwaway	Youth who do not willingly choose to leave home but are forced to leave by their parents (with the intention that they do not return).
Transgender	A term inclusive of people who are transsexual, cross-dress for sexual (transvestite) or theatrical (drag queen) reasons (Califia, 1997; National Transgender Advocacy Coalition, 2001).
Transsexual	A person who feels his or her body is not the sex it should be (regardless of transformational surgical status): (Nycum, 2000).

Sexual Orientations

The literature on homeless queer male adolescents delineates several categories of self-identification: gay, bisexual, and transsexual (see Table 1). Distinction between various sexual orientations is often overlooked in the literature (recall Kinsey's continuum, see Appendix A). However, some studies have identified differences between gay, bisexual and transsexual homeless individuals (Clements-Nolle, Marx, Guzman & Katz, 2001; Lippa, 2001; Udry & Chantala, 2002). Sexual orientation may influence the mechanism by which one becomes homeless within this population (mode

to homelessness), as well as contribute to selection of survival strategies (Kamel, 1983). This may be related to one's ability to blend-in, or pass as heterosexual in mainstream society. For example, a bisexual male may safely present his girlfriend at family and community functions, thereby providing a truth-based cover or apparent defense to any who would question his masculinity or sexual orientation. The gay or transsexual male could provide a similar public image, but with a cost to personal integrity. This cost does not exist for the bisexual individual. The transsexual individual is in an even more precarious situation, for their self-identified sex is the opposite of their physical appearance. It is unlikely that many families would calmly respond to 17 year old cousin Steve donning pumps and a paisley jumper for Thanksgiving dinner, even without a beau in-tow. Sexual orientation is relevant to the etiology of abuse and homelessness among queer male adolescents (Tyler & Cauce, 2002), and is explored further in following sections.

Transsexuals are a core, but often neglected, segment of the queer community (Coombs, 1997). They are included as a separate group because of their socially disenfranchised status (Califia, 1997; Haynes, 1999) secondary to gender role atypicality (Coleman, 1989; Savin-Williams & Diamond, 2000), their relative absence from the literature, and their high rates (80% involvement vs. 60% gay involvement) of survival through sex work (Clements-Nolle, Marx, Guzman, & Katz, 2001). Gender role atypicality may be construed from mannerisms (e.g., speech, way of walking), style of dress (e.g., men dressing in traditional women's clothing, such as dresses), and other perceived violations of gender mores (Coleman, 1989; Di Ceglie, 2000; Taylor, 2000). It is possible that transsexual adolescents may become homeless at an earlier age than gay or bisexual adolescents because of their atypical behavior, dress, or mannerisms.

American culture is particularly gender-inflexible toward males (Di Ceglie, 2000). This inflexibility may be observed on any given day in the schoolyard where the ultimate

peer derision is to be called a *sissy* or *fag*. Demonstrative of this is the age-old playground game of "smear the queer" in which the targeted person (usually holding the ball) is attacked by the group. Gender atypical mannerisms are often recognized and strongly discouraged by one's family (American Psychiatric Association, 1994; Di Ceglie, 2000), peer group, and superiors (Human Rights Watch, 2001). The child or adolescent doesn't choose these mannerisms to spite society; rather they are natural or intrinsic to the child (Di Ceglie, 2000; Savin-Williams, 1996). Consequently, these children and adolescents are ostracized and victimized not for behavioral choices, but rather for who they are.

Heterosexism

Heterosexism[2] is an "ideological system that denies, denigrates, and stigmatizes any non-heterosexual form of behavior, identity, relationship, or community" (Herek, 1990, p. 316). Heterosexism refers to an underlying belief that heterosexuality is the normal, and acceptable form of sexual expression (Williamson, 2000, p. 97). Using the term heterosexism highlights the parallels between antigay sentiment and other forms of prejudice, such as racism, anti-Semitism, and sexism (Herek, 1990). Heterosexism leads to the marginalization of queer people by perpetuating the view that non-heterosexual feelings, behaviors and relationships are deviant or inherently flawed (Garnets & D'Augelli, 1994), and manifests itself at cultural, psychological and institutional levels (Herek, 1990). Although Kinsey published the following excerpt in 1948, the APA did not remove homosexuality as a diagnosis from the second Diagnostic and Statistical Manual (DSM II/ ICD-7) until 1974 (American Psychiatric Association, 1997):

[2] The term *homophobia* implies thought or behavior exclusively prompted by fear (Herek, 2000).

> In view of the data which we now have on the incidence and frequency of the homosexual, and in particular on its co-existence with the heterosexual in the lives of a considerable portion of the male population, it is difficult to maintain the view that psychosexual reactions between individuals of the same sex are rare and therefore abnormal or unnatural, or that they constitute within themselves evidence of neuroses or even psychoses. (Kinsey, Pomeroy, & Martin, 1948, p.659).

Gender Identity Disorder (DSM IV 302.6 and 302.85):[3] however has remained a psychiatric diagnosis, despite research to the contrary (Doctor & Fleming, 2001). The DSM notes that onset of cross-gender[4] interests typically begin between the ages of two and four, while some parents report their child "has always had these interests" (American Psychiatric Association, 1997, p. 536). The American Psychiatric Association's prior assertion that homosexuality was a psychiatric disorder, and its current designation of transsexual individuals as mentally ill has provided justification for discrimination against queer people. The following section describes queer marginalization and victimization by society.

Social customs maintain the assumption that heterosexuality is the only appropriate form of emotional and sexual expression. On a psychological level, individual attitudes and behaviors that reflect heterosexual norms are socially reinforced, and victimizers obtain peer approval by the expression of antigay views (Garnets & D'Augelli, 1994).

> Dehumanization, although a concrete historical fact, is not a given destiny but the result of an unjust order that engenders violence in the oppressors, which in turn dehumanizes the oppressed (Freire, 1970, p.28).

[3] "There are two components of Gender Identity Disorder (GID), both of which must be present to make the diagnosis. There must be evidence of a strong and persistent cross-gender identification, which is the desire to be, or the insistence that one is, of the other sex…There must also be evidence of a persistent discomfort about one's assigned sex or a sense of inappropriateness in the gender role of that sex". (American Psychiatric Association, 1997 pp. 532-533). GID is the psychiatric diagnosis for transsexuality.

[4] Cross-gender. Sex refers to one's anatomical maleness or femaleness. Gender refers to the psychological counterpart of biological sex. Cross as a prefix means the opposite of, therefore cross-gender means one's sense of being is that of the opposite sex i.e. an anatomical male psychologically feeling like a woman.

Heterosexist beliefs are codified into our society's values, religious beliefs, laws and social policies[5]. This belief may be observed in the educational and social welfare systems (Herr, 1997; Human Rights Watch, 2001; Jordan, Vaughan, & Woodsworth, 1997), rendering these systems unable to address the emotional and safety needs of queer adolescents (Greeley, 1994; Taylor, 1994): Barriers (e.g., staff hostility; lack of physical safety from violence in social service placements) identified as early as 1947 (Butts, 1947) are still the norm in America today (Joel A. v. Giuliani, 2000; Mallon, 1992). Queer people are stigmatized and marginalized not only for their sexual orientation, but also for their perceived violation of norms regulating gender behavior (Bailey, 1996).

Violence is a frequent consequence of heterosexism. Anti-queer violence persists because of the structure of the society in which we live (Ehrlich, 1990; Taylor, 1994). Violence is anti-queer when victims are chosen because they are believed to be non-heterosexual (Harry, 1990; Herek, 1997; Pilkington & D'Augelli, 1995). In a community sample of gay, bisexual and lesbian adolescents (N=194), 31% had been chased or followed, 13% had been spat upon, 27% had been physically hurt by another student at school, despite over half of the sample reporting a consistent active attempt to act straight or heterosexual (Pilkington & D'Augelli, 1995). Herek (1997), in a study of 2,300 self-identified gay, bisexual and lesbian adults, found that 25% of gay male subjects had experienced a crime (assault, rape, robbery, or vandalism) because of their sexual orientation. Pilkington & D'Augelli, 1995, and Herek 1997 report very similar findings sampling different age groups. The slight elevation in violence against queer

[5] For example, TN Court of Appeals Judges J. Farmer, P. J. Tomlin, and J. Crawford wrote: "The courts of this state have a duty to perpetuate the values and morals associated with the family and conventional marriage, inasmuch as homosexuality is and should be treated as errant and deviant social behavior" (TN Court of Appeals, 1988). In a minority opinion, U.S. Supreme Court Justice Scalia writes "Today's opinion is the product of a Court, which is the product of a law-profession culture, that has largely signed on to the so-called homosexual agenda, by which I mean the agenda promoted by some homosexual activists directed at eliminating the moral opprobrium that has traditionally attached to homosexual conduct"… "Even if the Texas law *does* deny equal protection to "homosexuals as a class," that denial *still* does not need to be justified by anything more than a rational basis, which our cases show is satisfied by the enforcement of traditional notions of sexual morality". (Lawrence v. Texas, 2003).

adolescents, when compared to queer adults is not surprising because the school environment provides fewer safeguards to safety than the legal mechanisms available to adults (Human Rights Watch, 2001). Additionally, analysis of national victimization surveys, surveying the general population, found overall victimization of youth (12-17 yo) to be 2.5 times that of adults (25 yo or older), but not significantly different from young adults (18-24 yo)(Hashima & Finkelhor, 1999). Characteristics of the sample, such as age, may play a pivotal role in results of victimization studies. Victimizers are another potential source of data.

In a college-based sample of *heterosexuals* in California (N=484), 10% reported they had physically assaulted someone because of sexual orientation. These assaults included four rapes, three shootings/stabbings, and two homicides (Franklin, 2000). Ehrlich (1990) notes that most antigay violence is “instrumental”, a “habitual pattern of behavior adopted to achieve a set of personal needs or ends” (p. 362). Discrepant findings between victim and victimizer are not unexpected – victimizers may choose not to participate in research due to the criminal nature of their activity, or may not answer truthfully. Likewise, those victimized may be over-represented in victimization research due to the desire to share their story. Victimization secondary to heterosexism is clearly an area for further study and intervention.

Queer victimization is only one aspect of victimization for queer homeless adolescents. Homeless status is another source of victimization (Goodman, Saxe & Harvey, 1991; Hoyt, Ryan & Cauce, 1999). High rates of robbery, assault and rape are common among homeless adolescents (MacLeon, Embry, & Cauce, 1999). When compared to homeless adults, homeless adolescents are at increased risk for robbery, rape, and assault (Whitbeck & Simons, 1993). These numbers are worrisome, for even among homeless adults, emergency department use is principally for trauma associated with victimization - burns, concussions, and fractures (limb and skull) in frequencies 30%

higher than that of the general population (N=1260) (Padgett, Struening, Andrews, & Pittman, 1995). Amount of time homeless is also associated with increased risk of victimization for homeless adolescents (Hoyt, Ryan & Cauce, 1999). Additionally, continued vulnerability to harm on the streets may come with costly psychological consequences. Street life often substitutes new risks of victimization for those previously experienced in the home (Estes & Weiner, 2002; Whitbeck & Simons, 1993). Violence is a frequent consequence of societal heterosexism. Homeless status compounds ones risks, particularly for minors.

Homelessness among adolescents

Nationally, the majority of homeless adolescents are male (Hetrick & Martin, 1987; Kipke, O'Connor, Palmer, & MacKenzie, 1995), Caucasian (National Runaway Switchboard, 2001; Terrell, 1997; United States General Accounting Office, 1989; Warren, Gary, & Moorehead, 1997) and raised in middle class families (Estes & Weiner, 2002; Remafedi, Resnick, Blum, & Harris, 1992; United States General Accounting Office, 1989). "The homeless youth population includes males and females; at east (sic) 90% of whom are between the ages of 12 and 17" (United States General Accounting Office, 1989, p.13).

There are various reasons adolescents become homeless. Mode to homelessness, the means by which they became homeless (runaway or throwaway) is another consideration. Studying 329 homeless adolescents in Seattle, Ryan, Kilmer, Cauce, Watanabe & Hoyt, (2000) found 22% left home over non-violent conflict, 18% over violence in the home, 11% over physical abuse, 10% over neglect, 5% parental drug abuse, 4% over sexual abuse, 37% reported that they chose to leave home, 42% reported a decision to leave had been made in conjunction with their parents, and 19%

were removed by social services. It is unclear from this data if *asked to leave by parents* was an option. In a study of Des Moines runaways (14-18yo; n=84), males were found to be more mobile and homeless longer than females. Only 9% of the males had been homeless for less than 6 months (50% of females), 36% had been homeless for 5 years or longer (17% of females). 76% of the males reported being thrown out of their homes (Simons & Whitbeck, 1991, p.230).

Studying a principally heterosexual (93%) sample of homeless adolescents (n=364), Cauce et al., (2000), found significantly more girls (44%) than boys (30%) were runaways, 34% of the sample were throwaways, 9% reported leaving was a mutual decision with their parent, and 18% had been removed from the home by social services. Studying a shelter-based sample of homeless adolescents in Toronto, Canada, Janus, Archambault, Brown & Welsh (1995), found 54% of males reported being thrown out of the home. Of the runaways, 27% reported physical and sexual abuse as an impetus for running, and 37% reported parental alcoholism or drug abuse motivated running (categories were not mutually exclusive). A basic concern once leaving home, is that of shelter. Studying 431 unaccompanied homeless adolescents in Indianapolis, Indiana - when seeking shelter, 42% reported staying with friends, 38% slept on the street, in a bus station or park, and 18% sought shelter from a relative (Indianapolis does not have a youth shelter) (Lucas & Hackett, 1995). Youth shelters offer another option for refuge.

Homeless Shelters

Much of the extant literature on homeless adolescents is based on shelter-based samples. Although shelter-based samples may be easier to obtain, shelters are relatively inaccessible to many homeless youth. Although not the only source for funding, the Family and Youth Services Bureau of the Administration for Children and Families is the

funding agency for the Runaway, Homeless, and Missing Children Protection Act of 2003[6]. The agency funded just 345 youth shelters in 2003 (Family and Youth Services Bureau, 2004). Federal regulations limit the amount of time a youth may stay in a federally-funded shelter to 15 days (United States General Accounting Office, 1989). These same regulations also require aftercare planning for each youth served, however, a review of these shelters revealed no aftercare plans were created for approximately 50% of the youth served (United States General Accounting Office, 1989). An average of 23 percent of shelter requests by homeless people are estimated to have gone unmet across 25 cities surveyed in 1999 (U.S. Conference of Mayors, 2000, p.61).

Conducting a six to twelve week follow-up study on 345 Israeli adolescents who had used shelter services, Deke, Peled, & Spiro (2003), found 28% were discharged to live with friends or to an unknown destination, 18% were placed to social services, and 54% returned to their family's home. Interestingly, those who returned to their family were younger, and had a history of abuse.

In addition to shelter accessibility concerns all homeless people face, queer adolescents must also consider issues of safety should their sexual orientation be discovered. "Many shelters are physically unsafe for transgender people" (Mottet & Ohle, 2003, p.3).

Adolescent, Homeless and Queer

Much of the research on homeless adolescents has been conducted on samples where a subject's sexual orientation has not been asked (this is most notable in federally-funded research e.g. National Incidence Studies of Missing, Abducted, Runaway, and Throwaway Children (NISMART)). As noted earlier, 40% to 60% of all

[6] This act renewed Public Law 93-415, the Juvenile Justice and Delinquency Prevention Act of 1974.

unaccompanied homeless adolescents are queer (Kipke, O'Connor, Palmer, & MacKenzie, 1995). There are a number of reasons for over-representation of queer adolescents among the homeless.

The literature purports that queer males are at greater risk for violent expulsion from the home than females following disclosure or discovery of sexual orientation. Whereas females are more likely to be physically and verbally abused, but kept at home until graduation from high school (Coleman, 1989; Hetrick, & Martin, 1987; Powers, Eckenrode, & Jaklitsch, 1990). Although clearly marginalized, due to limited resources, and the relative absence of queer homeless female adolescents, females will not be addressed in this dissertation.

Homeless adolescents are in a precarious economic position, with few fiscal options[7]. Exacerbating the situation, gender atypical individuals are more likely to be targeted for violence based on perceived or assumed sexual orientation (Savin-Williams & Diamond, 2000; Waldo, Hesson-McInnis, & D'Augelli, 1998). As noted earlier, transsexual males are more gender atypical than both gay and bisexual males. Gender atypicality is associated with magnified stigma, increased harassment (DiCeglie, Freedman, McPherson & Richardson, 2002) and consequently, barriers experienced (Di Ceglie, 2000). It is likely that those facing the largest barriers to shelter, safety and services, have fewer options from which to choose.

Queer, and Heterosexual Homeless Adolescents compared

Although few studies allow for comparison between queer and heterosexual homeless adolescents, some differences have been found. Conducting a comparative descriptive study of self-identified queer and heterosexual homeless adolescents

[7] The federal Fair Labor Standards Act (FLSA) (U.S. Dept. of Labor, 2003) limits employment available to minors while simultaneously further limiting the hours a minor may work under FLSA. Additionally, one needs an address, and phone number when applying for a job – something a homeless person lacks.

(n=375), gay, lesbian, bisexual and transsexual youth were significantly more likely to leave home due to physical abuse in the home (Cochran, Stewart, Ginzler, & Cauce, 2002). Gay, bisexual and transsexual males experienced significantly more physical victimization during the preceding 3 months, and had experienced significantly more sexual victimization than heterosexual males. Additionally, queer youth reported significantly higher levels of anxiety (as measured by the Achenbach Youth Self-Report) than heterosexual youth (testing for gender effects was not done) (Cochran, Stewart, Ginzler, & Cauce, 2002). Studying 372 homeless adolescents in Seattle, Tyler & Cauce (2002) found sexual minority adolescents were significantly more likely to have been neglected, physically abused, and sexually abused than heterosexual adolescents. 22% of the sample self-identified as gay, lesbian or bisexual. Based on their history of abuse it is probable that queer homeless adolescents will be more hesitant to return to their families, functionally eliminating that safety net. It is possible differential levels of involvement in survival behaviors such as survival sex (sex work) between queer and heterosexual individuals will be found due to increased societal barriers and victimization among those most gender atypical. Consequently, sexual orientation may be an important factor when examining homeless adolescents.

How I Arrived at This Problem

Completing my masters program, my initial area of interest was HIV prevention with adolescents. Investigating what had previously been done in this area, I came upon a number of studies that applied HIV prevention messages to homeless adolescents. These studies revealed an over-representation of queer youth on the streets while also illustrating the basic need deficits these teens experienced. I came to question why HIV prevention was emphasized (a long-term issue) while simultaneously survival issues

such as hunger, shelter and safety (immediate crises in their lives) were overlooked – particularly in light of Maslow's work[8]. Studying the relationship of basic needs satisfaction and health-promoting self-care behavior, Acton and Malathum (2000), found that self-actualization, physical and belonging need satisfaction accounted for 64% of the variance in predicting engagement in health-promoting self-care behavior. It is little wonder that AIDS prevention messages delivered to homeless adolescents struggling with these lower deficiency-based needs have generally been ineffective. Additionally, I came to question why queer youth were over-represented on the streets. This was also the time period when discrimination, involuntary commitment of queer teens for reparative therapy[9], assaults, and murders of queers were increasingly publicized.[10] All of these factors emphasized the impact the environment has on the basic needs of queer people – particularly youth. Studying these basic survival needs, and strategies, among those queer people most disenfranchised (male homeless adolescents) offers the possibility of truly benefiting these individuals, their communities and potentially society.

Purposes of this Dissertation

Review of the literature in this relatively new body of research identified numerous gaps. Because of the early state of the science on queer male homeless adolescents, little is known about their experiences and the strategies they use to

[8] Maslow's theory proposes a hierarchy of needs. At the bottom of this hierarchy one faces physiological needs. Maslow notes that lower needs are "prepotent" to higher needs – indicating that lower needs need to be at least partially fulfilled prior to addressing higher needs (Maslow, 1954,1968).
[9] Mournian, T. (2000). Hiding out. XY, 25, 36-42.
[10] *Matthew Shepherd* abducted and hung on a fence to die in 1998 (Brooke, 1998); *Pfc Barry Winchell*, (22yo) beat to death with a bat in Army barracks (1999) (Whitaker, 1999); Joshua Runnels (24yo) & Eric Heyob (24yo), attacked while sleeping in their apartment, beaten, and repeatedly burned (1999)(Blotcher, 2002). *Arthur Warren Jr.* (26yo), kicked until near death, then transported to a road and driven over repeatedly by his attackers truck (2000)(Quittner, 2000); *Fred Martinez* (16 yo native American transsexual), beat to death (2001)(Bartels, 2001; Quittner, 2001); and many other victims.

survive. In addition, it is not clear whether these experiences differ from heterosexual homeless male adolescents. Therefore, a two group (queer and heterosexual homeless male adolescent) comparative, descriptive study will be conducted to answer the following questions:

1) What are the natural histories of residential instability and participation in survival strategies among male homeless adolescents?
2) In a sample of male homeless adolescents, does mode to homelessness, trait anxiety or sexual orientation influence self-esteem (SE), collective self-esteem (CSE), or State Anxiety?
3) In a sample of male homeless adolescents, do sexual orientation, mode to homelessness, SE, CSE, State Anxiety, Trait Anxiety, or time homeless influence time to survival strategies, particular survival strategy chosen, or sequence of survival strategies chosen?

Significance of the problem to Society

Homelessness is a problem significant to society. 7.4% or 21.7 million Americans have been homeless at some point in their lives (Link, Susser, Stueve, Moore, & Struening, 1994). As noted earlier, 1.7 million are homeless adolescents (United States Department of Justice, 2002), and a disproportionate number of these adolescents are queer (Kipke, O'Connor, Palmer, & MacKenzie, 1995; Radkowsky & Siegel, 1997; Sullivan 1996; United States Census Bureau, 1999). Homeless persons have been shown to have elevated mortality rates (Hibbs et al., 1994), higher hospital admission rates (O'Connell, 1999), and used emergency departments for healthcare (Ensign & Gittelsohn, 1998) at 2.6 times the rates of non-homeless persons (O'Connell, 1999). These health consequences result from several homeless specific factors: "illness from exposure to the elements,… violence, and lack of sleep" (Boes & van Wormer, 1997, p. 411). Focus groups of homeless adolescents identified six major strategies they used to prevent illness and stay healthy: (1) seeking shelter; (2) wearing dry shoes and socks; (3) eating properly; (4) using herbs; (5) getting exercise; and (6) having a

companion animal (Rew, 2002). Studying 431 unaccompanied homeless adolescents in Indianapolis, Indiana, mental health issues reported included depression (40%); poor self-image (37%); witnessing violent crime (33%); abandonment (29%); victim of a violent crime (27%); suicidal thoughts (33%); suicidal plan (25%); and attempted suicide (10%) (Lucas & Hackett, 1995). Simons and Whitbeck, (1991) identified 50% of currently homeless adults (n=266) had been homeless as adolescents. For males in the sample, amount of time spent homeless as an adolescent was related to current criminal behavior, substance abuse and victimization (p.243). Conducting a comparison group study with adults with a history of homelessness, and without a history of homelessness (n=487), found childhood history of physical abuse increased subjects risk of adult homelessness by a factor of six (Herman, Susser, Struening & Link, 1997).

The average taxpayer shares the cost of homelessness. Because these adolescents commonly leave home before completing high school or gaining employment skills, there are few economic opportunities available to them. Long-term consequences of neglecting this problem are large numbers of youth on the fringes of society who will not enter the workforce, but rather consume and subsist on public assistance and good-will, or in the criminal justice system. To impact the situation of these adolescents is to impact a portion of the homeless population that could present a life-long burden to society. Without intervention there is little hope that these individuals will find legal self-supporting employment and contribute meaningfully to society; they are undereducated, and will likely suffer from both psychological (Powers, Eckenrode, & Jacklitsch, 1990) and physical ailments (Hibbs et al., 1994) due to their life circumstances. To intervene is to not only invest in their future, but to benefit society long-term.

Significance of the problem to Health

Health has been defined as the synthesis of an individual's level of function at a particular point in time and the probability of transitioning to another level of function (Patrick, Bush & Chen, 1973, p.7). This definition, although created for the clinical setting, is applicable to the phenomenon of adolescent homelessness. Lacking a stable residence, and struggling to meet one's basic needs implies a condition of suboptimal functioning. Subjectively positioning oneself in that situation, it is likely the perception of transitioning, or escaping life on the street is dismal. It is also important to consider the socio-political climate influencing these perceptions. Imagine this adolescent is queer, and has been thrown out of their parents' home secondary to disclosure or discovery of their sexual orientation. Also consider the influence of the socio-political climate on their perceptions (the increasing (24%) incidence of anti-queer hate crimes since the Supreme Court struck down state sodomy laws in Lawrence v. Texas (2003)(National Coalition of Anti-violence programs, 2004), and the current U.S. queer-related political discord over the possibility of legal recognition of committed queer couples). For a contemporary queer homeless adolescent, the prognosis of 1) escaping life on the street, and 2) escaping to a future perceived as affirming of who they are, is bleak. For both heterosexual and queer homeless adolescents, health is neither feasible, nor truly accessible. Their largest barrier to health is their environment, or the milieu in which they find themselves.

"The mission of public health is to provide the conditions in which people can be healthy" (Burris, 2002, p.498). Within the context of queer male adolescent homelessness, health may be defined as freedom from malice. Health in this population is inextricably linked to the issue of human rights. Human rights include the right to protection of physical integrity (freedom from assault and battery), and the right to equal

protection under the law[11] (Miller, 2001, p.862). Without these rights there is no health, "there is no security in life, no assurance; only a life of constant fear and uncertainty, of loss of limb, of injury from others, and of death" (Dewey & Tufts, 1908, p. 442). The threat to health in this population is societal and familial heterosexism[12]. It is acceptable and legal to fire an employee for being queer in 38 states, and gender atypical in 48 states (Human Rights Campaign, 2003b). Consider how much more socially, and religiously sanctioned and acceptable it is for a parent suspecting their child's non-heterosexuality to do all within their power to alter their child's sexual orientation. Perhaps with the intention of averting later hardship for their child, they may create an aversive home environment, or ban the child from their home altogether.

Unique health risks affect the queer community. Queer health-related study has not been a research priority. A review of all English-language Medline articles between 1980 and 1999, identified 0.1% of all articles addressed queer/LGBT issues. Of these articles 61% were disease-specific. Looking at the last five years sampled (1994-1999), the only queer group with a decline in representation were transgender people (decreased by 21% from previous years). The authors conclude that queer/ "LGBT issues have been neglected by public health research and that research unrelated to sexually transmitted diseases is lacking" (Ulrike, 2002, p.1126).

Transgender people have unique health concerns. The Washington D.C. Transgender Needs Assessment Survey (WTNAS) surveyed 252 transgender people (13-61 yo) in Washington, D.C. (Xavier, 2000). 39% of those sampled were 24yo or younger. Of those sampled, 47% did not have health insurance. However 71% had

[11] Where applicable, examples of laws and policies will be provided specific to TN (the location of the author's University); the District of Columbia (D.C.) Indiana and Ohio (the sampling base for this dissertation).

[12] Heterosexism is an ideological system that denies, denigrates, and stigmatizes any non-heterosexual form of behavior, identity, relationship, or community (Herek, 1990, p.316). The term *homophobia* implies thought or behavior exclusively prompted by fear (Herek, 2000). Fear-based motivation has not been supported in the literature.

acquired hormones from friends or on the street, and 10% had received silicone injections for breast augmentation. Silicone injections involve directly injecting silicone into the body (as contrasted to the surgical intervention of silicone implants), and is dangerous, and sometimes fatal, apart from issues of shared needles (American Educational Gender Information Service, 2003 & 2004). In the WTNAS study 32% of the male-to-female transsexuals sampled had tested HIV positive (HIV tests were not conducted as part of this study), and 22% of the entire sample did not know their HIV status, 18% had never been tested for HIV. 5% of the sample were currently working as sex workers. At least 6% of the sample were currently homeless (13% refused to answer the question) (Xavier, 2000).

Health must be viewed within the socio-political context of society. Legalized discrimination and socially condoned violence are the norm in many parts of this country. Queer adolescents face harassment, violence, and the threat or experience of homelessness (Nycum, 2000). Legalized discrimination impacts the mental health of queer adolescents as well as physical well-being. Health, even as broadly defined as freedom from malice, is an elusive goal.

Healthcare providers have not functioned independent of heterosexual societal views. Heterosexism coupled with paternalism among healthcare providers has erected barriers to healthcare for queer adolescents. Queer adolescents are often faced with foregoing healthcare or are constrained to care from providers and institutions that are heterosexist and often hostile (Craft & Mulvey, 2001, p.889).

Nurses have a social contract to advocate for the disenfranchised. Respect for diversity is vital to all levels of nursing practice (American Nurses Association, 1991). Nursing leaders such as Florence Nightingale and Lillian Wald advocated for the rights of the disenfranchised, and those receiving substandard care. Contemporary nursing leaders agree that health and human rights are of concern to nursing (Chamberlain,

2001; Donaldson & Crowley, 1977; Kendall & Roddy, 1991). Our involvement with health is not exclusive to “healthcare “. Health care professionals become involved in human rights in four major ways: (1) as perpetrators of abuse; (2) as victims of it; (3) as bystanders; and (4) as protectors and defenders of human rights (Nightingale & Chill, 1994).

U.S. Federal Health Policy

Two federal documents form the basis for health-care policy as it relates to queer individuals. Healthy People 2010 is a set of health objectives, put forth by the Office of Disease Prevention and Health Promotion of the United States government, for the Nation to achieve by the year 2010 (Healthy People 2010, 2002). The other federally issued document is the National Healthcare Disparities Report. In February of 2004, the Agency for Healthcare Research and Quality, released the first annual report on healthcare disparities: the National Healthcare Disparities Report. This report is the "first national comprehensive effort to measure differences in access and use of health care services by various populations" (Agency for Healthcare Research and Quality, 2004, p.1).

Healthy People 2010

Built on initiatives pursued over the past two decades, Healthy People 2010 establishes national health objectives and serves as the basis for the development of plans to improve health in states and communities. Healthy People 2010 recognizes inequity in health care and the challenges for achieving this reside at the individual, community, state and national levels. The document Healthy People 2010 recognizes the impact of marginalization on the health of queer people and its *significance to society,* noting, “America’s gay and lesbian population comprises (sic) a diverse

community with disparate health concerns" (Healthy People 2010, 2001, p. 16). Sexual orientation is included in 29 Healthy People 2010 objectives spanning 10 focus areas (Sell & Becker, 2001). Although sexual minority exclusion on the basis of identity, association, and experience (Hall, Stevens, & Meleis, 1994; Hall, 1999) continues to be justified by political, moral, and religious beliefs (Meyer, 2001; Swan, 1997), Healthy People 2010 is a beginning step to address these issues. "Healthy People 2010 is firmly dedicated to the principle that—regardless of age, gender, race or ethnicity, income, education, geographic location, disability, and sexual orientation—every person in every community across the Nation deserves equal access to comprehensive, culturally competent, community-based health care systems that are committed to serving the needs of the individual and promoting community health" (Healthy People 2010, 2001). Although "Transgendered people represent perhaps the most heavily stigmatized, socially marginalized, and with regard to HIV/AIDS, underserved, at-risk population… " (Xavier, 2000, p.9), sexual identity is not noted in Healthy People 2010.

The National Healthcare Disparities Report

The National Healthcare Disparities Report claims to "provide a comprehensive view of the scope and characteristics of differences in health care quality and access" (Agency for Healthcare Research and Quality, 2004, p.1). Queer people are ostensibly absent from this initial report, and its 2005 revision. The report defines disparity as "the condition or fact of being unequal, as in age, rank, or degree. Synonyms for disparity include inequality, unlikeness, disproportion, and difference" (Agency for Healthcare Research and Quality, 2004, p.2). Although queer people do not hold equal legal standing as individuals against job or housing discrimination, or as couples to acquire health insurance etc. the federal Agency for Healthcare Research and Quality, appears unwilling to apply their own definitions. Interestingly, the agency identifies HIV and AIDS

as one of the seven clinical conditions for which "differences in the use of services, access to health care, and impressions of quality" were to be assessed (Agency for Healthcare Research and Quality, 2004, p.1). Incredibly, the report claims to "complement HP 2010 by focusing on prevailing disparities in health care delivery" (Agency for Healthcare Research and Quality, 2004, p.4).

Healthcare Professionals

The health and well-being of homeless adolescents is of significance to *healthcare professionals*. A nursing leader defines health in the following way:

> Health is the actualization of inherent and acquired human potential through goal-directed behavior, competent self-care, and satisfying relationships with others while adjustments are made as needed to maintain structural integrity and harmony with relevant environments (Pender, 1996, p.22).

Determining what keeps people healthy and enhancing those skills is relevant to nursing and health-care professionals (Ryan-Finn & Albee, 1994; Dyer & McGuinness, 1996; Healthy People 2010, 2001). "Fundamental to community health are peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice, and equity" (Pender, 1996, p.27).

Distinctive antecedents of risk, illness and violence exist within the queer community due only to membership within this group. The core problem endangering the health and lives of this population is legitimized oppression (Kendall & Roddy, 1991; Nycum, 2000). As Dr. Nelson, president of the Australian Medical Association wrote:

> I have come to recognise [sic] that it is not the homosexuality itself that is the cause of most of the problems homosexual people face, but rather a maladjusted society that too frequently alienates them with its prejudice, fear and intolerance….In the same way that we (physicians) see ourselves as advocates for individual patients, so too must we be advocates for those in society who have neither power nor influence. (Nelson, 1995, p. 149)

Access to services is a concern for homeless adolescents. Many have few treatment options available because of inappropriate services or the inability of current institutions to provide effective services (Kennedy, 1991; Klein, Woods, Wilson, Prospero, Greene, & Ringwalt, 2000, Kufeldt, 1991). Studying 431 unaccompanied homeless adolescents in Indianapolis, Indiana, approximately 50% (n=431) had asked a social service agency for assistance, but 25% of those who asked were denied services because they were unable to obtain parental consent. "Many of those who had never approached an agency said they were aware of the rules that would disqualify them from receiving services, so they didn't 'waste their time'" (Lucas & Hackett, 1995, p.7). Additionally, commonplace clinic or provider policies denying statutorily determined adolescent self-consent to healthcare (e.g. D.C. §7-1231.14; IC §16-36; OH §3719.012; and T.C.A., § 63-624 & 63-6-223), obstruct patient self-determination, violate providers ethical and social contract with society, and ultimately hinder care: yet this is common-place (Ellen Clayton JD, personal communication July 25, 2002; and A. E. Jaworski[13], personal communication July 23, 2002). Presentation for healthcare services may lead to detention in a juvenile facility, or family contact – both offering aversive consequences to an adolescent seeking care. Healthcare providers often exacerbate the marginalization of queer and homeless adolescents. Healthcare should not be a risk for additional trauma.

Nursing

A metaparadigm represents a consensus on the parameters of a discipline (Hardy, 1978). Nursings' metaparadigm is concerned with the person, environment,

[13] Healthcare administrator of a chain of hospital operated Urgent Care facilities in MD. This facility will not provide triage or services to minors without a parent's physical presence and consent, nor provide any OB/GYN services to minors. [EMTALA (Federal Law) requires triage of all presenting patients, and MD law does not require parental consent for triage or OB/GYN care of minors (MD An. Code §20-102)].

health, and nursing (Fawcett, 1980). "The goal of nursing science, as is true of other sciences, is to represent nature – in particular human nature – to understand it and to explain it for the benefit of humankind" (Gortner, 1988, p.23). Nightingale identifies nursing as putting the individual in the best possible state and allowing nature to act upon him (Nightingale, 1969) – delineating the critical role of the environment to the discipline and practice of nursing.

> Nightingale viewed the person as having both the ability and the responsibility to alter rather than conform to the existing situation. This view was evident in her nursing efforts, which focused on actively changing the environment to improve conditions for both the individual and the community (Whall, 1996, p. 33).

The centrality of environmental influence is also recognized in modern nursing through nurslings' metaparadigm and contemporary nursing leaders: “Nursing considers human health in terms of politics and history as well as in terms of inexorable laws of health” (Donaldson & Crowley, 1977, p. 4). The fundamental responsibilities of nurses are to promote health, prevent illness, restore health, and alleviate suffering (Oulton, 2000). Nurses have a social contract to be advocates for the underserved, the powerless, and the disenfranchised.

A principal nursing role is that of patient advocate. Advocacy is representing those within our care and their needs to those in power (Shore, 1998). There are six principles of advocacy: 1) Advocacy assumes that people have, or ought to have certain basic rights; 2) Rights are enforceable by statutes, administration, or judicial protection; 3) Advocacy efforts are focused on institutional failures that produce or aggravate individual problems; 4) Advocacy is inherently political; 5) Advocacy is most effective when it focuses on specific issues; and 6) Advocacy is different from the provision of direct service, although its outcomes may directly affect practice (Shore, 1998, p.474). Collusion with or failing to act against laws and policies harmful to patients violates the core tenets of nursing.

The call to advocacy from nursing leadership about human rights, marginalization, and ethical care is most loudly heard in the international nursing community. Values central to ethical nursing practice are health and well-being; choice; dignity; confidentiality; fairness; accountability; practice environments that are conducive to safe, competent and ethical care (Canadian Nurses Association, 1997). The principle of fairness dictates "nurses apply and promote principles of equity and fairness to assist clients in receiving unbiased treatment" (Canadian Nurses Association, 1997, p. 7). Although influenced by social mores "in ways that are consistent with their professional role and responsibilities, nurses are accountable for addressing institutional, social, and political factors influencing health and health care" (Canadian Nurses Association, 1997, p. 8). Nurses are to provide care in response to need regardless of such factors as race, ethnicity, culture, spiritual beliefs, social or marital status, gender, sexual orientation, age, health status, lifestyle or the physical attributes of the client (Canadian Nurses Association, 1997, p. 17).

A core value of nursing science, holism (consistent with the ecological paradigm), requires that we look beyond the individual to his or her circumstances to advocate and intervene on their behalf, as well as to assist patients to advocate on their own behalf. As patient advocates, nurses cannot avoid political action, but can either, through indifference, opt for a policy of no social change, or, if concerned with health problems generated by marginalization and discrimination, act to promote social change.

Policy and homeless adolescents

Policy is the current largest barrier to health and shelter-related services for homeless adolescents (Swan, 1997). Legislatively, parental consent is required for treatment of non-life threatening medical conditions and psychological problems in many

states. Physicians may also require parental consent when statutorily it is not required (Clayton, 2002; Jaworski, 2002).

Furthermore, being an unaccompanied homeless minor is a "status offence" (an act that would not be considered an adult crime), and is cause for arrest and detainment in many states, including D.C., Indiana, Ohio and Tennessee (D.C. ST § 2-1542; Hier, Korboot, & Schweitzer, 1990, p. 762; IN ST § 301-101, 102 & Indianapolis Municipal Code 407-103; TN Code Unannotated, 2001, § 39-17-1702). D.C. law prohibits homelessness (included under the definition of vagrancy), with sentences of $300 and 90 days imprisonment (D.C. ST § 22-3502), however one must pay to stay in a homeless shelter (D.C. ST § 4-705.01). One may not obtain this shelter fee through panhandling, for panhandling is also illegal in D.C. (D.C. ST § 22-2302).[14] Laws such as these limit access to shelter and health care.

The literature reports few queer adolescents' access or use homeless shelters, preferring alternative or street sites (Greene, Ennett, & Ringwalt, 1999). D.C. and Cleveland, Ohio each have one shelter accepting male adolescents. There are no shelters in Indianapolis, Indiana accepting unaccompanied adolescents without parental permission and concomitant entrance in the social service system. Interventions conceptualized at the socio-environmental level (targeted at family, community and policy levels) are needed (DiClemente & Wingood, 2000).

Prevention is a frequent bedfellow of policy. However, prevention programs rarely recognize the social injustices that play a major role in the appearance of physical and emotional problems (Ryan-Finn & Albee, 1994). Prevention is a term common to healthcare. However, "effective prevention requires societal change and political action to achieve equal rights and to reduce the stresses of discrimination and exploitation" (Albee, 1996). Prevention of homelessness among queer adolescents will require

[14] Penalties for panhandling include sentences of $300 and 90 days imprisonment (D.C. ST § 22-2304).

change in policy. For instance, current social service priority is to seek familial reunification (Tremble, 1993) “in all but the most egregious cases” (Abinati, 1994, p. 162). Familial abuse, and neglect are frequently antecedent to homelessness among queer male adolescents. Reunification of the family is generally antithetical to the welfare of this population (Abinati, 1994; Tremble, 1993). Conservative political philosophy argues that health professionals should not meddle in social problems – but this view is grounded in the acceptance of the medical (individual disease) model and the denial of the contributory role of the social environment (Ryan-Finn & Albee, 1994).

The ecological paradigm looks at the individual through their location within society and the family. Heterosexism is the belief that heterosexual behavior is the only acceptable form of interaction. This belief is often enforced with violence – and may result in homelessness for queer male adolescents. State law and policy contribute to heterosexism and consequently the marginalization, victimization and homelessness of queer adolescents. “The spirit of ecological inquiry is to learn about and appreciate lives of people in context” (Trickett, 1996, p.225). Further study linking queer adolescent homelessness to a marginalized sexual identity is needed before policy-driven structural barriers might be modified or razed.

CHAPTER II

REVIEW OF THE LITERATURE

This chapter begins with a discussion of adolescence and the family. The family plays a large role in adolescent homelessness and subsequent survival. Survival strategies employed by homeless male adolescents are presented, as well as lenses through which to view this phenomenon. The ecological perspective provides the groundwork for discussion of selected conceptual frameworks in the literature: the work of Barbara Dohrenwend, Paulo Freire and Morris Rosenberg. Concepts critical to adolescent homelessness: social identity, self-esteem, collective self-esteem, and anxiety follow. Research paradigms that have been employed to study queer male homeless adolescents are then presented. This theoretical foundation provides the lens through which to evaluate the available literature. Heterosexism and marginalization within the context of society and the family create the need to survive and, consequently, survival strategies such as sex working, panhandling, stealing, and drug dealing. Integration and application of these frameworks and concepts transitions to discussion of a model of homeless adolescent survival.. Extant research, including: methodological challenges to research with queer male homeless adolescents; key gaps in research related to this phenomenon; and designs to address these gaps, will be discussed. The chapter concludes with research questions to be addressed in this dissertation.

Adolescence

Adolescence is that time between puberty and adulthood, ranging between the ages of approximately 13-22 for boys (Chaplin, 1985, p.13). Developmental goals of

adolescence are abstraction of thought and language, pubertal changes, complex motor patterns, development of intimacy, and increase in independence (Fox, 1997). Erikson's theory of ego-development labels adolescence as the period of *Intimacy vs. Isolation*. At this stage in development the youth is able to make commitments and abide by them, is seeking to figure out who they are as a person, and is looking for social values to guide their identity development (Erikson, 1963). This social values and welfare ideology is movement toward what Alfred Adler would deem a healthy person – "one who lives by principles, yet who is realistic enough to modify them under exceptional circumstances" (Ryckman, 1989, p. 108). Erikson notes the principal danger in this stage as *role confusion* – be it occupational, or sexual.

> "The adolescent mind is essentially a mind of the moratorium, a psychosocial stage between childhood and adulthood, and between the morality learned by the child, and the ethics to be developed by the adult" (Erikson, p.263).

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Although Erikson regarded homosexuality as role confusion, his work remains definitive in the area of adolescent development.

The Family

The family plays a large role in the lives of youth. The acceptance and supportiveness of some families is publicly demonstrated by the work of Parents and Friends of Gays and Lesbians (PFLAG). However, not all families are accepting of their queer son, daughter, or sibling. "The question always arises as to whether these policies (availability of gay-affirming resources) encourage homosexuality. The reality is that teens maintain homosexual and transgender identities amid a lifelong avalanche of exclusively heterosexual influences" (Rosenberg, 2003, p.1719).

Families may be a source of social support. In adolescence the peer group begins to usurp the influence of family. Adolescents have been found to distinguish

between family, non-family adults and peer when seeking social support; and to approach reference groups they perceived helpful and avoid those they perceived stressful (Barone, Iscoe, Trickett & Schmid, 1998). These findings have particular relevance to queer adolescents facing sexual identity issues, and for homeless adolescents seeking help. It is stressful to ask for help, even more stressful from a source perceived to be hostile to adolescents, or queer people. In fact, children 12 years or older with gender identity disorder have been found to experience more relationship difficulties with parents (DiCeglie, Freedman, McPherson, & Richardson, 2002).

Family closeness has been found to be different between white and black adolescents, with black adolescents reporting significantly more familial affiliation than white subjects (Barone, Iscoe, Trickett & Schmid, 1998). Regardless of race, family issues are sometimes precipitates to the homelessness of one of its members. Studying sheltered unaccompanied homeless adolescents qualitatively, the themes that emerged were: (1) trying not to run; "One theme that continually arose (across age and gender) in the accounts of the adolescents in this study was that they resisted fighting back with their parents, resisted breaking family rules, and in a sense, tried to resist running away" (p.620).; (2) conflicting emotions; "most reported that they loved their parents-and at the same time were angry at them" (p.620); (3) running away as a search for protection and emotional connection; "they sought people and places that would make them feel safe"; and (4) running away as a fixable problem (Schaffner, 1998). "Runaways do not want to leave home. The decision to run away is not an easy one. Teenagers struggle to find ways to love their parents even when there is chronic and acute family dysfunction-physical and sexual abuse, authoritarian and arbitrary parenting styles, neglect and abandonment, drug abuse, and other sources of conflict. Runaways wrestle with their dilemma, but ultimately choose what they view as personal survival over family unity" (Schaffner, 1998, p.627).

Heterosexism and the Family

Rejection by family is a frequent consequence of disclosure or discovery of queer orientation (Radkowsky & Siegel, 1997; Strommen, 1989). Disclosure is often the normal tendency to want to share personal information about yourself with people you care about. It is healthy for adolescents to want to share with friends and family their latest crush, or how they spent their weekend (Gay, Lesbian and Straight Education Network, 1999). Healthy psychological development requires meaningful disclosure to others (Allport, 1955; Dewey & Tufts, 1908, pp. 433-434). Heightened risk of physical illness has been identified among gay and bisexual men who conceal their sexual identity. Studying HIV-negative self-identified gay and bisexual adult men over five years (n=222), Cole, Kemeny, Taylor, & Visscher, (1996) found that the odds of experiencing at least one of the diseases surveyed (cancer, pneumonia, bronchitis, sinusitis, and tuberculosis) increased by a factor of two (2.04) with each succeeding degree of concealment of sexual orientation ($p<.001$). Level of concealment was measured on a five-point self-report likert scale with anchors at completely in the closet, and completely out. An increase in direct proportion to the degree of concealment remained significant while controlling for age, ethnicity, occupation, education, health practices, depression, anxiety, negative affectivity, repressive coping, and socially desirable response bias (Cole, Kemeny, Taylor, & Visscher, 1996). This study was unique in demonstrating health consequences to remaining hidden.

D'Augelli, Hershberger and Pilkington (1998) found increased prevalence of verbal and physical abuse and heightened suicidal ideation among those who disclosed their sexual orientation to their families. More than 50% of queer homeless adolescents (N=194) encountered negative reactions to disclosure of orientation from their mother and siblings and 75% found their fathers to be non-accepting. D'Augelli, Hershberger and Pilkington (1998) also found that 35% of homeless males were physically abused

before leaving home, and 24% were sexually abused. "Sexual assault is a primary reason why children run away from home"; for males, sexual abuse typically begins at the age of four (N=1000)(Estes & Weiner, 2002, pp. 52, 50.). Seventy-eight percent (N=199) of all homeless adolescents (no relationship was found to sex or age) report experiencing physical violence from a parent in the year prior to their homelessness (Farber, Kinast, McCoard, & Falkner, 1984). 88% of physically abused homeless adolescents report having told an adult about the abuse (Tyler & Cauce, 2002). Molnar, Shade, Kral, Booth and Waters (1998) found homeless adolescents (N=775) were more likely to report violence while living at home than while living on the street. In a community sample of queer adolescents (N=329), 33% had been assaulted because of their orientation; 49% of this violence was from their family (Hetrick & Martin, 1987). Accuracy of homeless adolescents' depiction of their family lives has been supported in the literature through studies separately interviewing parents and the corresponding adolescent, checking for convergence of data (McFarlane & St. Lawrence, 1999; Whitbeck, Hoyt, & Ackley, 1997). The experience of violence is common for queer adolescents at home and on the street.

Research indicates that queer adolescents either leave home because of physical abuse subsequent to disclosure or discovery of orientation (Coleman, 1989); are confined in psychiatric facilities for "reparative" or "conversion" by their parents (Gay, Lesbian, and Straight Education Network, 1999; Hicks, 2000; Mournian, 2000; Ricks, 1993); or are told to leave by their families (Galst, 1992; Hier, Korboot, & Schweitzer, 1990; Kruks, 1991; Powers, Eckenrode, & Jaklitsch, 1990; Tremble, 1993). The legal ability of parents to institutionalize their children, with the agreement of a physician that the child is "suitable for treatment", has been upheld by the Supreme Court (D.C. ST §

21-511; IC §12-26-3-2; OH Rev Code § 5122.02; Parham v. J. R., 1979[15]). Aversion therapy is the commonly used *treatment* for institutionalized queer adolescents. Analysis of patient reparative therapy experiences ranging from 1951 to 1999 revealed those treatment approaches used in the 1950's (prior to current standards for ethics in mental health) are still being used today (Shidlo & Schroeder, 2002). These treatments include seclusion, electric shock or emetics while homoerotic material is presented (faradic therapy), and penile plesthysmography.[16] (Gans, 1999; Haldeman, 2002, 1999; Mills, 1999; Mournian, 2000; Ricks, 1993; Throckmorton, 1998). Interestingly, these same treatments (administered to a lesbian in Russia) were deemed "mental and physical torture", by the Ninth Circuit Court of Appeals, and sufficiently horrific to grant U.S. asylum (Pitcherskaia v. Immigrations and Naturalization Service, 1997). Lacking legal standing to procure discharge from these institutions (due to minor status), escape is the remaining alternative (Mournian, 2000; Ricks, 1993), rendering these youth homeless. These conditions result in an increased number of queer adolescents who live on the streets because of victimization by the medical and legal system.

Studies have consistently demonstrated a significant relationship between parental child abuse and homelessness in adolescents. Abuse is emotional, physical or sexual injury of a minor by those responsible for his or her care. Neglect is emotional or physical injury of a minor due to the omission of care by those responsible for his or her well being (Davis, 1989, p. 14). History of abuse in homeless adolescents ranges from 33% (Kufeldt & Nimmo, 1987) to 70% (Warren, Gary, & Moorehead, 1997).[17] To allow for comparison: 826,000 minors were known to be abused or neglected in the United States in 1999; this means 11.8 children (or 2%) were victims of abuse or neglect for

[15] This Supreme Court decision upheld state law permitting parental commitment of minors.
[16] Penile plesthysmography involves application of electric shocks to the penis while exposing the patient to homoerotic material.
[17] Measurement (state defined criteria for abuse) and sampling issues likely contribute to variable findings on incidence of abuse.

every 1000 children in the United States (United States Department of Health and Humans Services: Administration for Children and Families, 1999, p.11). Child abuse and neglect statutes are state defined, utilizing federal guidelines.

Studying 431 unaccompanied homeless adolescents in Indianapolis, Indiana, 67% reported feeling neglected by caregivers; 75% reported being hit; 25% reported being locked up or tied up; and 25% reported being sexually assaulted by those who raised them. An indicator of sexual abuse, 50% of those interviewed had their first sexual experience when they were 12 or younger (Lucas & Hackett, 1995). Studying a principally heterosexual (93%) sample of homeless adolescents (n=364), Cauce et al., (2000), found high rates of physical abuse (51%), sexual abuse for males in the sample (23%), parental substance abuse (55% mom; 52% dad), and parental involvement with the law (84% mom; 70% dad). 33% reported a foster home placement beginning at a median age of 11 years. "Most youth reported that they could not return home to live with their mother or father, even if they wanted to" (Cauce et al., 2000, p.236). Foster children disproportionately face homelessness. The California Department of Social Services reports up to 50% of foster youth end up homeless (Fagan, 2004).

A common manifestation of neglect in the queer population is that of “throwaway kids” (Galst, 1992; Hier, Korboot, & Schweitzer, 1990; MacLean, Embry, & Cauce, 1999; Powers, Eckenrode, & Jaklitsch, 1990; Thompson, Safyer, & Polio, 2001; Tremble, 1993). Throwaways are young people who do not willingly choose to leave home but are forced to leave by their parents (with the intention that they do not return). Estimates of homeless adolescents who are throwaways vary between 34% and 60% (Cauce et al., 2000; Powers, Eckenrode, & Jacklitsch, 1990; Rew, Taylor-Seehafer, Thomas, & Yockey, 2001; Terrell, 1997; Thompson, Safyer, & Polio, 2001)[18]. Throwaways

[18] This variation in prevalence of throwaways is likely an artifact of sampling: exclusive shelter sampling consistently yields lower estimates of throwaways than street or street & shelter sampling.

frequently have severed family ties, present the most complex type of homeless adolescents relative to intervention, and have the poorest prognosis for permanently leaving street life (Jones, 1988; Thompson, Safyer, & Pollio, 2001). MacLean, Embry and Cauce, (1999) found that throwaways were physically abused at significantly younger ages than youth who runaway (N=356). Contrary to what one might expect, in a study analyzing runaway and throwaway homeless adolescents by sex, male throwaways were found to be the least aggressive and the least anti-social of all groups (Hier, Korboot & Schweitzer, 1990). The majorities of throwaways are male (Cauce et al., 2000; Hier, Korboot, & Schweitzer, 1990; Hetrick & Martin, 1987; Powers, Eckenrode, & Jacklitsch, 1990; Thompson, Safyer & Pollio, 2001), and resort to survival sex more often than runaways (Department of Health – D.C., 2002). This might occur because of decreased options secondary to severed family ties, and because these adolescents had not planned to leave home, therefore had not procured cash reserves etc. A national homeless outreach group notes sex work is chosen as a survival strategy because homeless adolescents perceive it to be a victimless crime, not realizing they themselves are the victims (Community Issues Requiring Education, 2003 – Rick Koca, StandUp for Kids). The D.C. Department of health (2002) notes, “most teen prostitutes in the district are runaway or throwaway” (p.1).

Heterosexism in society and the family may contribute to the phenomenon of queer homeless adolescents. Child abuse is often an antecedent to queer adolescent homelessness. This abuse sometimes occurs subsequent to disclosure or discovery of the child’s sexual orientation. The literature shows these adolescents may run from this abuse, may be thrown out of the home because of their sexual orientation or may be confined to a psychiatric hospital for reparative therapy. Homelessness may be the sequela of these options for queer adolescents, which may account for their over-representation in the homeless population.

Survival

A consequence of homelessness is the need to provide for oneself, to survive. Survival is not clearly defined in the literature; however, there is consistency in that it is most commonly used to describe physical survival, within the context of adolescent homelessness. Survival issues noted in the literature are food, clothing, shelter, medical care, and personal hygiene (Greenblatt & Robertson, 1993, p.1178). Comparing adaptation strategies of homeless adults and homeless adolescents, homeless adolescents were more apt to be involved in active deviant subsistence strategies to survive (e.g. selling drugs, stealing, and engaging in survival sex), whereas homeless adults use more passive strategies such as panhandling (spanging) and obtaining food from dumpsters (Whitbeck & Simons, 1993). These differences may be due to increased levels of self-efficacy or lower levels of depression among adolescents. Different antecedents to homelessness among adolescents and adults may also contribute to different survival strategies. “Stigma from community residents, harassment by local police and, owing to their age and out-of-state residency status, comparative neglect of the needs of street children by local human service agencies are among the challenges confronting street youth. Street youth also participate extensively in criminal activity, but the majority of these crimes are committed to obtain the resources required to meet their survival needs” (Estes & Weiner, 2001, p. 9). Physical survival strategies ascribed to homeless adolescents (please see Table 2) are panhandling (spanging); scams/cons; stealing; selling stolen goods; mugging; dealing drugs; survival sex; and pornography (Kipke, Unger, O’Connor, Palmer, & LaFrance, 1997; Stephens, Braithwaite, Lubin, Carn, & Colbert, 2000; Whitbeck & Simons, 1993). Engaging in sex work is a “survival mainstay” for most queer homeless adolescents (Reaves, 2001; Tremble, 1993; Whitbeck & Simons, 1993). Among the youngest of homeless adolescents queer self-

identification is significantly related to engagement in survival sex (Unger et al., 1998). Sex work may be one's last resort to survive (Coleman, 1989; Maitra, 2002).

Table 2: Prevalence of Survival Strategies

	Whitbeck and Simons (1993)	Unger, Simon, Newman, Montgomery, Kipke, & Albornoz, (1998).		Clatts & Davis, (1999)	Lucas & Hackett, (1995)
Sample size	n=83	n=119	n=1,379	n=929	n=431
Orientation?	Unknown	87% Hetero.	76% Hetero.	63% Hetero	Unknown
Setting?	Shelter & Street	Shelter & Street	Shelter & Street	Shelter & Street	Shelter & Street
• Location	Midwest	California	California	New York City	Indianapolis, IN
Sex of subject?	Male	46% male	75% male	74% male	51% male
Age?	14-18yo	12-15yo	16-23yo	12-23yo	8-17yo
Dumpster search	7%	Not assessed	Not assessed	Not assessed	Not assessed
Panhandling	26%	43%	55%	37%	Not assessed
Stealing	Not assessed	16%	16%	19%	32%
• Burglary	44%	Not assessed	Not assessed	Not assessed	Not assessed
• Robbery	29%	5%	5%	8%	Not assessed
• Shoplifting	69%	Not assessed	Not assessed	Not assessed	Not assessed
Drug dealing	51%	21%	22%	24%	26%
Gang membership	Not assessed	34%	13%	Not assessed	25%
Sex work	5%	8%	13%	25%	32%
• Pornography	Not assessed	1%	1%	3%	Not assessed
• Pimping	Not assessed	Not assessed	1%	2%	Not assessed

Some psychological survival strategies may be inferred from the literature. Drug use and gang involvement may be manifestations of psychological survival (Coleman, 1989; Maitra, 2002; Whitbeck & Simons, 1993). Drug use as psychological survival appears to increase with time spent on the street (Stephens, Braithwaite, Lubin, Carn, & Colbert, 2000; Whitbeck & Simons, 1993), however drug use is correlated with decreased aggressiveness, including decreased criminal violence (Baron & Hartnagel, 1997; Reid & Klee, 1998). Initiation of gang involvement appears to be prompted by physical survival needs such as safety and income, and is most prevalent among early adolescents (12-15) (Kipke, Unger, O'Connor, Palmer, & LaFrance, 1997; Unger et al., 1998). In a study of Des Moines runaways (14-18yo; n=84), 76% reported friends

engaged in illegal subsistence activities (Simons & Whitbeck, 1991). Studying 431 unaccompanied homeless adolescents in Indianapolis, Indiana 25% of those sampled reported being in a gang. In addition to gang members, 25% reported being in a "clique", a group of 5-10 people who "hang together and cover each other". 50% of those sampled reported carrying a knife, many carry multiple weapons (Lucas & Hackett, 1995).

Sex Work

Sex work is a survival strategy for some male adolescents (Reaves, 2001; Tremble, 1993; Whitbeck & Simons, 1993); “these kids engage in sex to stay alive” (Reaves, 2001, p.1). Survival sex is the performance of sexual acts in exchange for food, shelter, money, protection or drugs (Department of Health – D.C., 2002; Greene, Ennett, & Ringwalt, 1999; Reaves, 2001; Rotherum-Borus, Mahler, & Rosario, 1995), and may also be referred to as *sex work*. One documentary reports that "within forty-eight hours of arriving on the streets, 42% of all homeless youth turn to prostitution as their only immediately viable way to earn money for food" (Community Issues Requiring Education, 2001b, p.37). Sex work typically begins at 12 to 14 years of age (McNaught, 1997; Tremble, 1993). Greene, Ennett, and Ringwalt (1999) in a study of 1,159 homeless adolescents found a significant relationship between survival sex and chronological age of 12 and 13. Additionally, gay and bisexual males were significantly more likely to have engaged in survival sex than heterosexual males in this study (transsexuality was not a category of sexual orientation) (Kipke, O’Connor, Palmer, & McKenzie, 1995). The urban pervasiveness of queer male sex work was identified in the literature in the mid-1940’s (Butts, 1947; Kinsey, Pomeroy, & Martin, 1948, p.596).

> The problem is that none of them come to the street from a position of strength. Street life offers street youth limited choices. They can sell drugs, stolen goods, or sex. Legitimate work is hard to get and most leave home so early, they haven't had a chance to develop marketable skills. It takes money to buy drugs, skill to steal, but no special talent is required for selling orgasms (Tremble, 1993, p.40).

Estes and Weiner (2002) identified poor self-esteem, external locus of control, lack of a future orientation, drug dependency, and mental health needs among juvenile prostitutes (p. 58). Juvenile sex work is a form of child sex abuse despite a verbal and consensual agreement between the sex worker and customer; a truly consenting relationship cannot exist between a developmentally and socio-economically vulnerable adolescent and a customer (Coleman, 1989; Estes & Weiner, 2002). The "dignity, rights, physical and emotional well-being of the child" are necessarily compromised (Estes & Weiner, 2002, p. 45).

Male adolescent sex workers exhibit different behaviors than their female counterparts. Boys create social relationships with male peers, sharing expenses for transient shelter, or a community vehicle (McNaught, 1997; Price, Scanlon & Janus, 1984). Additionally, boys are trafficked to other countries as sex workers in smaller numbers than girls (Estes & Weiner, 2002, p. 58). Similar to females, at least 95% of male adolescent sex work is provision of services to adult males, some married men with children (Estes & Weiner, 2002, p. 59; Morse, Simon, Balson & Osofsky, 1992). Sex workers are commonly offered more money or drugs for unprotected sex (Haynes, 1999; HIPS, 2003), which increases health risks to both hustler and customer. Survival sex has been correlated to drug use, victimization, participation in criminal activities, suicide attempts, sexually transmitted diseases, and AIDS (Greene, Ennett, & Ringwalt, 1999).

Queer sex workers may be further delineated by their self-identified sexual orientation. Although few studies include the option of transsexuality among choices of sexual orientation, differences have been identified. The antecedents to homelessness are similar among sexual orientations (thrown out secondary to disclosure or parental

discovery of sexual orientation); however, transsexual individuals report earlier self-recognition of external sex and gender incongruity (American Psychiatric Association, 1997; Bailey, 1996; Kinsey, Pomeroy, & Martin, 1948, p. 325). Earlier parental discovery is common, as is parental and psychiatric intervention (American Psychiatric Association, 1997). Transsexual sex workers are at amplified risk of violence and disease due to "passing" as women in commercial sexual encounters, and through the acquisition and administration of hormone therapy and injectable silicone[19] (often injected through shared needles) by street means (Haynes, 1999; Read, 2002). Transsexual individuals are at increased risk of assaults and rapes in shelters nationally (Health Care for the Homeless, 2002). Transsexuals occupy the lowest status among sex workers, work the least desirable locations, are paid the least, and often experience more harassment by the police, public and other sex workers (Boles & Elifson, 1994). Unlike gay and bisexual sex workers, transsexuals frequently work in the same areas as female sex workers, are louder and more exuberant in their peer interaction, utilize an older transsexual madam for assignment of street location, and may limit their services to fellatio (Boles & Elifson, 1994; Kamel, 1983). As a group they are often considered "police inviting and client startling " by gay and bisexual sex workers (Kamel, 1983, p.79). To their further detriment, transsexual individuals are often poorly assimilated into the gay community, lacking this source of affirmation and support.

Gay and bisexual sex workers often work the same areas, and share the same customer base. They are careful not to work with female and transsexual sex workers due to the risk of misinterpreting who a potential customer is cruising[20], and inadvertently courting a heterosexual (Kamel, 1983, p. 80). The likelihood of violence is high in these situations.

[19] Silicone injections are a non-FDA approved means by which to modify one's appearance – such as the creation of female-like breasts in a genetic male.
[20] Cruising – considering as a potential sexual partner.

Research on homeless adolescents identifies sex work as a common strategy to obtain food, money, clothing, or shelter (Coleman, 1989; Tremble, 1993). The research on homeless adolescents is equally clear that these adolescents do not engage in sex work for any reason other than inordinate desperation: survival.

Suicide

The mean suicide attempt rate for adolescents in the general population is approximately 5% or 45 people per 100,000 (National Institute of Mental Health, 2001). Studying a principally heterosexual (93%) sample of homeless adolescents (n=364), Cauce et al., (2000), found 40% of the males had attempted suicide in the past (significantly fewer than the females in the sample). Molnar, Shade, Kral, Booth, and Watters (1998) found 27% of male homeless adolescents (N=775) had attempted suicide. Ringwalt, Greene and Robertson, (1998) found throwaways were twice as likely to have attempted suicide as runaways (N=1440, using purposive street and shelter sampling). Queer adolescents have a higher rate of suicide than their heterosexual counterparts (Bobrow, 2002; Remafedi, 1999; Savin-Williams, 1994). In a community sample of housed adolescents (n=5686 males), homosexual males (measured by romantic attraction and romantic behavior) were 1.68 times more likely than heterosexual adolescents to have suicidal ideation, and 2.45 times more likely than heterosexual adolescents to have attempted suicide. These findings replicate the often-criticized 1989 Gibson report[21] (Russel & Joyner, 2001). Hershberger, Pilkington, and D'Augelli, (1997) (N=194) found 40% of gay males sampled reported at least one suicide attempt. In a community sample of transgender youth and adults (n=252), 35% had suicidal ideation, and 16% of the sample had attempted suicide (Xavier, 2000). Analyzing suicides post-mortem Shaffer, Fisher, Parides & Gould, (1995), found 3.5% of

[21] See NARTH article, LaBarbera (2002) for criticism.

male deaths were known to be gay by their parents. Sexual orientation was solely determined by asking the individual's parents, and raises significant validity concerns, for research has shown that queer suicide attempters tend to report alienation from their families (Savin-Williams, 1998, p. 196), and do not disclose their orientation to their families. Because of lack of disclosure, suicide rates of queer male adolescents may be grossly under-estimated.

Some characteristics of suicide attempters are known. Queer suicide attempters were aware of their sexual orientation, disclosed their orientation to someone, were more gender atypical, and had their first same-sex sexual experiences at earlier ages than non-attempters (Williamson, 2000). Furthermore, attempters reported that they had lost friends after disclosure of their orientation. "Teenagers who discover and disclose their sexuality earlier may be more isolated, cognitively embedded within heterosexist norms and values, and have less access to gay-affirmative organizations" (Williamson, 2000, p. 103). Consequently, these individuals face more protracted and extensive consequences of their orientation. Garofalo et al. (1999), in a large adolescent sample (N= 4167), found self-identified queer adolescents were three times more likely than heterosexual adolescents to report a suicide attempt in the previous year. Blake et al., (2001) identified the risk as four times more likely than heterosexual adolescents (N= 3647). Even excluding the frequently criticized Gibson report (Gibson, 1989), the literature identifies divergent rates of suicide between queer and heterosexual adolescents. Placed within the context of heterosexism these disparate findings in adolescent suicide rates are not unexpected, and pose a significant challenge to health care providers.

Ecological Paradigm

Society plays a pivotal role in the ecological paradigm. The central tenet within the ecological paradigm is that an individual cannot be considered outside of the context within which they function. Additionally, ecological principles emphasize, "all persons and organizations within a community are connected or interdependent" (Speer & Hughey, 1995, p. 740). The ecological paradigm is rooted in the belief that environments exert significant effects on behavior, and behavior is historically, culturally and politically embedded (Foucault, 1988; Kelly, 1999; Prilleltensky, 2001). Ecological constructs reject the dichotomy between the individual and society, because neither of the two terms is definable independently of the other (Ibáñez, 1997, p. 33). Also, intrinsic to ecological systems is the understanding of the environment as inclusive of social rules, customs and laws[22].

Culture is a critical aspect of context - a community and individual resource, a potential source of strength, and a buffer against the effects of marginalization and lack of access to vital resources (Trickett, 1996). Adopting a contextual or ecological perspective on diversity allows us to use categories such as race and gender but only through their connection to specific populations living in specific circumstances at specific moments in time (Kleffel, 1991). Local and societal cultural values impact the contexts of social institutions, resources in the community, norms, and policies. Law is also affected by culture, and is a component of the environment in the ecological paradigm (Allen-Meares & Shores, 1986). Likewise, changes in legal rulings correspondingly change the ecosystem (Levine & Perkins, 1997). Whether written at

[22] Social rules, customs and laws may be equated with Bronfenbrenner's categories of microsystem (family norms), mesosystem (social rules), exosystem (laws) and macrosystem (national customs or ways of doing things) (Bronfenbrenner, 1994).

municipal, state or federal levels, laws govern individual behavior, and dictate institutional policies and practices. Of critical importance is

> "the need to understand the implicit and explicit culture of institutions, the ways in which policies differentially influence different cultural groups, and the degree to which social norms of the broader culture converge, diverge, or conflict with the hopes, beliefs, and traditions of varied cultural groups" (Trickett, 1996, p. 218).

Culture, mores and laws often determine who is marginalized.

Societal mores regarding gender atypical behavior provide the basis for discrimination and violence toward queer people, including one's own children. These mores, the cultural heterosexual belief system, support and encourage civil, institutional, and familial retaliation against queer people (Plummer, 1995). Within this ecological context and system, parents may throw out their queer child for inferred "deviance" and "delinquency" or confine them to psychiatric hospitals for reparative therapy in the hopes of creating their heterosexuality (Hicks, 2000; Mournian, 2000). American mores, viewed ecologically, legitimize and perpetuate these beliefs and behaviors. Viewing the phenomenon of queer adolescent homelessness within the context of the family and society, the ecological perspective, is critical to understanding the phenomenon and its relationship to society.

Conceptual Frameworks in the Literature

The ecological paradigm is rooted in the belief that environments exert significant effects on behavior, and environmental intervention can impact behavior. Intrinsic to ecological systems is the understanding of the environment as inclusive of social rules, customs and laws.

Kurt Lewin, Urie Bronfenbrenner, and James G. Kelly conducted seminal work promoting an ecological framework for the study of human behavior. Lewin's "Field

Theory" (1963) expressed the belief that behavior is a function of both the individual and the environment. During the same time frame Bronfenbrenner developed a theory of ecological psychology or systems theory. Bronfenbrenner posits that the key to development is in interaction with others and the various forms of environment (microsystem, mesosystem, exosystem, and macrosystem). Kelly's principles of interdependence, cycling of resources, adaptation and succession are seminal to the field of community psychology. Ecological constructs are useful for applied research because they transcend individual variation, emphasizing the context of a phenomenon.

An ecological framework is consistent with nursing. The focus of nursing is not only on the patient, but also that which influences the patient. The social forces of heterosexism, coupled with legal barriers experienced by adolescents create and maintain the phenomenon on homelessness among queer male adolescents.

> It is not necessary to search the scientific literature for evidence that water runs downhill. Nor do we require elaborate epidemiological studies to validate the observation that economically exploited groups are regarded as inferior; even subhuman, by the exploiters. And it is clear that these groups have higher rates of both physical illness and mental/ emotional disorders. Logically, prevention programs should include efforts at achieving social equality for all. (Albee, 1996, p. 1132)

The ecological perspective and framework guide the conceptualization of contextual factors/ While the ecological paradigm provides the constructs necessary to understand the phenomenon of homelessness among queer male adolescents, it lacks the specificity to clearly delineate the process of becoming homeless and the relevant outcomes of homelessness for this population.

An ecological model of stress - Dohrenwend

An application of the ecological paradigm is Dohrenwend's (1978), *Ecological Model of the Stress process* (see Figure 1). This model conceptualizes stressful life events as experienced within the context of individual characteristics and one's

environmental situation. A stressful event is experienced as a "transient stress reaction" moderated[23] by individual coping resources. Three outcomes of this process are depicted: psychological growth, the absence of permanent psychological change, or psychopathology. This model is innovative in that it depicts both individual and environmental level interventions. Although noting the environment and areas for intervention, the model is primarily concerned with individual mental health. In addition to depicting the environment as potentially contributory to the stress event, Dohrenwend further delineates the mediating[24] effect of the environment in one's stress reaction.

Although Dohrenwend's *Ecological Model of Stress* specifies a process, and identifies some potential outcomes (psychological growth, psychopathology), it was designed for use with average adults (not for use with adolescents, nor with marginalized people). However this model still provides enormous guidance, and with modification, was used to develop a model of homeless adolescent survival, to be discussed later in the chapter (see Figure 2). Seminal to the field of community psychology (Community Research in Action), Dohrenwend presented a model consistent with the later developed construct of empowerment.

[23] Moderators are "antecedent conditions that interact with other conditions in producing an outcome" (Lazarus & Folkman, p. 213).
[24] Mediators are variables "generated in the encounter…changing the original relationship between the antecedent and the outcome variable" (Lazarus & Folkman, p. 213).

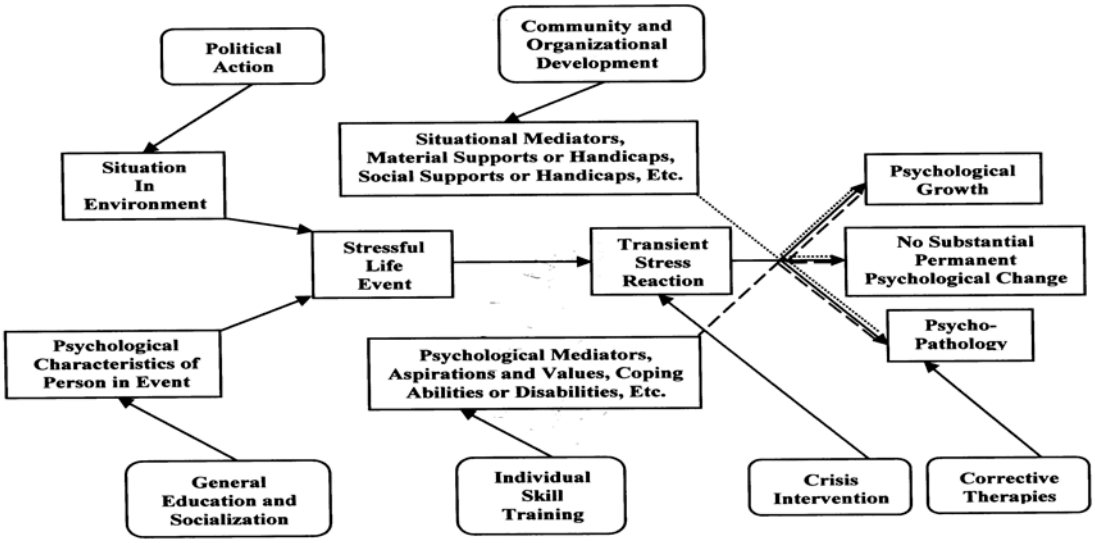


Figure 1: An Ecological Model of Stress (Dohrenwend, 1978).

Empowerment as ecology - Freire

Closely tied to the ecological paradigm is the concept of empowerment. Empowerment is a process by which people, organizations, and communities gain mastery over issues of concern to them (Fawcett et al., 1995; Rappaport, 1987). It is the ability of people to increase understanding and control over personal, social, economic, and political forces in order to take action to improve their life situation (Israel, Checkoway, Schulz, & Zimmerman, 1994; Speer & Hughey, 1995) – empowerment cannot be imparted. Empowerment is a "consciousness of liberation: an assertion of personal rights and privileges" (Dewey & Tufts, 1908, p.186). Empowerment incorporates "people's rights, strengths, and abilities, implying competence or the development of potential" (Jones & Meleis, 1993, p. 8). Empowerment incorporates those values central to nursing: health; well-being; choice; and dignity.

Critical consciousness is central to Freire's conceptualization of empowerment. Development of a critical consciousness or awareness involves reflecting upon how

power relationships in society have shaped one's perceptions and experiences, and identifying how one can take a role in social change (Bernstein et al., 1994; Gutierrez & Lewis, 1999; Speer & Hughey, 1995). At this point a distinction between coping and critical consciousness might be helpful. Coping is reflection upon one's own particular experiences with the goal of adaptation.[25] Critical consciousness is reflection upon one's own experiences as well as the experiences of similar others not with the goal of adaptation but rather with the goal of discerning the socio-political genesis of their experience. Developing a critical consciousness is a crucial means for gaining power. Action is an implicit consequence of critical consciousness. Freire (1970; 1973) and Gutierrez (1973), use the term *praxis* to express the ideals behind linking reflection and action. Coping tends to focus on how individuals adjust to stressful events, while empowerment is concerned with how people, individually and in groups, actively attempt to change or eliminate stressful and unjust conditions (Gutierrez, 1994; Gutierrez & Lewis, 1999; Speer & Hughey, 1995). Individuals who have developed a sense of critical consciousness and who interact with similar others may be more likely to identify external causes for their distress and be more motivated to engage in efforts to change the social and structural sources of stress (Gutierrez, 1994). "One of the gravest obstacles to the achievement of liberation is that oppressive reality absorbs those within it and thereby acts to submerge men's consciousness" (Freire, 1970, p. 36). Self-depreciation (expressed as internalized-homophobia[26] among queer people) is a frequent characteristic of the oppressed – deriving from internalization of the oppressors' opinion (Bernstein et al., 1994). Although the development of critical consciousness is oriented toward social location, its focus is on how one interprets and internalizes these

[25] "the focus of the coping effort is aimed at trying to meet the demands of the situation and to manage internal conflicts engendered by the situation." (LaMontagne, 1987, p.160).

[26] Internalized-homophobia is a queer person's internalization of the prejudice experienced in a heterosexist society (Williamson, 2000), or the internalization of the opinion mainstream society holds of them (Freire, 1970, p.49).

external experiences. Freire (1970) presents praxis as key to addressing oppression. “Liberation is a praxis: the action and reflection of men and women upon their world in order to transform it” (Freire, 1970, p. 66).

There are many strengths to the construct of empowerment. Empowerment functions at both individual and group levels through individual contemplation shared through discourse. This social interaction and discourse may enlarge one’s world-view and experiential understanding. “Empowerment conveys both a psychological sense of personal control or influence and a concern with actual social influence, political power, and legal rights” (Rappaport, 1987, p. 121). Empowerment is both a process and a phenomena that may be facilitated through interventions and policies (Fawcett et al., 1995) – it is a strategy of intervention (Rappaport, 1987, p. 127). Central to the construct of empowerment are themes of mastery and control, resource mobilization, sociopolitical context, and participation (Zimmerman, 1995, p. 585). There is great utility to the construct of empowerment with queer homeless adolescents: Efficacious or empowered persons attempt challenging tasks, persist in efforts despite setbacks (Bandura, 1982), and reflect expanded repertoires of action (Ozer & Bandura, 1990). The construct of empowerment may offer a great deal to future intervention with queer male homeless adolescents. There are however, some challenges to empowerment interventions: empowerment based intervention sometimes result in increased feelings of self and community-level efficacy (*power to*), without impacting power balance (e.g. *power over* policy); and, it is important to recognize empowerment interventions will inevitably result in conflict (power is obtained from a source currently in possession of this power)(Riger. 1993). Despite potential problems with implementation of an empowerment-based intervention, empowerment remains a valuable construct for the study of queer male homeless adolescents.

Liberation and empowerment are linked by praxis. Empowerment is an "assertion of personal rights and privileges" (Dewey & Tufts, 1908, p. 186), to change unjust situations around us. Prompted by critical consciousness, empowerment is the unfinished step to Dohrenwend's environmental interventions.

A closely related construct to empowerment is Collective Self-Esteem. If one were to conceptualize empowerment as critical consciousness leading to praxis, one may conceptualize collective self-esteem as insight leading to altered thought or belief. To understand collective self-esteem, social identity and personal self-esteem must first be addressed.

Social Identity

Social identity refers to how one is perceived and recognized, and is a function of association with particular groups, statuses or other social categories. Membership in a group may be either acquired or ascribed. Membership is ascribed if one does not have to do anything to become a member of the group (e.g. something you are born with) (Deaux, Reid, Mizrahi, & Ethier, 1995). Rosenberg (1965) found dissonance between one's characteristics and that of one's environment (ascribed statuses) to significantly negatively impact self-esteem, partially due to the experience of discrimination. There are several core elements to social identity: 1) social statuses (i.e. sex, class, occupation); 2) membership groups (i.e. ethnicity, religion, political party); 3) social labels - labels that place someone into a socially recognized category (i.e. drug-addict, doctor); 4) derivative statuses – may be based on other group membership (i.e. war veteran, ex-convict); 5) social types – based on some socially recognized syndrome of interest or characteristic (i.e. playboy, academic); and 6) personal identity – social classification with a single case (i.e. your name, social security number) (Rosenberg &

Turner, 1981, p.602). These elements define the individual, represent criteria for self-evaluation, and impact social behavior through role performances. People ground themselves socially through their membership in different social categories (Deaux, Reid, Mizrahi, & Ethier, 1995). "The individual experiences himself as such, not directly, but only indirectly, from the particular standpoints of other individual members of the same social group or from the generalized standpoint of the social group as a whole to which he belongs" (Mead, 1964, p.202). At times one particular social identity element may become prepotent to the individual (i.e. sex worker, homeless, queer) virtually nullifying other aspects of their identity (Allport, 1961; Cox & Gallois, 1996; Rosenberg & Turner, 1981). How someone believes they are perceived by others reflects not only on their social identity, but may impact their self-definition and self-esteem (Rosenberg, 1989, p.240).

Self-Esteem

Although landmark work was conducted on self-esteem by William James, the sociological work of Morris Rosenberg frames the contemporary view on self-esteem. Rosenberg's (1965) assumption behind self-esteem (also called personal self-esteem or PSE) is that "the self-image is central to the subjective life of the individual largely determining his thoughts, feelings and actions" (vii); "although the individual's view of himself may be internal, what he sees and feels when he thinks of himself is largely the product of social life" (p.593). Rosenberg defines self-esteem as a positive or negative attitude about the self (1965, p. 30). Self-esteem within this view considers whether "the individual views himself adequate – a person of worth – not whether he considers himself superior to others" (p. 62).

> When we speak of high self-esteem, then, we shall simply mean that the individual respects himself, considers himself worthy; he does not necessarily consider himself better than others, but he definitely does not consider himself worse; he does not feel that he is the ultimate in perfection but, on the contrary, recognizes his limitations and expects to grow and improve. Low self-esteem, on the other hand, implies self-rejection, self-dissatisfaction, self-contempt. The individual lacks respect for the self he observes. The self-picture is disagreeable, and he wishes it were otherwise. (Rosenberg, 1965, p.31)

How self-esteem is formed and developed

Self-Esteem is formed and developed in several ways. Rosenberg and Turner (1981) delineate three principles of self-esteem formation: 1) *reflected appraisals*; 2) *social comparison*, and 3) *self-attribution*. *Reflected appraisal* indicates that we view ourselves as we perceive similar others (similar to Cooley's *looking glass self*[27]), and from the perspective of society itself (Rosenberg & Rosenberg, 1978). This valuation on the others similarity and credibility determines whether their evaluation is trusted and has any impact on self esteem. For instance, if queer people do not value or trust the judgments of heterosexuals toward queers, but do value and trust the judgments of other queer people, then widespread anti-queer discrimination will not necessarily damage self-esteem among queer people (adapted from Rosenberg & Turner, 1981, p.599). This analogy may be adapted to any ascribed status. The principle of *social comparison* is derived from social evaluation theory which postulates that people learn about themselves by comparing themselves to others. In the case of children and adolescents these comparisons are made within their immediate surroundings (Simmons & Rosenberg, 1973). *Self-attribution* identifies that it is a persons' evaluation of his behavior that impacts self-esteem rather than the behavior itself.

The context within which an individual finds himself has a large impact on one's self-concept and self-esteem. One's feelings about oneself are not developed in a

[27] See Cooley, C. H. (1947). *Human Nature and the Social Order*. New York: Wiley.

vacuum but rather through interaction with those around us. Self-esteem is commonly damaged "even when events can be legitimately attributed to external forces beyond the individual's control" (Taylor, 1983, p.1164). Being a homeless adolescent is *traumatic*. Throwaways may experience this trauma even more acutely. There are three themes identified in the trauma literature as central to adjustment subsequent to trauma: search for meaning; attempt to regain mastery; and an effort to restore self-esteem (Taylor, 1983). Among homeless adolescents these themes may manifest as questions about why they were thrown out of their home, or why did they have to be born to these particular parents? Mastery issues revolve around how they might keep the traumatic event from reoccurring in the future. The tasks of finding meaning, regaining mastery, and restoring self-esteem may be key to moving from survival to growth once homeless.

Correlates of Personal Self-Esteem (PSE)

Queerness itself does not predict low self-esteem. Retrospectively studying self-esteem as it relates to self-identified sexual orientation, and pubertal maturation among 17 to 23 year old men, no significant differences in self-esteem were found between gay or bisexual individuals and heterosexuals (Savin-Williams, 1995). Studying housed gay male adolescents (N=77), Anderson, (1998) found levels of self-esteem significantly higher than standard norms for this age group. This study also found that self-esteem and chronological age were significantly correlated. Self-esteem has been found to be significantly related to a number of things. Low self-esteem has been significantly associated with depression; feeling that they need to cover up their real feelings, political apathy, feeling lonely, and delinquency (Rosenberg, 1965; Rosenberg & Rosenberg, 1978). High self-esteem has been associated with perceived social status, positive mood, black race (Maxwell, 1992), and life satisfaction (Verkuyten & Lay, 1998).

The relationship between self-esteem and the sex of participants is not clear from the literature. In a sample of 329 homeless adolescents, Ryan, Kilmer, Cauce, Watanabe, & Hoyt (2000) found significantly higher levels of self-esteem (Rosenberg Self-Esteem Scale) among males than females. In contrast, studying a principally heterosexual (93%) sample of homeless adolescents (n=364), Cauce et al., (2000), found males self-esteem (as measured by the Rosenberg Self-Esteem Scale) to be significantly lower than females.

The relationship between duration of homelessness and SE is unclear from the literature. In a study of adolescents homeless three months or less with those homeless six months or longer (N=50), level of self-esteem was found to be significantly different between these groups (Saade & Winkelman, 2002). Conducting a comparison group study of several groups of housed adolescents (n=120), vs. those homeless six month or longer (n=30), unemployed housed adolescents did not differ from the homeless group on depression, self-esteem or hopelessness (Miner, 1991). The only significant relationship to self-esteem for the homeless group was a poor relationship with their mother. Type of housing i.e. shelter, street, staying with friends etc., nor sexual orientation information was collected in either the Saade & Winkelman, or Miner study. Studying sheltered homeless people (n=61; 16-63yo) low self-esteem was significantly correlated with poor health and food deprivation. No significant relationships were found between self-esteem and age, length of homelessness, drug use, alcohol use, or psychiatric hospitalizations (Diblasio & Belcher, 1993).

A common drive is the need to maintain self-esteem. Social identity theory proposes that when a person's social identity is threatened, people try to maintain a positive identity (Crocker & Luhtanen, 1990). Downward social comparisons (often against hypothetical individuals or groups) are a common strategy to bolster and protect self-esteem (Long & Spears, 1998). One strategy is to denigrate outgroups, to increase

one's perception of one's own group, particularly among those with high PSE (Long & Spears, 1998). In a meta-analysis of ingroup bias and self-esteem, Aberson, Healy & Romero (2000) found high personal self-esteem individuals use direct and indirect strategies to increase self-esteem, whereas, individuals with low self-esteem are more likely to use indirect strategies exclusively, for example, favoring a group you didn't contribute to. Indirect strategies to bolster self-esteem allow individuals with low-self esteem to increase their self-esteem without conflicting with their previous experiences (Aberson, Healy & Romero, 2000). Individuals with low self-esteem "try to appear competent and avoid failure whereas high self-esteem individuals try to appear outstanding" (Andreopoulou & Houston, p.8)

Collective Self-esteem

Social identity theory posits that there are two primary aspects of the self: personal identity and social (or collective) identity (Corning, 2002, p. 118). Collective self-esteem (CSE) is the affective component of group membership (Jetten, Branscombe, Schmitt, & Spears, 2001), but both PSE and CSE are related. Collective self-esteem consists of four main components: importance to identity, membership, private, and public.[28] Importance to identity assesses the importance of one's social group memberships to one's self-concept. Membership CSE assesses how worthy one feels they are as a member of a group: this is the most individualistic component of CSE. Private CSE assesses one's judgments about the goodness of one's social group. Public CSE assesses one's judgments of how others judge one's social group.

Groups are respected to various degrees by society. If a marginalized group status is internalized group members may begin to see themselves as society views them (Rosenberg, 1965) – low public CSE leading to low private CSE. However

[28] The following definitions of CSE components are taken from Luhtanen and Crocker, (1992).

associating with similar others may be protective to out-group derogation and its effects on personal self-esteem (p. 62) – high identity and high private buffering low public CSE. People with low CSE tend to make fewer positive claims about their group, but may utilize outgroup derogation as a strategy to enhance social identity, and protect their ingroup. People with high CSE, however, would be interested in seeking the success of their ingroup to enhance social identity (Long & Spears, 1998; Verkuyten, 1995).

The relationship between PSE and CSE

Similar to Luhtanen and Crocker's (1990) conceptualization behind the Collective Self-Esteem scale Rosenberg differentiates between ascribed and achieved status and their relevance to self-esteem. Some of "an individual's statuses are ascribed, whereas others are achieved" (Rosenberg & Turner, 1981, p.605). The principle of reflected appraisal put forth by Rosenberg and Turner (1981) identifies a relationship between social esteem (a form of CSE) and personal self-esteem.

PSE and private CSE will likely be related among queer male homeless adolescents. Threat is experienced particularly strongly by individuals with high PSE, or with low Collective self-esteem (CSE). Crocker and Luhtanen (1990) found that when CSE is threatened, PSE remains unaffected. Interestingly, Lay and Verkuyten (1999) also found no relationship between CSE and PSE, but only for native-born adolescent subjects. Foreign–born subjects (those more estranged from society) demonstrated strong relationships between PSE and private CSE (evaluating one's group positively) ($r=.45$, $p<.05$); and between PSE and membership CSE (sense of being a good member of one's group)($r=.44$, $p<.05$). Crocker and Luhtanen (1990) also found a relationship between PSE and private CSE ($r=.34$, $p<.01$).

CSE is a valuable construct when looking at marginalized groups. Perceived discrimination represents a threat to group identity, and is therefore associated with

increased group identification founded on their “common dissimilarities” to mainstream society (Jetten, Branscombe, Schmitt, & Spears, 2001, p. 1211). Studying perceived personal and group discrimination, Barry and Grilo (2003) found that higher levels of perceived personal discrimination were significantly associated with sole interaction with one’s own group or not socially interacting with anyone. High perceived personal discrimination was also significantly associated with high PSE, and low private, public, and membership CSE (almost as if the threat had to be personal because there was no group membership to really be threatened). Higher levels of group discrimination however was significantly associated with assimilating with mainstream America, or not fitting in with any group; and lower levels of public CSE (so although the individual is trying to fit in, the perception is that his group is devalued by society, and is being targeted). Similar to critical consciousness, Jeng (1999) proposes that CSE may be increased through four kinds of knowledge: Knowing your group, its strengths and weaknesses; knowing the outgroup, and your stereotypes of them; knowing how to use your knowledge about yourself and others and; knowing the system so that you may work with it and challenge it.

Private, public and identity CSE are likely of most relevance to queer homeless adolescents. Recall, identity assesses the importance of one’s social group memberships to one’s self-concept; private CSE assesses one’s judgments about the goodness of one’s social group; and public CSE assesses one’s judgments of how others judge one’s social group. It is unknown if queer adolescents are thrown out of their home despite concealing their sexual orientation from their family due to shame (internalized homophobia, and therefore decreased queer private and public CSE), or if queer pride (high queer private CSE) unwittingly antagonized their parents or guardians resulting in homelessness. The largest queer outgroup is heterosexual society. Whereas outgroup derogation may be one method to enhancing one’s group identity, to

successfully and permanently leave homelessness and/or sex work it would be of questionable utility to disparage mainstream America and hope to be accepted. I propose a more effective solution would be to assist these adolescents to assimilate into queer society first thereby enhancing their queer identity and private CSE. Increasing CSE will logically decrease residual internalized homophobia (private and public CSE), and may lead to increased PSE. Furthermore, involvement in queer society could address needs for acceptance and social support, as well as provide models of similar others who are thriving.

CSE has been found to be related to perceived discrimination, SE, depression and anxiety. Studying young adults with visible body-piercings, perceived discrimination was found to increase group identification (identification with other people with body piercings). In this same study, group identification was found to mediate the relationship between perceptions of discrimination and CSE (Jetten, Branscombe, Schmitt, & Spears, 2001).

> "The costs of being targeted for discrimination may be compensated for by the psychological benefits derivable from increased identification with other ingroup members" (Jetten, Branscombe, Schmitt, & Spears, 2001, p. 1208).

People with body piercings are part of an acquired social group, just as we might think of bikers such as "Hell's Angels" as members of a group. The authors chose to study subjects with body piercings because this population is able to conceal their group membership by removing their piercings in particular situations. This ability to hide within mainstream society ("passing") when discrimination is anticipated roughly parallels that of queer individuals (Jetten, Branscombe, Schmitt, & Spears, 2001). It follows that homeless queer adolescents, or hustlers, may be able to buffer some of the effects of marginalization based on group membership, through further identification with the group. However, Jetten, Branscombe, Schmitt, and Spears, (2001), findings are troubling – for it follows that these marginalized adolescents current need for illegal

survival strategies further disidentifies them from mainstream society, and may potentiate further involvement in potentially illegal subculture-supported behaviors. Following this line of thought it is probable that queer adolescents would benefit from further identification and interaction with other queer adolescents, and the queer community at large, substituting these groups for illegal-behavior associated groups. Rosenberg's 1965 work (p.62) seems to support this proposition. Interaction with the queer community would convey behavioral norms, within a milieu accepting and supporting of their sexual orientation – PSE (Frable, Platt & Hoey, 1998), public, private and identity CSE would be supported .

While there are many things that foster or diminish self-esteem, identifying with one's social group is critical for the development and maintenance of high collective and personal self-esteem. Studying female young adults, CSE was found to moderate the relationship between discrimination and indicators of distress. High collective self-esteem was found to be significantly inversely related to depression and anxiety when faced with discrimination. For those with lower levels of CSE, depression and anxiety increased when faced with discrimination (Corning, 2002).

Anxiety

Anxiety refers to both the personality trait of being anxious and to a current emotional state of upset or worry (Spielberger, 1983).

> Spielberger has conceptualized anxiety as both a state and trait. Spielberger (1983) notes "trait anxiety (T-Anxiety) refers to… differences between people in the tendency to perceive stressful situation (sic) as dangerous or threatening and to respond to such situations with elevations in the intensity of their state anxiety (S-Anxiety) reactions. T-Anxiety may also reflect individual differences in the frequency and intensity with which anxiety states have been manifested in the past, and in the probability that S-Anxiety will be experienced in the future" (Spielberger, 1983, p.5).

Based on Spiel Berger's statement and homeless adolescents frequent experiences of dangerous or threatening situations either at home or on the street, it is probable that homeless adolescents will have elevated levels of T-Anxiety when compared to test norms based on this past experience.

Although personality states are considered transitory, the appropriate stimuli can provoke them causing the state to be consistent, and persist over time (Spielberger, 1983, p.5). "State anxiety may vary in intensity and fluctuate over time as a function of the amount of stress that impinges upon the person; but the individual's perception of threat may have greater impact on the level of state anxiety than the real danger associated with the situation" (Spielberger, 1983, p.6). Spielberger (1983) notes that the mean S-Anxiety and T-Anxiety scores will be approximately equal if the test is administered under non-stressful conditions (p.14). The stressful condition noted in the STAI manual is that of the military subjects who were in basic training (a stressful life condition). Therefore it is probable that homeless adolescents (who's daily experience is equally or more stressful situation than boot camp) would have S-Anxiety scores in excess of their T-Anxiety scores, their T-Anxiety scores could also be anticipated to be elevated due to their long-term experience of danger (Spielberger, 1983, p.5). A useful norm for comparison would be young adults in war-torn countries due to their sustained horrific exposures. Spielberger notes that "correlations between the S-Anxiety and T-Anxiety scales are typically higher under conditions that pose some threat to self-esteem, or under circumstances in which personal adequacy is evaluated; and correlations are lower in situation characterized by physical danger" (p.34).

Anxiety has been found to be related to self-esteem, collective self-esteem, history of abuse, sex, and suicide attempts. Anxiety and self-esteem have been found to be correlated. In a study of undergraduates, Katz, Joiner & Kwon (2002) found participants with lower self-esteem were significantly more likely to experience

symptoms of anxiety. Conducting a comparative descriptive study with adults who experienced war-related trauma (n=516), Al-Khawaja (1997) found trait anxiety to be significantly negatively correlated to self-esteem (r=-.41).

The RSE scale may also tap into the anxiety construct. Rosenberg (1989) notes four questions from the RSE that "appear to reflect these states in some measure" (p.149-150). Rosenberg further states that in his studies those low in self-esteem were "conspicuously more likely than those with high self-esteem to report having such experiences" (p.150). Anxiety is likely to be more elevated in those less out about their sexual orientation.

> "What is anxiety provoking about the presentation of a façade? At least two factors may be suggested. The first is that putting on an act tends to be a strain. To act cheerful when one is sad,…all this by sheer force of will and self-control – can hardly be other than a constant strain. The second source of tension lies in the possibility that one will make a false step, reveal some inconsistency, let the guise slip". (Rosenberg, 1989, p. 156). "We may thus infer that one reason people with high self-esteem have fewer anxiety symptoms is that few of them feel impelled to present a false front to the world" (p. 157).

Therefore, we should anticipate self-esteem and degree of outness to impact level of anxiety.

Anxiety and self-esteem have consistently been found to be negatively correlated. In a sample of white college students (n=169) the STAI-trait scale (state anxiety was not tested) was significantly correlated with the Rosenberg self-esteem scale (r= -.59)(Utsey, McCarthy, Eubanks & Adrian, 2002). Studying undergraduates, Richard and Jex (1991) found the STAI-trait scale (state anxiety was not tested) was significantly correlated to the Rosenberg self-esteem scale (r= -.63). Studying high school students (n=1001), Pastore, Fisher, & Friedman, 1996) found the Rosenberg self-esteem scale to be significantly correlated to the STAI (r= -.40). In a study of undergraduates, Katz, Joiner & Kwon (2002) found anxiety (Beck Anxiety Inventory) and self-esteem to be significantly correlated (r= -.38) for men. Anxious subjects (12yo and

17 yo) had significantly poorer self images than non-anxious subjects (Kashani & Orvaschel, 1990).

The relationship between CSE and anxiety is not clear. In a study of undergraduates, Katz, Joiner & Kwon (2002) found anxiety (Beck Anxiety Inventory) to be unrelated to collective self-esteem for men, but found Membership (r= -.27), Private (r=-.21), and Public (r= -.30) to be significantly correlated when evaluating the sample as a whole. Although Utsey, McCarthy, Eubanks & Adrian, (2002) measured individual self-esteem, the theory behind their study supported collective self-esteem as the construct of interest. Findings indicate that subjects projected those aspects of themselves they disliked onto the out-group, resulting in decreased anxiety and increased personal self-esteem.

Anxiety has also been related to abuse history. In a sample of 329 homeless adolescents, Ryan, Kilmer, Cauce, Watanabe, & Hoyt (2000) found significantly higher levels of anxiety (Revised Children's Manifest Anxiety Scale) in those with a physical and sexual abuse history, than those who had been just physically abused, or not abused at all. Educational level and T-Anxiety have been found to be significantly negatively correlated (r=-.22) (Spielberger, 1983, p.23) with younger students having higher T-Anxiety scores.

Female sex has been found to be related to level of anxiety. Studying a principally heterosexual (93%) sample of homeless adolescents (n=364), Cauce et al., (2000), found girls to be significantly more anxious (as measured by the Revised-Children's Manifest Anxiety Scale) than boys. Similarly, in a study of undergraduates, Katz, Joiner & Kwon (2002) found women to be significantly more anxious than men. Studying 8 year olds, 12 year olds and 17 year olds, girls reported significantly more anxiety than boys (Kashani & Orvaschel, 1990). Conducting a comparative descriptive study with adults who experienced war-related trauma (n=516), Al-Khawaja (1997) found

women to have significantly higher trait anxiety than men. In a sample of 329 homeless adolescents, Ryan, Kilmer, Cauce, Watanabe, & Hoyt (2000) found significantly higher levels of anxiety (Revised Children's Manifest Anxiety Scale) among female subjects.

The relationship between depression and anxiety has been inconsistent. Also using the STAI, Sears and Armstrong, (1998) found level of anxiety (mean item response) did not predict level of depression for high school students currently or two years into the future. Similarly a study of 8 year olds, 12 year olds, and 17 year olds found anxiety unrelated to depression, acting out and conduct disorder (Kashani & Orvaschel, 1990). However, In a study of undergraduates, Katz, Joiner & Kwon (2002) found anxiety and depression to be significantly correlated ($r = -.37$) for men.

Studying Israeli adolescent psychiatric inpatients (suicide attempters vs. non-attempters), Ohring, Apter, Ratzoni, Weizman, Tyano, & Pluchik, (1996) found that when controlling for depression, attempters did not differ from non-attempters on their state anxiety scores. However, attempters had significantly higher trait anxiety scores (p.158). The authors conclude only trait anxiety was predictive of suicide attempts independent of depression. Anxiety has been found to be related to self-esteem, collective self-esteem, history of abuse, sex, and suicide attempts.

Proposed Conceptual Model

The following conceptual model has been created through derivation from the conceptual models previously discussed, and the extant literature. An ecological model is proposed based on the belief that environments exert significant effects on behavior (Figure 2). Heterosexism forms the belief system in the current environment, and one that poses a stressor to the population of interest – resulting in the traumatic event of homelessness.

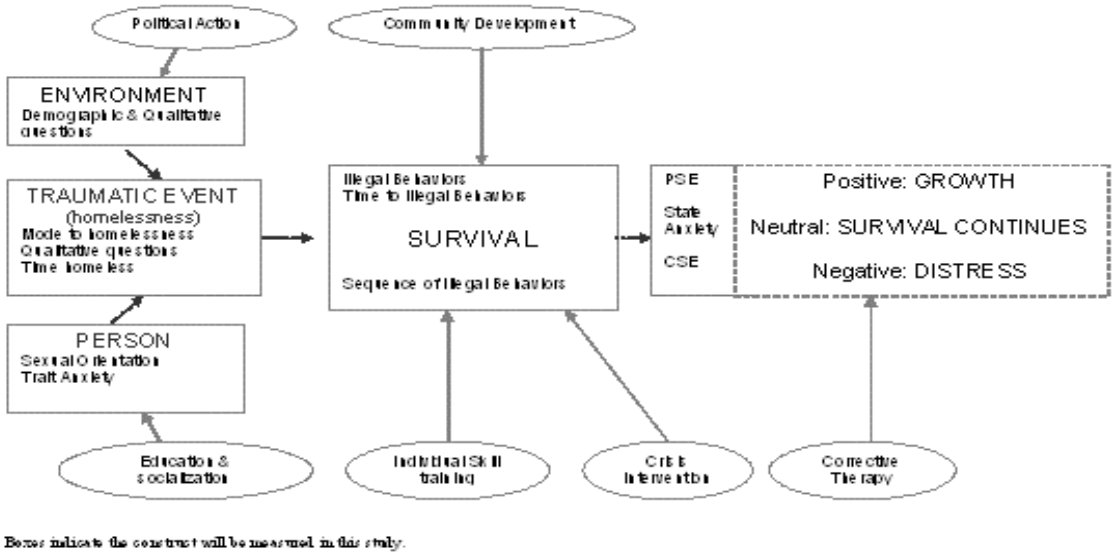


Figure 2: A Model of Male Homeless Adolescent Survival

Table 3: Model Definitions.

	Measure	Definition
Person	Sexual Orientation	
	• Bisexual	Self-identified physical and emotional attraction to members of one's own sex, as well as to members of the opposite sex (Kinsey, Pomeroy, & Martin, 1948; Nycum, 2000).
	• Gay	Self-identified physical and emotional attraction to members of one's own sex (Kinsey, Pomeroy, & Martin, 1948; Nycum, 2000).
	• Heterosexual	Self-identified physical and emotional attraction to members of the opposite sex.
	• Transsexual	A person who feels his or her body is not the sex it should be (regardless of transformational surgical status), as measured through self-identification (Nycum, 2000).
	Trait Anxiety (STAI-T)	A feeling of dread or apprehension. Relatively stable individual differences in anxiety-proneness as a personality trait as measured by the STAI, Trait scale (Spielberger, 1983).
Traumatic Event	Homelessness	A person is considered homeless who lacks a fixed, regular and adequate night-time residence, or has a primary night time residence that is a shelter,….or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. Stewart B. McKinney Act 42 U.S.C. §11301. Homelessness commences when an unaccompanied minor leaves home or a stable environment, to an unstable/ non-permanent residence or destination.
	Mode to Homelessness	Mechanism by which one becomes homeless: 1) Runaway or 2) Throwaway.
	Residential stability	Progression on a continuum of securely housed to tenuously housed to lacking a fixed residence (Clatts & Davis, 1999). This progression will be measured by self-report (Interview-format Survey).
Survival	Illegal Behaviors	Behaviors that are in violation of the law.
	• Panhandling[29]	Begging, or asking for money, food, clothing, shelter or work of private individuals in a public venue such as a street corner. This is to be differentiated from asking a company or organization for work, a homeless shelter for lodging, or a food pantry for groceries. This behavior will be measured through self-report (Interview-format Survey)
	• Stealing	Taking something that does not belong to you, as measured by self-report (Interview-format Survey).
	• Drug dealing	Illegally causing to be sold or directly selling street or prescription pharmaceuticals, as measured by self-report (Interview-format Survey).
	• Sex Work	The performance of sexual acts in exchange for food, shelter, money, protection or drugs, as measured by self-report (Interview-format Survey).
Growth, **Continued Survival,** **Distress**	Collective Self-Esteem (CSE)	The self-evaluation of one's social identity as measured by the Collective Self-Esteem Scale (Blaine & Crocker, 1995).
	State Anxiety (STAI-S)	A feeling of dread or apprehension. Current, transient feelings of dread or apprehension as measured by the State Trait Anxiety Inventory (STAI), State scale (Spielberger, 1983).
	Personal Self Esteem (SE or PSE)	An individual's global positive or negative attitude toward himself as measured by the Rosenberg Self-Esteem Scale (RSE) (Simmons, Rosenberg & Rosenberg, 1973).

[29] Panhandling is legislatively restricted in D.C. (D.C. ST § 22-2302) and Indianapolis, IN (Indianapolis Municipal Code 407-102).

Within this model, the concepts of individual characteristics and environment are adapted from Dohrenwend's theory, as are the outcomes of survival. Although this model is grounded in the literature, the literature is insufficient to develop a mediation or moderation model, however relationships can be identified. The conceptualization of homelessness as a traumatic event is taken from the trauma (Taylor, 1983), and psychological literature (A-Khawaja, 1997; Goodman, Saxe, & Harvey, 1991). PSE comes from the work of Morris Rosenberg (Rosenberg, 1989), CSE from the work of Luhtanen and Crocker (Crocker & Luhtanen, 1990), and anxiety from the work of Spielberger (1983). This model begins with a traumatic event, the experience of homelessness. Consistent with the ecological perspective, homelessness does not occur independent of the individual or his environment. The experience of homelessness creates a survival situation, physically and emotionally. Over time the individual may either remain in a survival mode, decompensate (distress), or begin to heal (growth). This model depicts transiently mutually exclusive outcomes of homeless status - growth, survival and distress. Survival is a construct of particular relevance to the study of queer male homeless adolescents. Survival is to remain alive, to exist despite hardship or trauma. Conceptualized as a continuum, survival resides at its center - distress is a negative outcome and growth a positive outcome. Survival is physical, psychological and psychosocial functioning that only returns to baseline subsequent to adversity and, therefore, does not involve psychological or emotional development and growth (regardless of chronological aging). Survival requires intense effort to do what is necessary to make it through another day – effort and energy that precludes psychological growth or betterment. Survival strategies identified in this population are survival sex, drug use and/or dealing, stealing, and panhandling (Clatts & Davis, 1999; Rotherum-Borus, Mahler, & Rosario, 1995; Unger, Simon, Newman, Montgomery, Kipke, & Albornoz, 1998). In contrast, growth is psychological and psychosocial

functioning that exceeds baseline levels of functioning and continues to develop, it is maturing in the face of overwhelming hardships (Moos, 1984). Growth is personal development, evolution or improvement. People in this stage have found a way to escape subjugation to survival needs – to allow for personal development. Currently, no evidence of growth within this population is noted in the literature. However, extrapolation may be made from the trauma literature, which has documented recovery and development subsequent to significant adversity. Part of this adjustment subsequent to trauma has been obtained through working to restore one's self-esteem (Taylor, 1983). Essential to growth is interaction with similar others – appraising your experience in light of not only your experience but the experiences of similar others as well - reflecting on how or why they became homeless as well as considering the experiences of those around them. Identifying the role of heterosexism can buffer the negative effect of homelessness on PSE for queer adolescents, while also offering meaning to the situation. CSE is effected through recognition of group-level similarities and oppression. Finding meaning in this trauma, regaining control over one's life, restoring self-esteem, and developing collective (sexual orientation based) self-esteem may be a way to move past survival into growth. This study will examine the constructs of residential stability (natural history of homelessness), sexual orientation, PSE, CSE, anxiety and survival strategies as depicted in Figure 2.

Research Paradigm

Although theories are available to guide research on queer male homeless adolescents, the bulk of the literature on this phenomenon is atheoretical. The epidemiological paradigm[30] (Kipke, Unger, O'Connor, Palmer, & LaFrance, 1997) is evident in the research reviewed on prevalence of homelessness, survival strategies and sex work in queer male adolescents. The medical model, upon which epidemiology is based, is a disease-oriented approach. The medical model "forces nursing to view health-illness manifestations as organic phenomena where emphasis is upon disorders in the structure and function of the body" (Phillips, 1977, p. 447). The medical model "posits a dichotomy between mind and body which is not congruent with the philosophy of nursing in its concern with the whole person" (Phillips, 1977, p. 448). Epidemiology may also be thought of as a macro application of the medical model. The major strength of the epidemiological approach is that it provides a full description of the phenomenon under investigation. This approach is essential in areas where there is little known about the topic: queer male homeless adolescents is one such area. Although not used as frequently, analytical epidemiology identifies and explains the causes of a phenomenon or disease. Epidemiology expands upon the medical model by considering the environment as a potential source of individual variance - embedding the individual within his or her social structure and environment. Epidemiology is the foundation for prevention through its ability to examine the presence of individual occurrences (phenomena or diseases) within the larger environment. Epidemiological study is essential to the development and implementation of health policy (Ryan-Finn & Albee, 1994).

[30] Epidemiology is the "branch of medicine dealing with the incidence and prevalence of disease in large populations and with detection of the source and cause of epidemics of infectious diseases (Webster, 1996, p. 653).

Methodological Considerations

As noted earlier, much of the research on homeless adolescents or survival strategies is atheoretical. A lack of theory-guided research results in poor construct definition, failure to include critical variables and inconsistent selection of outcome variables in individual studies. Very few studies consider survival; none include it as a variable. Outcome research on homeless or queer adolescents seems to be exclusively in the context of HIV/ AIDS or pregnancy. Thus, there is a clear gap in the literature. While the literature has provided adequate evidence of the scope of the problem of homelessness among queer male adolescents, little has been published on their experiences. Amount of time living on the street has been associated with increased risk of victimization, and likely impacts one's survival strategies (Hoyt, Ryan, & Cauce, 1999). Additionally, factors that have led to the overrepresentation of queer male adolescents on the street have only been hypothesized. This may be accomplished through the use of observations or interviews with these adolescents. Elucidating the natural history of residential stability in this population will allow for precisely targeted, and therefore more efficacious future preventative efforts.

There are a number of *methodological challenges* to research with homeless adolescents. A consistent problem is ill-defined constructs as they apply to adolescent homelessness, sex work, or queer adolescents. Additionally, there is difficulty in the selection of inclusion criteria for *homeless* (Baron, 2001). Definitions of homelessness vary considerably in the literature: (1) living on the streets without their families for two or more consecutive months, and/or fully integrated into the "street economy" via survival strategies (Kipke, Unger, O'Connor, Palmer, & LaFrance, 1997, p. 658); (2) without permanent residence for one night (Klein, Woods, Wilson, Prospero, Greene, & Ringwalt, 2000); (3) do not live with their parents full-time (Wagner, Carlin, Cauce, &

Tenner, 2001). Studies of adolescent homelessness have defined homelessness in various ways, which makes comparison and integration across studies difficult, as well as results in divergent findings. There are also several synonyms for homelessness among adolescents found in the literature, and used interchangeably (e.g. street youth, street kids, runaways) (le Roux & Smith, 1998; Swart, 1988). Many prefer the term "street kid" because of its descriptive literalness – they live on the street, and not at home (Baron, 2001; Swart, 1988; Tremble, 1993). However, *street kid* appears to be more commonly used in underdeveloped countries (e.g. Africa, S. America), and homeless, runaway and throwaway appear to be more popular in Europe and North America (le Roux & Smith, 1998). Inconsistency of terms and definitions challenges the interpretability, generalizability and application of research on homeless adolescents.

Various definitions of *adolescent*, and the subsequent inclusion criteria also exist: 8-17 (Lucas & Hackett, 1995); 12-21 (Klein, Woods, Wilson, Prospero, Greene, & Ringwalt, 2000); 14-18 (Simons & Whitbeck, 1991); 14-21 (D'Augelli, Hershberger, & Pilkington, 1998); 13-22 (Wagner, Carlin, Cauce, & Tenner, 2001); 13-17 (Greenblatt & Robertson, 1993); 16-21 (Pub. L. 106-71). Developmentally, it is difficult to compare someone of 22 to that of 17 (upper limit's of different studies). Additionally, those 18 or older are legally recognized as adults, the 17 year old does not enjoy this status. Clearly, older homeless adolescents are more likely to have completed high school, and therefore have more opportunities in the workforce than younger adolescents.

There are also variable definitions of *sexual orientation* (Sells & Becker, 2001). Sexual orientation may be measured on a Likert-type scale (heterosexual to homosexual behavior – see Appendix A) (Kinsey, Pomeroy & Martin, 1948); or most commonly, through self-identification without provision of a definition of sexual orientation (Lippa, 2001; Rotheram-Borus & Fernandez, 1995). There are several difficulties with the seminal Kinsey, Pomeroy and Martin scale (1948): it is highly dependent upon behavior,

it does not recognize transsexuality, nor does it allow for self-identification of ones sexual orientation while a virgin.[31] Although this scale indicates that an "individual may be assigned a position on this scale, for each age period in his life" (p. 639), definitions provided by the authors seem to negate time-specific identification due to required levels of experience. Therefore a 13-year-old boy who has consciously fantasized about his best friend would not be identified as gay because he has not yet acted upon it (Kinsey level two criteria). In contrast, self-identification allows this same boy to identify himself as gay, based on his conscious desires. Self-identification has the additional advantage of allowing the unsatisfied sexual experimenter to correctly classify himself. There is no consensus as to how sexual orientation should be assessed. However, Chung & Katayama, (1996), in a content-analysis of studies published in the Journal of Homosexuality, identified five principal ways sexual orientation has been assessed: (1) Self-Identification – participants self-identify their sexual orientation; (2) Sexual Preference – indication of "attraction" to people of various sexes; (3) Behavior – inference of sexual orientation through sexual behavior; (4) Single dimension – bipolar scale of heterosexual or homosexual; and (5) Multiple dimension – using more than one of the above indices. Self-identification was the most common assessment method used (32.6%). These authors recommend assessment of two dimensions of sexual orientation: affective preference (emotional attachment and social preference), and physical sexual preference (sexual attraction and erotic fantasies) (Chung & Katayama, 1996, p59). However the utility and application of this recommendation is unclear.

Finally, contradictory descriptions of antecedents to homelessness and sex work exist in the literature, with discrepant portrayals of sex workers (Browne & Minichiello,

[31] Kinsey, Pomeroy and Martin developed a continuum scale: from zero (exclusively heterosexual) to six (exclusively homosexual) on which to rate a person's sexual orientation. (Kinsey, Pomeroy & Martin, 1948, p. 638). An individual experiencing "strong reactions to individuals of their own sex…without overt relations with them" is rated two on Kinsey's scale (p. 640). Full details of this scale may be found in Appendix A.

1996). These findings have likely been influenced by divergent definitions, setting (shelters, vs. clinics, vs. street sites vs. retrospective from their homes), research methodology (quantitative vs. qualitative), and largely by the questions subjects were asked. Although these studies provide valuable information, there are clearly areas for additional research.

Quantitative descriptive or non-experimental research is predominant in the area of homeless adolescents, male sex work, and queer adolescents. Strengths of non–experimental research with these populations are appropriateness for the state of the science and cost-effectiveness. These studies are typically cross-sectional, use outreach workers (minimizing researcher burden), and are typically an aside within an HIV prevention study (Rotheram-Borus, Koopman, & Ehrhardt, 1991). This body of work, which used descriptive and cross-sectional designs, provides a one perspective of the phenomenon of interest.

There are a number of weaknesses to studies of homeless adolescents and male sex workers. Due to the descriptive nature of the current work in this area, there are concerns with both internal (selection) and external (setting) validity. Few studies include sexual orientation in demographics or instrumentation (Greene, Ennett, & Ringwalt, 1999; Thompson, Safyer, & Polio, 2001). Therefore, few analyze data by sexual orientation or sexual identity. Additionally, the majority of studies exclusively use shelter-based samples (e.g. The National Runaway and Homeless Youth Management Information System (RHYMIS) of the Administration for Children and Families, 1999; Thompson, Safyer & Polio, 2001). Sample location is an issue because those studies that do include both street and shelter samples have identified divergent characteristics, such as sex, sexual orientation, time on the street, and involvement in survival sex (Estes & Weiner, 2002; Greene, Ennett, & Ringwalt, 1999). Furthermore, less than 10% of all homeless adolescents use shelter services (Estes & Weiner, 2002, p. 89).

Additional causes of divergent results are different methods of becoming homeless (e.g. runaway vs. throwaway) (Thompson, Safyer, & Polio, 2001). Therefore, the majority of research to date has focused on a small percent of the homeless adolescent population, making generalizability of findings to queer males questionable.

There are a number of methodological challenges to research with homeless adolescents, including atheoretical Ill-defined constructs, variable definitions, and limited sampling. Furthermore, few studies inquire about sexual orientation. Exclusively focusing on either HIV or pregnancy, many of these studies lack the depth associated with theoretically grounded research, or even that obtained through interview. Current research limits our ability to trace the trajectory of adolescents from expulsion from the home to survival strategies used on the street.

Application to a Program of Research

There are a number of challenges to be overcome to conduct research with queer male homeless adolescents. Practical methodological challenges are institutional heterosexism[32] (Meyer, 2001), legal hurdles in working with minors, and measurement of elusive constructs. Methodologically, access to informants will be challenging. The literature is clear that queer male adolescents under-utilize shelters – due to legal and safety concerns. Consequently, locating and engaging subjects in research may be problematic. However, environmental reconnaissance and identification of resources for survival will assist this process (Trickett, 1984).

A mixed-method comparative descriptive study is proposed to address these questions. The design for this study involves the use of retrospective measures eliciting

[32] Submitted to NIH by the Traditional Values Coalition in October of 2003, "The HHS Grants Projects", is a list of 250 NIH-funded grants – all dealing with HIV/AIDS, human sexuality, and risk taking behavior. Senior researchers on these grants have received notices of audit of their grants (Consortium of Social Science Associations, 2004).

the direct experiences of queer male homeless adolescents through standardized instruments and qualitative interview. A street and shelter-based sample will be sought. Potential street-based areas for subject recruitment include bus and train stations; downtown tourist sites; abandoned buildings, parks, areas of adult commercial sex trade, soup kitchens, gay bookstores and bars, and adult video stores/ entertainment areas. A design such as this would provide a view of male adolescent homelessness and survival behaviors from multiple perspectives allowing for a comparison between heterosexual and queer experience. Consistent with the ecological paradigm, and my model (see Figure 2), the questions of interest in this study involve a comparison between queer and heterosexual homeless male adolescents on the following:

1) What are the natural histories of residential instability and participation in illegal behaviors among male homeless adolescents?
2) In a sample of male homeless adolescents, does mode to homelessness, trait anxiety or sexual orientation influence SE, CSE, or State Anxiety?
3) In a sample of male homeless adolescents, do sexual orientation, mode to homelessness, SE, CSE, State Anxiety, Trait Anxiety, or time homeless influence time to illegal behavior, illegal behavior/survival strategy chosen, or sequence of Illegal behavior/survival strategy chosen?

Although descriptive studies abound, these studies have not investigated these particular questions.

Conclusion

This chapter began with a literature review within the context of societal and familial heterosexism and its role in homelessness. This foundation provided the lens through which to evaluate the available literature. Heterosexism and marginalization within the context of society and the family were linked to the need to survive and, consequently, survival strategies such as panhandling, stealing, drug dealing, and sex work. The ecological perspective provided the groundwork for discussion of selected

frameworks in the literature available to guide this research. The work of Dohrenwend, Freire and Rosenberg were discussed and integrated into a model of homeless adolescent survival (Figure 2). The model constructs were explained and defined, and methodological considerations in its application to research were discussed. Extant research, including: methodological challenges to research with queer male homeless adolescents; key gaps in research related to this phenomenon; and specific research questions and designs to address these gaps, were discussed.

Adaptation is improvement in the fit between an individual's behavior and the specific demands and constraints imposed by one's environment (Levine & Perkins, 1997, p. 205). Almost universally, society calls for adaptation of its members. Many people wonder why queer adolescents feel the need to disclose their sexual orientation to others or "come out." For a queer person to be psychologically healthy he or she must accept himself or herself as queer. Self-validation can only be attained through acceptance of one's orientation and disclosure to others (Savin-Williams, 1998; Williamson, 2000). From a humanistic perspective, coping and adaptation, or adjusting oneself to external conditions can be injudicious. If the social environment is oppressive, then encouraging coping without secondarily changing that environment is to act as an agent of oppression. Alternatively, encouraging social change can be experienced as self-empowering. Disadvantaged, poverty-stricken, stigmatized and other relatively powerless groups are ill served by playing the game of adaptation with an oppressive social world. Their interests are sometimes better served by raising consciousness and demanding change in the environment (Ryan-Finn & Albee, 1994; Gamson, 1995; Levine & Perkins, 1997).

The strategy for dealing with heterosexism has been to shift from a defensive posture of having to justify homosexuality, to an offensive position of forcing the opposition to justify its stance against homosexuality. Similar to the concepts of racism

and sexism, heterosexism demonstrates the dominant group's claim to superiority (Botnick, 2000). If we are interested in health, we must change the social conditions that obstruct health (Albee, 1997).

Nurses cannot avoid political action, but can either, through indifference, opt for a policy of no social change, or, if concerned with the health problems generated by poverty and discrimination, engage in political action designed to promote social change. An ecological ideology forces us to analyze mediating structures in society: structures that stand between social institutions and marginalized individuals. What nursing often forgets is that …"even the denial of a political position represents one, one that upholds the status quo" (Prilleltensky, 1994, p. 967). With a better understanding of how these adolescents survive, nursing interventions can be developed to not only support their survival, but also to empower them to change their current life situation. Additionally, the current gap in the nursing literature may be filled with nursing based interventions.

CHAPTER III

METHODOLOGY

This chapter details the research methodology: design, research questions, sampling, data analysis, and strengths and limitations of this study. The research model that guided this study is depicted below in Figure 3. Operational definitions follow in Table 4. Study design, setting and sampling, including nature and size of the sample, inclusion and exclusion criteria, and Human Subjects Protection is then discussed. Participant recruitment concludes the sampling section. Data collection, procedures and data sources with a table of instruments follows in Table 6 with discussion of each individual instrument. The proposed data analysis is then discussed, and the chapter concludes with credibility of design with strategies to minimize weaknesses.

Design

A mixed-method comparative descriptive design was used in this study. This design is used to examine and describe differences that occur naturally between groups (Burns & Grove, 1997). Two groups were compared in this study: Queer (gay, bisexual and transsexual) and heterosexual homeless adolescents. The group of interest in this study consisted of self-identified queer male homeless adolescents. The comparison group consisted of self-identified heterosexual homeless male adolescents. No treatment occurred in this study. The design for this study involved the use of measures that examined participants current feelings and experiences as well as those reliant on

participant recall of their direct experiences. The *specific aim* of this dissertation was to conduct an empirical evaluation of male homeless adolescent survival – comparing measures from queer and heterosexual male homeless adolescents on self-esteem (SE), collective self-esteem (CSE), anxiety (STAI), mode to homelessness, residential stability, and strategies that adolescents use to survive (time to specific survival strategies, specific survival strategies chosen and sequence of survival strategies chosen).

The major construct of interest in this study was *survival among queer male homeless adolescents*. The questions of interest in this study involved a comparison between queer and heterosexual homeless male adolescents on the following:

1) What are the natural histories of residential instability and participation in survival strategies among male homeless adolescents?
2) In a sample of male homeless adolescents, does mode to homelessness, trait anxiety or sexual orientation influence SE, CSE, or State Anxiety?
3) In a sample of male homeless adolescents, do sexual orientation, mode to homelessness, SE, CSE, State Anxiety, Trait Anxiety, or time homeless influence time to survival strategies, particular survival strategy chosen, or sequence of survival strategies chosen?

Setting

Recruitment for this study was in Cleveland, Ohio; Indianapolis, Indiana; Las Vegas, Nevada; Los Angeles, California; Nashville, Tennessee; and Washington D.C.. Initially it was hoped sufficient participants would be recruited from Cleveland, Indianapolis and Washington D.C. Insufficient recruitment necessitated an IRB amendment expanding the study to Las Vegas, Los Angeles, Nashville and Chicago. No participants were recruited in Chicago: of the 16 agencies approached in Chicago, only one granted access. Unfortunately, this agency did not have anyone within the inclusion

age currently using their services. Street sampling in Chicago was unsuccessful. The primary rationale for selection of these sites was to locate an adequate number of participants. Review of the literature identified Washington, D.C. as a locale for queer male homeless adolescents in the mid-Atlantic region of the United States, in close proximity to Baltimore, Maryland, one of the two child prostitute trafficking hubs in the Northeast, placing these adolescents at increased risk of victimization (Estes & Weiner, 2002, p. 117). Indianapolis was identified as a sampling location through interviews conducted by Community Issues Requiring Education (CIRE) and presented in the documentary – *Out in the Cold,* and through correspondence with the producer/ director Eric Criswell (personal communication, October 22, 2003). Cleveland, Ohio was chosen due to the high number of homeless people (3,000 adults, no data exists for youth homelessness), and limited male adolescent shelter availability (one mixed sex shelter with 12 beds).

Sampling

Nature and Size of Sample

A convenience sample of English speaking male queer (gay, bisexual, transsexual) and heterosexual homeless adolescents between the ages of 14 and 20 were recruited for this study. Data were collected on two different groups: 1). self-identified heterosexual male homeless adolescents and 2) self-identified queer (gay, bisexual and transsexual) male homeless adolescents.

The proposed sample for this study was 84 participants (ES .30; α .05 two tail, power .80) (Kraemer & Theimann, 1987): 42 heterosexual and 42 queer male homeless adolescents. This sample size would allow for detection of a moderate difference

between the histories of residential stability and survival strategies between queer and heterosexual adolescents. This sample size was also supported by the *rule of thumb* for regression, i.e., minimum of 10 participants per predictor variable per group, therefore requiring 84 participants (eight variables). A clinically meaningful level of relationship (r) would be an r of .50, or the ability to predict 25% of the variance in a variable, and appears justified based on calculated ES from previous studies described below. Identification of factors related to initial homelessness and later survival behaviors would assist in the development of both preventative and intervention efforts.

Difficulty in locating and recruiting participants led to IRB amendments. The study was originally designed to sample street-based homeless youth in Indianapolis, IN; Cleveland, OH; and Washington, DC. Due to difficulty with recruitment the sampling base was expanded to additional cities, as noted earlier, as well as expanding sampling to include youth staying in shelters. A sample of 84 was not obtained. Eleven months of recruitment across 7 cities, resulted in a sample of 70 participants: 23 self-identified as queer, 47 self-identified as heterosexual.

Research question one describes and compares the history of homelessness and survival strategies between queer and heterosexual participants. Because there is no literature that directly addresses this question, an ES of .30 was proposed. Calculated effect sizes for questions two and three vary greatly depending on the particular aspect of the PSE-CSE, or STAI relationship one is interested in. For example, using the STAI with Asian-Pacific adolescents, ES of .01 State and .05 Trait were obtained for STAI- DISC Anxiety (Diagnostic Interview Schedule for Children) prediction (Hishinuma et al., 2001)[33]. Testing the predictiveness of PSE, CSE, and sex on anxiety (Beck Anxiety Inventory) in undergraduates, an ES of .17 was obtained by Katz, Joiner &

[33] Effect size calculation was based on the formula for regression ES calculation found in Rudy & Kerr, 1991, p.521. ES= R^2 / (1- R^2).

Kwon, (2002). No data exist on the relationship between these psychological and social variables and the variable of interest in this study – time to and pattern of survival strategies.

Proportional sampling of specific racial/ethnic groups was not used in this study. Dube & Savin-Williams (1999) found differential levels of disclosure of sexual orientation exist between Hispanic, Asian, African American, and Caucasian male adolescents. Noting, age of self-identification of sexual orientation varies significantly between these ethnic groups. It was anticipated that Hispanic and Asian Americans would be underrepresented among homeless queer adolescents and would consequently be underrepresented in the queer sample. No differences among queer sexual orientation categories (gay, bisexual, and transsexual) were hypothesized; therefore stratified sampling was not used within the queer group.

Inclusion and Exclusion Criteria

The inclusion criteria for this study were: 1) biologically male (i.e. “what sex would a doctor say you are?”); 2) 14 to 20 years old; 3) ability to speak and understand English; and 4) homeless (42 U.S.C. § 11302) for a minimum of one week. Exclusion criteria were: 1) stable housing; 2) being accompanied by a parent/guardian; 3) obvious intoxication or mental instability.

There were many rationales for the inclusion criteria: 1) This study was limited to biological males due to well substantiated differences between homeless males and females (Coleman, 1989; Hetrick & Martin, 1987; Powers, Eckenrode, & Jaklitsch, 1990), and due to limited study resources; 2) Male sex work typically begins at 11 years of age or younger (Estes & Weiner, 2002), making 14 years of age a realistic age to capture the phenomenon. Additionally, the common law "rule of sevens" (724 S.W.2d 739) confers mature minor status at 14 years of age, minimizing IRB consent concerns;

3) Because of the frequency of termination of ones education with homeless status, illiteracy was likely in this sample. Therefore, instrumentation was verbally administered by the PI to allow for participation of illiterate participants. Translators were not available for this project therefore the requirement of ability to speak English protected the accuracy of data collected, as well as helped ensure true informed consent; 4) The criteria of homeless for one week or longer allowed for some familiarity with street survival and with the street economy. Due to the relative absence of shelters for unaccompanied male minors, shelter residents could bring unique site-specific experiences to this study, and were therefore initially excluded (this was changed by amendment). There are limited opportunities for homeless adolescents to self-refer to shelters nationwide (two youth shelters in Chicago; one shelter[34] serving male adolescents in Cleveland; one Department of Children's Services shelter in Indianapolis; one shelter in Las Vegas; four in Los Angeles; one in Nashville; and two youth shelters in Washington, D.C.), thus it was anticipated this initial exclusion criterion would not substantially reduce the available population. To ensure wide variability in time living on the streets, no maximum time homeless was used to exclude participants.

Participant Recruitment

Prior to beginning data collection, this study was approved by the IRB at Vanderbilt University, the PI's home institution. Data for this research was collected via criterion, snowball-sampling methods, with gatekeeper access. Gatekeepers included an older homeless adolescent who is looked up to in the community (used in Indianapolis, Las Vegas, and LA), local outreach workers (used in all cities), or anyone who "can provide entrance to a research site" (Creswell, 1998, p. 60). Gatekeepers were

[34] Westhaven Youth Shelter is the only shelter for male adolescents in Cleveland, offering 12 beds, and up to 14 days shelter for youth 13-17 years old – 187 youth were served in 2002 (Kranz, 2003).

identified through consultation with local staff and organizations serving homeless adolescents, and through time on the street interacting with homeless youth and adults.

The literature reports few queer male adolescents access or use homeless shelters, preferring alternative or street sites (Greene, Ennett, & Ringwalt, 1999). Little research has been completed on exclusive street-based queer male homeless adolescent samples. Therefore, this study originally intended to exclusively recruit a street-based sample of male homeless adolescents. In each city I spent time interacting with homeless people where they might naturally be found: at bus, train and metro-transit stations; downtown tourist sites; near abandoned buildings and lots, parks, shelters and drop-in centers, areas of adult commercial sex trade, soup kitchens, at flop-houses, and gay bookstores. Heterosexual homeless male adolescents were also found at these locations (Adams, 1999; Clatts & Davis, 1999; Estes & Weiner, 2002; Kamel, 1983; McNamara, 1994). Public transportation was utilized for travel in Chicago, Los Angeles and Washington, DC – the lack of subway/overhead lines in Indianapolis, Cleveland, and Nashville made care transport necessary.

Sampling locations were identified in Cleveland, Chicago, Indianapolis, Las Vegas, Nashville and Washington, D.C. through consultation with local outreach workers. Sampling locations were also identified in Indianapolis through local outreach groups, and the online "City of Indianapolis/ Marion County Law Enforcement Incident Case Report Database". Searches of this database identified a number of locations with "runaway apprehension" incidents in the greater Indianapolis area[35]. This information allowed for the creation a rough map of greater Indianapolis areas to target for recruitment. Unfortunately this mapping offered no interviews. Interviews were principally obtained through collaboration with two homeless youth outreach organizations,

[35] These reports include address, date and time of the apprehension. Interestingly, most apprehensions occurred in the early evening of a weekday.

spending months of Friday and Saturday evenings hanging out with youth on a street-corner, spending a great deal of time interacting with people at an adult drop-in center, and at a local shelter.

Identifying sampling locations in Cleveland, Ohio proved more challenging due to the presence of just one youth shelter, no youth outreach programs, and few news stories on adolescent homeless or sex work issues that might offer clues to specific areas to target. In Cleveland I interacted with homeless people living in Public Square, talked to people in drop-in centers, soup-kitchens, outside abandoned buildings, and in a shelter. Newspaper articles offered leads in Las Vegas and Los Angeles. North Las Vegas is the principal area in which to find homeless people – containing several adult shelters, as well as tent-cities. Conversing with homeless people sleeping in parks led me to some of these locations. I interacted with homeless people in each of these locations as well as joined a collaborative STD and homeless outreach team for outreach in a known sex work, and homeless prominent area one night (15 people traveling in several teams did not come upon any youth). The outreach team reported their efforts only extended so far east of Freemont due to gang territory. They noted this gang was pimping out young girls as sex workers in the area.

Los Angeles, was the last city sampled. Had I not spent time with homeless people where they spend their time and reside I'd have been terrified in LA. LA sampling principally consisted of Skid Row (a 50-block area of downtown), and Hollywood. Homeless services exist for only 1/4th of those homeless in LA (Weingart Center, 2004), resulting in many people sleeping on the street, particularly in Skid Row. I interacted with homeless youth and adults in various parts of Skid Row, and spent a number of evenings hanging out with youth on the street outside a metro-station in Hollywood, talking, laughing, and experiencing a very small part of their world. More detailed descriptions of data collection in LA may be found in Appendix G.

Human Subjects Protection

Vanderbilt University Medical Center's Internal Review Board (IRB) was petitioned for modification of typical consent procedures, requesting acceptance of consent from the adolescent in lieu of parental consent.[36] There were a number of reasons for this request: (1) the developmental capacity of adolescents (14 to 20 years old), (2) the absence of parents/ guardians of homeless youth from which to obtain consent, (3) minimal risk associated with the study; (4) the risk associated with parental contact were they accessible, and (5) legal/ IRB precedent for this request. The IRB responded, and recommended I also request waiver of written consent: Both adolescent self-consent, and waiver of written consent were granted. Each reason for allowing adolescent self-consent is addressed below, in turn – as submitted to the IRB. The present-tense is maintained in the IRB argument to maintain argument cogency.

Developmental Capacity

A number of studies have demonstrated that adolescents are developmentally capable of providing informed consent in a manner similar to adults. The literature supports that 14 year olds are developmentally capable of understanding (1) informed consent (Lewis, Lewis & Ifekwunigue, 1978); (2) the purpose of a research study (Abramovitch, Freedman, Thoden & Nikolick, 1991); (3) confidentiality of their answers (Abramovitch, Freedman, Thoden & Nikolick, 1991); and (4) their right to withdraw from the study at any time (Abramovitch, Freedman, Thoden & Nikolick, 1991).

[36] Although verbal consent would help ensure confidentiality of information by precluding the need to record the names of participants, this is not permitted by Vanderbilt University's IRB (for any participant) unless said consent is witnessed and cosigned. Due to PI data collection it will not be possible to meet this requirement. ICD Instructions (Form #1100), paragraph six. Available at http://www.mc.vanderbilt.edu/irb/Forms/ InformedConsentInstructions.doc

Absence of Parents

The participants in this study are unaccompanied homeless adolescents; parents of these adolescents are not available to provide consent. The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research recommends the waiver of parental permission where such permission was “not reasonable” (Santelli, 1997), in conjunction with the Code of Federal Regulations (45CFR46.408, 2001). Some adolescents come to live on the street because they are thrown out of their homes by their parents; others have fled from abuse in the home. Regardless of the proximal antecedent to their homelessness, many of these adolescents are no longer in contact with their parents. The parents of these participants are not available to provide consent.

Minimal Risk

The Society for Adolescent Medicine’s – Guidelines for Adolescent Health Research state: “adolescents as a group should be presumed capable of giving their own consent to research not involving greater than minimal risk” (Society for Adolescent Medicine, 1995, p. 266). Minimal risk has been defined as (1) ″the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life" §46.102i 45 CFR 46, 1994 – implying the daily life of the subject; (2) "risk that such individuals might reasonably assume on their own" (Levine, 1995, p.289)- also implying the daily life of the subject; (3) the "probability and magnitude of harms that are normally encountered in the daily lives of the general population" (Glantz, 2002, p.1071); (4) "risks over a minimal risk, which is defined as risks beyond that which a child confronts in every day life" (Grimes v. Kennedy Krieger Institute, 2001, note 38, Cathell, majority opinion).

> Some IRB's have interpreted "daily life" as referring to the daily life of a normal healthy person, a so-called "absolute standard." Clearly there is nothing absolute about "daily life," and the risks inherent in the daily life of a person from rural Iowa are not the same, quantitatively or qualitatively, as those inherent in a person from inner city New York. This definition, nonetheless, sets a standard of the daily life of a "healthy person." An equally common, as well as defensible interpretation, however sets minimal risk as reflecting the daily life and experiences of the "research subject" (National Bioethics Advisory Commission, 2001, p.L-7).

The risks associated with this study are potential disclosure of homeless status to others by being seen with the PI, and potential emotional upset secondary to being asked about their sexual orientation, residential stability and survival strategies. Due to recruitment of males of all sexual orientations, inadvertent disclosure of sexual orientation by being seen with the PI was a remote, but potential risk. However, both of these risks were reasonably commensurate with those inherent to their current social situation as homeless adolescents (Levine, 1995). Additionally, every queer person (regardless of their level of public disclosure) is at risk of unintended exposure of their sexual orientation or gender identity. Recognizing this, state and national surveys often contain questions about one's sexual orientation or living situation (Massachusetts Youth Risk Behavior Survey, 2001; U. S. Census, 2000).

Each interaction with the public, whether being recognized as spending prolonged time in a public venue, panhandling, or accessing a shelter may reasonably elicit similar questions. The offer of a free meal (McNamara, 1994) in this protocol provides the participants with a plausible defense to peers if questioned, further minimizing risk. Participants could however be inconvenienced because of the time required to complete the instruments. No potential direct benefits to participants are anticipated[37]. However all participants were given referral information, and a public

[37] "Direct payments or other forms of renumeration offered to potential subjects as an incentive or reward for participation should not be considered a "benefit" to be gained from research" (Office for Human Research Protections (2004) - IRB Guidebook. Chapter 3, Section G, "Incentives for Participation").

transportation pass to access local homeless and youth services in their respective areas.

Risk associated with parental contact were they accessible

Seeking parental consent for homeless adolescents may be harmful to these adolescents. Some homeless adolescents have come to the street as an alternative to an abusive home environment; or have been thrown out of their home by their parents. For these adolescents, parental contact may represent a physical threat (Elze, 2001; Levine, 1995). Requiring parental permission "presumes that parents will act in the best interest of their child" (Leikin, 1993). English (1995) writes "parental permission should not be required when it would impede adolescents' participation in the research and it is either unnecessary to protect the adolescent participants or would create a risk of harm to the adolescents" (p.285).

Legal and IRB precedent

Recognition that minors vary in maturity and capacity is part of common law[38]. Common law recognizes this variation as the "Rule of Capacity" or the "Rule of Sevens", which notes that capacity is presumed between the ages of fourteen and twenty-one, and has been affirmed and utilized by all levels of Appeals Courts, and by the U.S. Supreme Court (Lacey v. Laird (1956) 139 NE2d 25; Massie v. Copeland (1950) 149 Tex 319, 233 SW2d 449; Shawnee v. Cheek (1913) 41 Okla 227, 137 P724, 51 LRA NS 672, Ann Cas 1915C 290; Wisconsin v. Yoder (1972) 406 U.S. 205; Younts v. St. Francis Hospital & School of Nursing, Inc. (1970) 469 P2d 330; Cardwell v. Bechtol

[38] Common law is law that has developed from historical legal precedent (rulings of judges), and forms the basis for future rulings. Common law may be contrasted to Civil Law which is law as written and codified by politicians.

(1987) 724 S.W.2d 739). In a Wisconsin v. Yoder dissenting opinion, Supreme Court Justice Douglas writes:

> Children far younger than the 14 and 15 year-olds involved here are regularly permitted to testify in custody and other proceedings. Indeed, the failure to call the affected child in a custody hearing is often reversible error…(cites cases)… Moreover, there is substantial agreement among child psychologists and sociologists that the moral and intellectual maturity of the 14 year-old approaches that of the adult.

"The law frequently has recognized this capacity by allowing minors to give their own consent for specific health care services" (Smith-Rogers, Schwartz, Weissman, & English, 1999, p. 6). Law in Tennessee (the PI's home institution), Indiana, Ohio, and D.C. (the sampling locations for this study) allow minors to independently consent to specific health care procedures, and to be treated for sexually transmitted diseases without parental knowledge or consent (D.C. §7-1231.14 & §7-143; Indiana Code §16-36 & §16-36; OH §3719.012 & § 3709.241; and T.C.A., § 63-624 & §63-6-223) (See Appendix B). The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research does not require parental consent if the research is designed to identify factors related to the incidence of conditions for which the adolescent may legally receive treatment without parental consent; and if the risk of the research is minimal (Levine, 1995, p. 289).

Consistent with National Commission guidelines, studies similar to this proposal have not required parental consent. There is precedent in the literature for this request (Smith-Rogers, Schwartz, Weissman, & English, 1999). Zimet et al. (1995), in a study of homeless adolescents (age 12-18), obtained IRB approval from Case Western Reserve University to bypass parental consent. Similarly, Rew (2002), in a study of homeless adolescents (12-23yo) obtained IRB approval from the University of Texas, Austin, to bypass parental consent. Oregon Research Institute granted Noell, and Ochs (2001) consent to study 13-20yo homeless adolescents without parental involvement or

consent. The Department of Health and Human Services granted this study a Certificate of Confidentiality as well. IRB approval was obtained from Michigan State University to sample adolescents' aged 16-27 without parental consent (Floyd, Stein, Harter, Allison & Nye,1999). Children's Hospital of Los Angeles IRB approved the study of 12-23 year old homeless adolescents without parental consent (Kipke, O'Connor, Palmer & MacKenzie, 1995; Kipke, Simon, Montgomery, Unger & Iverson, 1997). Greene, Ennet and Ringwalt (1999) obtained "informed consent" directly from participants age 12-21 (Research Triangle Institute IRB). Cauce et al., (2000) obtained consent directly from participants age 13-21 (University of Washington, Seattle). Legal and IRB precedent supports this request to waive parental consent for these adolescents.

The literature is clear that children as young as twelve years-old possess understanding, rationality and competence similar to that of adults (Abramovitch, Freedman, Thoden & Nikolich, 1991; Weithorn & Campbell, 1982 & 1983). Minimal risk is associated with this study – far fewer risks than those inherent in their situation as homeless adolescents trying to survive (Levine, 1995). Requiring parental consent when studying sensitive research topics, particularly those dealing with adolescent sexual orientation, and illicit behaviors may present a danger to adolescent participants (Bragadottir, 2000; Kearney, Hopkins, Mauss & Weisheit, 1983). Despite the risk requiring parental consent would present to homeless adolescents, these parents are not available to consent. In anticipation of such situations, the National Commission has provided guidelines for when obtaining parental permission is not reasonable or feasible (Sec. 46.116, Subpart D). Using these guidelines, IRB's across the country have ruled for waiver of parental-consent and adolescent self-consent for research with mature minors when such consent was not reasonable, and the risk was minimal.

Data Collection

Procedures

Prior to entering the field setting each day, the PI arranged the study instruments in a standard order for each participant from least threatening to most threatening, and placed the arranged instruments for each participant in a separate 9x12 envelope. A number corresponding to their location in the sequence of participants interviewed (i.e. 12 for 12th participant) were written on the envelope. Whereas written consent was waived by the IRB, participant names (first only) were only occasionally recorded by the PI – in instances where it was anticipated casual contact may reoccur in the field (to be able to respond to them by name if interacting). Completed forms were maintained at the PI's home in a locked filing cabinet.

The PI entered the field each day with a backpack containing (1) a filing folder of participant information letters, (2) a bundle of four coded 9x12 envelopes, and (3) a bundle of 10 to 20 coded 9x12 envelopes of instruments: (1) The file folder contained participant information letters – providing information about the study in written form, as well as contact information for myself, my chair , and the IRB. These letters were offered to participants. (2) the bundle of four 9x12 envelopes contained four sets of counterfeit completed instruments ; (3) The bundle of 10 to 20 coded envelopes contained blank, arranged instruments. Upon completion of an interview, completed forms were returned to their envelope, the envelope flap closed, and the envelope added to the bundle of four counterfeit –instrument envelopes.

Investigator safety was maintained through PI safety procedures developed by McNamara (1994). The PI called an off-site contact at prearranged times. If unable to reach the PI, the contact was to call local police with the PI's location if the pre-arranged call is not received within an hour of the pre-arranged time and the contact was unable

to reach me on my cell phone. Each call contained the PI's current location, planned locations over the next two hours, and the next contact time was confirmed. To minimize the risk of robbery, gift certificates were often used for meal incentives, a concealed money pouch was worn, containing small amounts of cash, no credit cards or just a prepaid credit card, health insurance information and drivers license. A pre-paid phone was carried and used for checking in.

Participants were recruited through street contact following the model of *basic street outreach* (Centers for Disease Control, 1995; Gleghorn, Clements, & Sabin, 1999). The PI approached potential youth and screened them for eligibility. Screening was done via a brief informal conversation to ascertain eligibility (sex, age, language, and amount of time homeless). Following the model of Gleghorn, Clements, and Sabin, (1999, p. 49) the PI did not approach adolescents who appear to be actively negotiating a drug sale; those involved in a violent altercation; those interacting with a customer or police; those who appear to be actively psychotic, or any other situation that made the PI feel unsafe.

Upon completing the brief screening interview and ascertaining potential subject interest in participation, the PI and participant walked to a nearby coffeehouse or fast-food restaurant (if available) – the PI purchased the participant a meal (Kipke, Simon, Montgomery, Unger, & Iverson, 1997). The presence of a meal was to serve several purposes: to provide for an immediate need of the participant; to secondarily elicit participant trust; and to provide a safe, non-threatening, public setting for participant and researcher. If no nearby restaurant was available, interviews were conducted in any available public place – such as a park-bench, or just sitting on the sidewalk, and these participants received a $5 fast-food gift certificate. The PI obtained informed consent through verbal presentation of the informed consent form, explained the purpose of the study, verified that participants are cooperating voluntarily, explained the study

procedures, risks and benefits to the potential participant, informed participants of their right to withdraw at any time and for any reason, answered any questions the participant had, and obtained their verbal consent[39]. If they consented to participation, the interview was begun.

All consenting eligible participants were administered the Collective Self-Esteem Scale, the Rosenberg Self-Esteem Scale, the State Trait Anxiety Inventory, and the Interview-format Survey in a semi-structured interview format. The interviews were not taped to protect participants, due to the sensitive nature of some questions. Missing data occurred when participants declined to answer a question. Data sets were examined for completeness as it was collected, however due to the length of the interview, some participants declined to answer or complete some of the measures. At the termination of the interview, all participants received a list of local homeless and queer services for youth (including phone numbers and addresses), and were given a city specific Metro card or tokens ($3 to $5 value)[40] to enable them to use the referrals in the area where they were contacted (D.C. Metropolitan Transit Authority, 2003; Greater Cleveland Regional Transit Authority, 2004; IndyGo, 2003; Unger, Kipke, Simon, Johnson, Montgomery, & Iverson, 1998).

Data Sources

Participant data was collected in several ways: (1) Standardized instruments - the Collective Self-Esteem Scale, the Rosenberg Self-Esteem Scale, the State Trait Anxiety Inventory; and (2) Semi-structured interviews with an Interview-format Survey.

[39]Use of verbal consent would avoid recording of the participant's name, further ensuring participant confidentiality. Unfortunately, this is not an option due to IRB restrictions. Please see footnote 2.
[40] An Indianapolis one-day metro pass costs $3; D.C. participants will be given a $5 farecard; Cleveland residents will receive a one-day pass costing $3, Bus tokens ~ $4 were used in Las Vegas and LA; four one-ride bus passes were distributed in Nashville (pre-paid all day passes did not yet exist) total $4.40.

Instruments were orally administered during the semi-structured interviews with all informants so those with difficulty reading could participate. Face to face administration of instruments assessing sensitive issues has been found to be equally reliable to self-administration (Durant & Carey, 2000). These interviews focused on the major questions of interest, expanding from the interview script when additional applicable information was obtained. It was anticipated that test administration would take 40 minutes. Interviews took from 30 minutes to 90 minutes depending on a particular participants history.

Table 4 Variables and Data Sources

Variable	Data Source	# of relevant Items	Psychometrics	Cronbach's Alpha in the literature	Cronbach's Alpha in the current study
The State-Trait Anxiety Inventory (STAI) is a self-report assessment designed to separately measure state and trait anxiety. The state anxiety scale measures how one is feeling right now. The trait anxiety scale measures how one generally feels representing stable individual differences					
Anxiety	State Trait Anxiety Scale	20 20	Validated: (Spielberger, 1983)	α = .84-.92	State α = .91 Trait α = .90
The CSE Scale is a 16-item measure assessing individual levels of social identity based on their memberships in ascribed groups i.e. gender, race, or ethnicity.					
Collective Self-Esteem	Collective SE Scale	16	Validated: (Corning, 2002; Jetten, Branscombe, Schmitt, & Spears, 2001; Luhtanen & Crocker, 1992).	α = .72-.79	Homeless α = .68 Orientation α = .58
The Rosenberg Self-Esteem scale is a self-report instrument designed to measure global personal self-esteem in adolescents.					
Personal Self-Esteem	Rosenberg SE Scale	10	Validated: (Rosenberg, 1965; Verkuyten & Lay, 1998)	α = .73-.95	α =.80
The 36-item investigator developed Interview-format Survey – containing closed and open-ended questions about participant's background, perceptions of connections to family, supportive adults, street family/ street community, and their experience as a homeless youth.					

The Collective Self-Esteem Scale (CSE)

The CSE Scale is a 16-item measure assessing individual levels of social identity based on their memberships in ascribed groups i.e. gender, race, or ethnicity. Ascribed

group memberships represent identities applicable to each member of the group, and are global and relatively stable. The researcher usually explicitly specifies the social group of interest.

In this study participants completed the CSE for two different communities of reference. Queer participants completed the CSE for the queer community, and for the homeless community. Heterosexual participants completed the CSE for "heterosexual people", and for the homeless community. Responses range from 1 (strongly disagree) to 7 (strongly agree), with higher scores reflecting greater collective self-esteem.

Table 5: Collective Self-Esteem Scale

	What is assessed	Cronbach's			
Scale 16 items	Collective identity	α=.74 with queer adults (Zea, Reisen, & Poppen, 1999); α=.72 & .74 with adolescents (Lay & Verkuyten, 1999); α=.79 with adults (Blaine & Crocker, 1995).			
	Group	Mean	SD	Range	Chronbach
Andreopoulou & Houston, 2002 ▪ undergraduates	Outgroup	80.17	No info	No info	α=.92
	Ingroup	80.60	No info	No info	α=.90
Current Study	Homeless	70.58	14.27	40-102	α = .68
	▪ Hetero	69.72	14.69	40-102	
	▪ Queer	72.27	13.59	46.102	
	Orientation	77.86	11.94	51.106	α = .58
	▪ Hetero	77.83	12.25	51-106	
	▪ Queer	77.91	11.64	58-102	

The CSE Scale is based on social identity theory, focusing on ascribed or trait group membership. Social identity theory notes that individuals strive to maintain or enhance both personal identity and collective identity (Luhtanen & Crocker, 1992). The scale assesses individual differences in collective self-esteem with four subscales: importance to identity, membership self-esteem, private collective self-esteem, and public collective self-esteem.

Psychometrics: Discriminant validity has been supported by the association found between the CSE scale and the Hopkins Symptom Checklist (Corning, 2002). There have been inconsistent reports of association between the CSE and the RSE (Crocker & Luhtanen, 1990; Lay & Verkuyten,1999; Long & Spears, 1998), which may be cause for concern in terms of validity. However, the pattern of correlations reported for the CSE are consistent with the theoretical links hypothesized. *Reliability*: Cronbach's alpha r=.62 with a sample of young adults with body piercings (Jetten, Branscombe, Schmitt, & Spears, 2001), r=.80 with a sample of female young adults (Corning, 2002), and r=.80 with undergraduate students. Please see Table 6 for additional reliability coefficients. Although subscales (all subscales contain four items) of the CSE have not met the .70 gold-standard for reliability (Nunnally, 1978), the CSE scale as a whole has adequate reliability and validity – and therefore will be the unit of measure without subscale analysis. The CSE has a history of use with adolescent samples, and has shown adequate reliability and validity in this population. (See Appendix C for a copy of the instrument).

Rosenberg Self-Esteem Scale (RSE)

The Rosenberg Self-Esteem scale is a widely used self-report (or interview administered) instrument consisting of 10 items designed to measure global personal self-esteem in adolescents (Barrry & Grilo, 2003; European Monitoring Centre, 2003). The 10 items are answered on a four-point Guttman scale ranging from strongly agree to strongly disagree. Scores range from 0-40 with 40 representing the highest score possible and highest self-esteem (Morris Rosenberg Foundation, 2003).

> High self-esteem, as reflected in our scale items, expresses the feeling that one is “good enough”. The individual simply feels that he is a person of worth; he respects himself for what he is, but he does not stand in awe of himself nor does he expect others to stand in awe of him. He does not necessarily consider himself superior to others. (Rosenberg, 1965, p.31)

The instrument takes five minutes to administer and approximately one minute to score (European Monitoring Centre, 2003).

Psychometrics: *Construct validity*, and the ability to measure change subsequent to intervention has been supported in the literature (European Monitoring Centre, 2003). However, the RSE scale may also tap into the anxiety construct. Rosenberg (1989) notes four questions from the RSE that "appear to reflect these states in some measure" (p.149-150). Rosenberg further states that in his studies those low in self-esteem were "conspicuously more likely than those with high self-esteem to report having such (anxious) experiences" (p.150). *Reliability*: Cronbach’s alpha = .85 (Verkuyten & Lay, 1998); .84 & .85 (Lay & Verkuyten, 1999) with adolescents; .87 with adolescent girls (Pope, Adler, & Tschann, 2001); .87 with homeless adolescents (Cauce, et al., 2000); .67 with adult trauma survivors (Al-Khawaja, 1997); .73 with queer adults (Zea, Reisen, & Poppen, 1999); .86 (Lay, 1992); .87 with undergraduate students (Long & Spear, 1998), .95 in a Caucasian-only sample of college students (Utsey, McCarthy, Eubanks & Adrian, 2002), and an adult sample (Blaine & Crocker, 1995). Previous research with a homeless adolescent sample found a significant gender difference on the RSE. The results for males were: M 1.75, SD 1.65 – reflecting higher levels of self-esteem than reported by females sampled (Cauce et al., 2000) (See Appendix D for a copy of the instrument).

State Trait Anxiety Inventory (STAI)

The State-Trait Anxiety Inventory (STAI) is a self-report assessment designed to separately measure state and trait anxiety. This instrument consists of two separate 20 item scales: one for measuring state anxiety, one for trait anxiety, written at a sixth grade reading level. The state anxiety scale measures how one is feeling right now. The trait anxiety scale measures how one generally feels representing stable individual differences. Items are rated on a four-point Likert scale for all groups of subjects. The original STAI was designated form X, and is the basis of much of the research on the STAI. Form Y was developed in the early 1970's and has been found to correlate .96 to .98 with Form X (Spielberger, 1983, p.23), leading Spielberger to conclude "research based on Form X can be readily generalized to Form Y" (p.23). Form X is no longer available for purchase or use.

Subsequent to development of the STAI for adults, and adolescents, the adult scale was adapted to school children, and called the State-Trait Anxiety Inventory for Children (STAI-C). The STAI-C was adapted to include adolescents as well, decreasing the likert scale to three options. However, the STAI-C has not been found to be have comparable psychometrics to the adult and adolescent forms of the STAI, particularly with adolescents. Concerns of construct validity, and unclear factor structures persist (Myers & Winters, 2002), leading reviewers to conclude "the older and more generic…STAI-C,….cannot be recommended" (Myers & Winters, 2002, p.652). Due to its stronger psychometrics this study will use the adult STAI for the measurement of anxiety.

Psychometrics: *Reliability* – The stability of the STAI state and trait scales has been established for males, females, adults and adolescents from one hour to 104 days.

Internal consistency[41] for the state anxiety scale: α=.86 with male high-school students, α=.91 with college males, and α=.92 for 19-39yo males. Internal consistency for the trait anxiety scale: α=.90 with male high-school students, α=.90 with college males, α=.84 with adult trauma survivors (Al-Khawja, 1997), and α=.92 for 19-39yo males. Full scale internal consistency α=.91 with college students (Utsey, McCarthy, Eubanks, & Adrian, 2002) (please see norms below). *Validity* – Evidence of *construct validity* has been offered through comparison of contrasting groups (clinical vs. non-clinical)(Spielberger, 1983). Factor analysis has identified a four-factor solution principally representing: S anxiety present, S anxiety absent; T anxiety present; and T anxiety absent (Spielberger, 1983). *Concurrent validity* has been supported through testing against the Taylor Manifest Anxiety Scale (r=.79) and the Institute for Personality and Ability Testing (IPAT) anxiety scale (r=.76) (Spielberger, 1983). *Convergent validity* is supported with the aggression, impulsivity and social recognition subscales of the *Jackson Personality Research Form (PRF)* for state and trait anxiety; and the *Edwards Personal Preference Schedule (EPPS)* abasement against trait anxiety. The *Mooney Problem Checklist* was significantly related to state and trait anxiety for subscales of: health and physical development; social and recreation activities; social-psychological relations; personal psychological relations; courtship, sex and marriage; adjustment to college (school) work; future: and vocational and educational. Subscales finances, living conditions and employment; home and family; morals and religion; and curriculum and teaching procedures were only related to trait anxiety. *Discriminant validity* has been substantiated against grade point average, high school rank and College Entrance Test Examination Board (CEEB) scores (a precursor to contemporary college entrance tests) with 1200 college freshmen(Spielberger, 1983). The state and trait anxiety scales have

[41] "Spielberger (1983, p.31) notes "alpha coefficients…computed by Formula KR-20 as modified by Chronbach (1951)". It is unclear if KR-20 or Cronbach's alpha was used to calculate alpha".

been found to be moderately correlated to each other (r=.64) and with the Beck Depression Inventory (r=.59 state; r= .51 trait) (Ohring, Apter, Ratzoni, Weizman, Tyano, & Pluchik, 1996).

Scoring: Percentile ranks and norms are available for both state and trait anxiety for children, adolescents, and three adult age groups. In collection of normed data the S-Anxiety scale was always given first, followed by the T-Anxiety scale. STAI items are rated from 1 (anxiety absent) to 4 (high level of anxiety) with several items reverse-scored[42]. Scores for each test can range from 20 to 80.

Norms: Speilberger, 1983, (p.13) provides norms, percentile ranks and T-scores for both the S-Anxiety and T-Anxiety tests by sex. Male college students, military recruits and 19-39 year old males were included due to inclusion range in this study of subjects 14 to 21 years old, and history of stressful experiences. Please see Appendix E for a copy of the instrument.

Table 6: STAI norms

	HS males (n=202)	College males (n=324)	19-39yo males (n=446)	Military Recruits (n=1,893)
S-Anxiety				
Mean	39.45	36.47	36.51	44.05
SD	11.95	10.02	10.22	12.18
α	.86	.91	.92	.93
T-Anxiety				
Mean	40.17	38.30	35.66	37.64
SD	10.53	9.18	9.76	9.51
α	.90	.90	.92	.89
S-T correlation	.72	.65	Not tested	.59
Test-Retest				
1hour	Not tested	.33 S, .84 T	Not tested	Not tested
20 days	Not tested	.54 S, .86 T	Not tested	Not tested
30 days	.62 S, .71 T	Not tested	Not tested	Not tested
60 days	.51 S, .68 T	Not tested	Not tested	Not tested
104 days	Not tested	.33 S, .73 T	Not tested	Not tested

[42] Reverse scored items on the S-Anxiety scale: 1, 2, 5, 8, 10, 11, 15, 16, 19, 20. Reverse scored items on the T-Anxiety scale: 21, 23, 26, 27, 30, 33, 34, 36, 39

Interview-format Survey

The 36-item investigator developed Interview-format Survey was administered to all participants. Closed and open-ended questions about participant's background, perceptions of connections to family, supportive adults, street family/ street community, and their experience as a homeless youth were explored. Subject response, whether choosing not to answer a question, or offering a response that does not fit a predetermined category, was noted in detail in the margin beside the question. Duration of homelessness – time since leaving home (with parents/ guardians, social-service placement, or other stable dwelling) was explored in the interview survey. Duration of homelessness is critical because it is an indication of: 1) intention of running – long term runaways are in search of solutions to severe problems; short term are usually running from a crisis; 2) strength of family ties; and 3) the amount of street exposure the adolescent has experienced (Jones, 1988, pp. 23-24).

Survival strategies/ survival strategies were also explored in this instrument with inquiry into introduction to the behavior, and specific behavior sequences. Questions were ordered according to the degree of self-disclosure required (least threatening to most threatening) to encourage disclosure (Durant & Carey, 2000). (See Appendix E for instrument).

Data Analysis

The PI entered data into SPSS, and accuracy was checked for each subject entered. Frequency distributions were used as an additional check for data accuracy, and to verify normal distribution. Internal consistency of the scales used in this study (CSE, RSE, and STAI) were examined using Cronbach's alpha. Preliminary data

analysis compared demographic data between cities via ANOVA and Chi Square. Data were then collapsed across cities for subsequent analyses.

Research question one: To determine if patterns exist for residential stability and participation in survival strategies, survival strategies, and residential history reported in the Interview-format Survey were entered into SPSS as categories, then dichotomized into participated or did not participate (for survival strategies); as well as categories, followed by dichotomies of residential venues (shelter, street, system, sofa-surfing (moving to various friend's/family's homes, sleeping on their sofa)). Additional demographic questions were analyzed using Logistic Regression, ANOVA, and Chi Square.

Because previous research has indicated variation in survival strategies/ illegal behavior, and mode to homelessness by sexual orientation, research question two was examined using pearsons correlations, an ANOVA to examine mode to homelessness against SE, CSE and state anxiety. Regression was run to examine trait anxiety against SE, CSE and state anxiety. Logistic Regression, dichotomizing sexual orientation into queer and heterosexual was used to examine sexual orientation's against SE, CSE and state anxiety. And an exploratory path analysis evaluating the theoretical model.

Question three was examined through the use of Logistic Regression for each survival strategy, the survival strategy dichotomized into having used the strategy, or did not use the strategy. Prior to these analyses, the correlations among predictor (independent) variables and between predictor and criterion (dependent) variables were examined using Pearson’s r. Open-ended questions contained in the Interview-format Survey offered activities, concerns, and rich descriptions of the life and experiences of the participants, as well as differences between subjects in the cities sampled. Specific research questions with the corresponding statistical tests may be found in Table 7

below. The level of significance for all tests was $\leq$ .05 two-tailed because of the exploratory nature of this research.

Table 7: Question One and Data Analysis

Question One	**Variables**	**Measured**		**Analysis**
1. What are the natural histories of residential instability and participation in survival strategies among male homeless adolescents? **Interview-format Survey**	Residential instability	Residential Stability ◆ Where had stayed from when left home, through 4 sequences – to current ◆ Different types of places stayed	number / sequence of residential situations from the time of leaving home until interview. Relationship of residential situations to demographics.	▪ Chi-Square ▪ ANOVA
	Participation in survival strategies	Survival strategies will emerge from the data	Survival strategies as noted by the youth.	▪ Chi square ▪ Log Regr
	Other Demographic questions.	◆ Relational/ family questions ◆ Personal history ◆ Gestalt questions	◆ Best/ Worst relationship ◆ Mentor ◆ Juv. Justice/ Psych history ◆ Where better off?	• chi square for categorical • t-tests for continuous. • ANOVA • Log Regr
	Qualitative Data	◆ Open-ended questions in Interview-format Survey	will offer activities, concerns, and rich descriptions of life and experiences of the participants.	• Answers and notes written on instrument will be reviewed across subjects for common themes.

Table 8: Question Two and Data Analysis

Question Two	Variables	Measured	Instrument	Analysis
2) In a sample of male homeless adolescents, does mode to homelessness, trait anxiety or sexual orientation influence SE, CSE, or State Anxiety?	Mode to homelessness (IV)	Mode to homelessness (cat) • Runaway/Throwaway/other • Core impetus • Specific reason	Interview-format Survey	ANOVA
	Sexual Orientation (IV)	Self-identification of one's sexual orientation (cat) • Queer/ Heterosexual • Heterosexual/ Gay/ Bisexual/ Transsexual	Interview-format Survey	Log Regr
	Self-esteem (DV)	Global attitude toward self (continuous)	Rosenberg Self-Esteem Scale	Regression
	Collective self-esteem (DV)	Self-evaluation of group identity (continuous)	Collective Self-Esteem Scale	Preliminary Path Analysis
	State Anxiety (DV)	Current, transient feelings of dread or apprehension (continuous)	State Trait Anxiety Inventory – State Scale	
	Trait Anxiety (DV)	Relatively stable individual differences in anxiety-proneness as a personality trait (continuous)	State Trait Anxiety Inventory – Trait Scale	

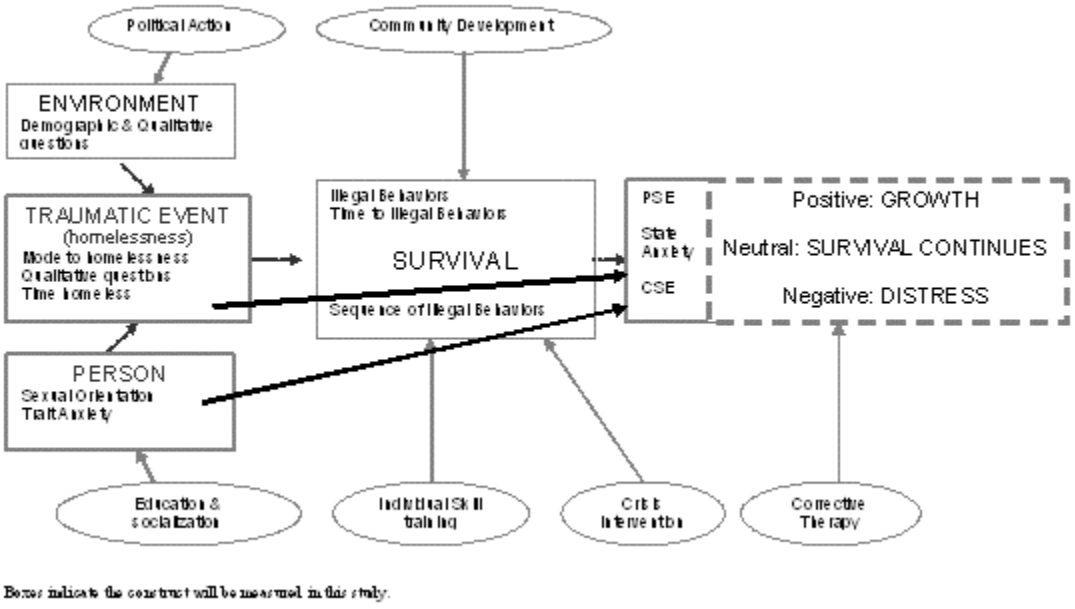


Figure 3: Model components tested by question two.

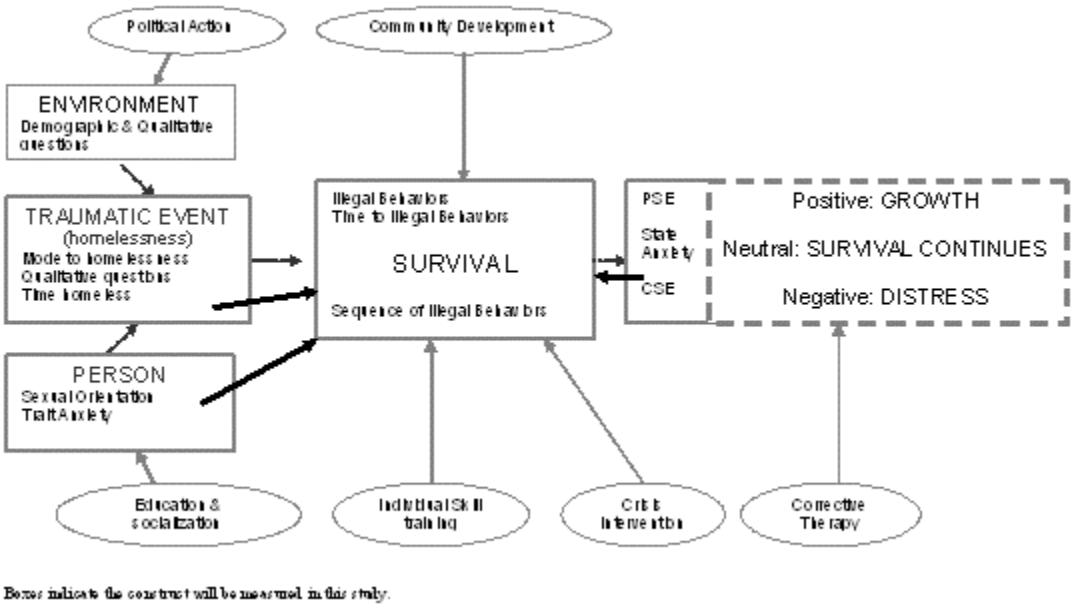


Figure 4: Model components tested by question three.

Table 9: Question Three and Data Analysis

Question Three	Variables	Measured	Instrument	Analysis
3. In a sample of male homeless adolescents, do sexual orientation, mode to homelessness, SE, CSE, State Anxiety, Trait Anxiety, or time homeless influence time to illegal behavior, illegal behavior/survival strategy chosen, or sequence of Illegal behavior/survival strategy chosen?	Sexual orientation (IV)	Self-identification of one's sexual orientation (cat) • Queer/ Heterosexual • Heterosexual/ Gay/ Bisexual/ Transsexual	Interview-format Survey	• Chi Square • Log Regr • M. Regr
	Mode to homelessness (IV)	Mode to homelessness (cat) • Runaway • Throwaway • Ran from system • Ran from psych hospital	Interview-format Survey	
	Self-esteem (SE) (IV)	Global attitude toward self (continuous)	Rosenberg Self-Esteem Scale	
	Collective Self-esteem (CSE) (IV)	Self-evaluation of group identity (continuous)	Collective Self-Esteem Scale	
	State Anxiety (STAI-S) (IV)	Current, transient feelings of dread or apprehension (continuous)	State Trait Anxiety Inventory – State Scale.	
	Trait Anxiety (STAI-T) (IV)	Relatively stable individual differences in anxiety-proneness as a personality trait (continuous)	State Trait Anxiety Inventory – Trait scale.	
	Time homeless (IV)	Time An occurrence over a month as indicated and measured by a calendar (continuous)	Interview-format Survey	
		without fixed stable lodging with a parent or legal guardian (continuous)		
	Time to survival strategies (DV)	Time An occurrence over a day, week or month as indicated and measured by a calendar (continuous)	Interview-format Survey	
		Survival strategies of interest • Runaway/Throwaway /other • Core impetus • Specific reason		
	Survival strategies (DV)	Survival strategies (cat) • Runaway/Throwaway /other • Core impetus • Specific reason	Interview-format Survey	
	Sequence of survival strategies (DV)	Sequence behaviors were performed (cat).	Interview-format Survey	

Credibility of design with strategies to minimize weaknesses

Comparative designs are hypothesis-building approaches to develop theory (Wood & Brink, 1989). A strength of this approach and study is the ability to test for differences between queer and heterosexual male homeless adolescents across different variables. This two group, street-based sample allowed for identification of group-specific risks not previously identified in the literature.

Because the independent variable (sexual orientation) was not manipulated in this study, the major weakness of the design was to internal validity. However, this threat to internal validity was minimized through the use of well-tested, psychometrically sound instruments for self-esteem, collective self-esteem and anxiety. A face to face semi-structured interview was employed to measure the two core constructs in this study: Illegal behavior (survival strategies/ illegal behavior, time to illegal behavior, and sequence of survival strategies); and residential stability. Another limitation was the use of an investigator-developed instrument. This was necessary because of the state of the science, and therefore the lack of validated instruments to measure the constructs of interest (residential stability and engagement in survival strategies).

A limitation of this study was high dependence on self-report and participant recall. Participants had trouble remembering specific details and events, particularly over a series of months. I addressed this limitation through anchors and prompts in the interview to assist with recall, and to minimize telescoping. Deliberate distortion for social desirability was another risk with self-report data, particularly when investigating survival strategies. I attempted to minimize this limitation through the use of multiple measures, participant reassurance of confidentiality, and use of private interviews over food.

CHAPTER IV

DATA ANALYSIS

This chapter presents the results of this study. A description of the sample and the instruments used to measure key variables are described. Analyses related to the demographic data and research questions are presented.

Description of the Sample

Homeless adolescents were recruited from streets and shelters in six large metropolitan areas across the United States. A total of 198 male adolescents (plus 112 homeless adults) were approached in the field, of which 85 reported eligibility. From these 85, 80 consented to participate, and were interviewed. Ten participants were withdrawn by the PI upon discovering participant ineligibility: not *currently* homeless (had recently been homeless) (n=6); older than the age of inclusion (n=3), or upon learning a parent was at the shelter with them (n=1). The final sample consisted of 70 homeless male adolescents who completed field interviews and questionnaires; 47 (67%) identified as heterosexual and 23 (33%) identified as queer. Within the queer sample, 13 were gay, 6 bisexual, and 4 were transsexual. Because of the small numbers of gay, bisexual and transsexual youth in the sample, the primary analyses explored differences between heterosexual and queer homeless adolescents. If the dichotomous analysis between queer and heterosexual youth was significant, then further analyses by all orientations were conducted.

Across the seven states sampled, 114 homeless and youth service agencies were contacted in an attempt to gain access to homeless adolescents. A total of 222

contacts were made by email, letter, telephone and just showing up. Of these 114 agencies contacted, some form of response was received from 60. This represents 27% of contacts or an average of 3.7 contacts to receive a response. Of these responses, only 21 (35%) allowed access to their clients: resulting in a total of 24 interviews. Calls to agencies (OR 2.11) and just showing up (OR 4.17) were predictive of gaining access to an agency (Model X^2=11.634, df=4, p<.020). Only calls placed to agencies were predictive of the number of interviews obtained (F=2.51, df=4, p<.046).

The mean age of the sample was 19 years; with a range from 16 to 20 years. The majority (63%) of participants had not completed high school or a GED and 4.3% had enrolled in college courses. The mean time of homelessness in this sample was 622 days (S.D. 800.86); however the large standard deviation indicates a high amount of variance (range 7 – 3650 days; mode 365 days). Because of this variability mean time homeless was categorized as follows: 7-30 days (23%), 30 days to 6 months (19%), 6 months to 1 year (20%), 1-3 years (20%) and > 3 year (19%). The distribution was positively skewed, and therefore transformed via a log10 transformation prior to analysis to create a normal distribution. The mean distance youth had traveled between home and where they were interviewed was 259 miles (SD 639.63), range 0-2787 miles, mode of zero (same city). Considering distance traveled, 29% of the sample had traveled 60 miles or more to arrive at where they were interviewed. The sample was predominantly African American (53%); closely followed by Caucasian (41%), with 20% of the sample identifying as Hispanic. To characterize residential stability, residence was categorized as sheltered, sofa-surfing and on the street. At the time of the interview, the sample consisted of 50% sheltered youth, 31% sofa-surfers, and 19% street youth.

Mode to Homelessness

Youth became homeless for a number of different reasons. Fourteen categories emerged from the answers youth provided to "what led to leaving home", and were collapsed into six categories. Although initially categories of *runaway (37%)*, *throwaway (30%)*, and *other sources (33%)* were considered, this framework limited the diversity of reasons why these youth became homeless (i.e. why they ran – running from abuse, or because they didn't want to follow the rules) as well as shrouded some of the real issues that brought them to the street. Considering mode to homelessness by volitional source resulting in homelessness, led to the following classification: youth source; parent source; system source; and tragedy.

Youth source (30%).

Youth source concerned behaviors and/or attitudes of the participants that resulted in homelessness. The youth described their behaviors as follows: "drug use, anger, rage, I caused a lot of strife in the house"; "it was my fault, I wasn't going to school, just hangin out with my friends. I wasn't following directions. My Mom said if you're not working or going to school you need to leave"; another participant reported "I had an apartment, but was kicked out of the apartment four and a half months ago for selling drugs". "I wasn't following the rules"; "I wasn't doing right". The highest percentage of youth citing this reason were bisexual (50% of bisexual youth), 32% of heterosexual youth, 23% of gay youth, no transsexual youth. Of those reporting being *thrown out* of the home for incorrigibleness 75% were heterosexual. 13% of heterosexual youth (n=6) and 13% of queer youth (2 gay, 1 bisexual, no transsexual youth) *ran* from the home reporting they hadn't wanted to follow their parents rules, were using drugs, etc. at the time, that prompted their leaving.

Parent source (36%).

Parent source involved behaviors of the parent(s) that made the youth feel threatened or caused harm. These situations were described as follows: "my dad came at me with a 45 (gun), I can't go back there"; another participant reported "I was kicked out. My Dad passed away, and my Mom became super-strict. I was 17. I have a strict Islamic mother –we weren't allowed to have potato chips. She found some in my gym bag and kicked me out". A mentally retarded youth… "Mom and Dad ran out of money around when I turned I8 years old. So they started driving a truck cross-country. They dropped me off at a mission".

Orientation. Conflict with parents over their sexual orientation led to 35% of queer youth becoming homeless (*Throwaway*: 13%, n=3; 1 gay, 2 transsexual). *Ran* due to conflict over orientation: 21.7%, n=5; 2 gay, 2 bisexual, 1 transsexual). As would be expected this was not an issue for any heterosexual youth.

System source (27%).

System source is defined as a problem in the social services system that resulted in the youth "falling through the cracks". Descriptions of system glitches include: "I don't have any family – Mom left me at a hotel when I was two months old . My Dad took off. My adoptive parents abused and molested me. I got myself locked up (juvenile hall) to get out of the abusive situation at home – I was released to the street"; " I was put in foster care at 6 years old, I was abandoned. I was kicked out (of the system) at 18 years old"; "My Mom killed my grandmother. I was 11 years old. My grandmother meant everything to me. Mom is dead. I stayed with my other grandmother for a year, then she died" (Social services didn't intervene at any point), he continues, "I grew up on the streets. Every homeless person you see, I know. I've lived on these streets for years – the older homeless people helped keep me safe." Only bisexual youth (17%, n=1) and

heterosexual youth (2.1%, n=1) became homeless subsequent to gaps in the social service system (i.e. discharged from a group home but never sent anywhere else – left to the street). However, heterosexual youth (6.4%, n=3) and gay youth (7.7%, n=1, no transsexual or bisexual) became homeless subsequent to aging out of the social service system. One heterosexual youth (2.1%) ran from social services subsequent to abuse by a foster parent.

Tragedy (7%)

Tragedy connotes a situation where the youth becomes homeless without volitional involvement of other sources. These situations were described as: "I was living with my Mom when she passed away two years ago (he was 18yo at the time), I couldn't pay the rent anymore".

Survival Strategies

Nine different categories of survival strategies were identified in the interviews. Two youth declined to disclose their strategies (Table 10). These strategies were considered as individual strategies. Strategies were also dichotomized into three additional classifications: legal versus illegal strategies, harmful (a strategy that is harmful to others) versus non-harmful (a strategy that is not harmful or only harmful to self), and non-violent versus violent.

Table 10: Survival Strategies of Homeless Youth

Survival Strategy	% used	Legal – Illegal	Harmful – non-harmful	Non-violent - Violent
Accessing homeless services	70	Legal	Non-harmful	Non-violent
Asking friends or family for money	23	Legal	Non-harmful	Non-violent
Drug enterprise (dealing, making or running drugs)	14	Illegal	Harmful	Violent[1]
Gang activity	16	Illegal	Harmful	Violent
Panhandling/ using discarded goods	9	Legal	Non-harmful	Non-violent
Robbing/ stealing;	16	Illegal	Harmful	Violent
Running scams/ cons;	13	Illegal	Harmful	Non-violent
Sex Enterprise (hustling or pimping)	14	Illegal	Harmful	Non-violent
Working	34	Legal	Non-harmful	Non-violent

[1] (Anderson, 1999)

Within the sex enterprise category, hustling and pimping are considered separately because of differences in these activities. Hustling allows oneself to be victimized whereas pimping victimizes others. Eleven percent of youth engaged in hustling and 3% engaged in pimping. In further analyses, theses two survival strategies will be considered separately.

Where Better Off

When asked where they felt they were better off 37% said they were better off at home. There was no significant relationship between history of abuse and where youth felt they were better off. Reporting he left when his father held a gun to his head, one youth recounts "I was better off at home. Even with the problems, shit that's happened, I wasn't worrying about shit to eat". Another, physically abused by his father, says he was better off at home. Another participant reported, I was better off "at home, even with the abuse".

Family/ Friend Relationships

Overall, 66% of the sample reported having a mentor. Participants were asked to identify the person with whom they had the best and worst relationship in their family. The most frequent response for best relationship in their family was with their mother (35.7%). The most frequent response for worst relationship in their family was with their father (27.1%), closely followed by their mother (22.9%). There was no significant difference between orientations when examining best and worst relationships in the family or the sex of the person with whom they had the best and worst relationship. Interestingly, there was no relationship between who they had the best relationship in their family (if anyone), and who had been most helpful to them on the street (if anyone). Overall 81% reported someone as being helpful. The four top responses when asked *who has been most helpful to you since you've been homeless?*: 36% of youth reported a friend as being most helpful, followed by shelter/drop-in center staff (21%), 19% denied anyone was helpful, and 17% identified a family member.

Instrumentation

Five instruments were administered during the interview to obtain data on self esteem (CSE-H, CSE-O, RSE) and anxiety (STAI-T, STAI-S). Table 11 displays the sample means and internal consistency of each instrument.

Table 11: Description of Study measures.

Scale	# Items	Cronbach's Alpha	Mean	SD	Sample Range	Instrument Range
CSE Homeless	16	.68	70.58	14.27	40-102	16-112
CSE Orientation	16	.58	77.86	11.94	51-106	16-112
RSE	10	.80	21.29	5.01	8-30	0-30
State Anxiety	20	.91	38.35	12.78	20-72	20-80
Trait Anxiety	20	.90	43.29	12.50	20-70	20-80

Collective Self-Esteem Scale (CSE)

The CSE Scale assesses individual levels of social identity based on memberships in ascribed groups i.e. gender, race, or ethnicity. Ascribed group memberships represent identities applicable to each member of the group, and are global and relatively stable. The researcher usually explicitly specifies the social group of interest. In this study participants completed the CSE for two different communities of reference. Queer participants completed the CSE for the queer community, and for the homeless community. Heterosexual participants completed the CSE for heterosexual people, and for the homeless community. Higher scores reflect greater collective self-esteem. Internal consistency for the CSE Orientation scale in this study was poor (α=.58), and slightly better for the CSE Homeless scale (α=.68). The reason low Cronbach's alphas were obtained in the current study is unclear. Evaluating reliability by orientation does not substantially change the Cronbach's alpha value. For CSE Orientation the full sample Cronbach's α=.58; queer α=.58; heterosexual α=.59. Considering CSE Homeless the full sample Cronbach's α=.68; queer α=..67; and heterosexual α=.70. Although not quantifiable, there is a possible explanation for the low reliability in the current study. The instrument requires identifying ones own ascribed membership (queer vs heterosexual), considering similar others, then contemplating ones perceptions as well as the out-group perceptions of your group. As noted earlier,

70% of the sample had not completed high school or a GED. It is possible the level of thoughtfulness and insight required by this instrument was too difficult for this sample. Participants appeared to have some difficulty with contemplating what other groups say about the homeless community. For instance, 39% reported they felt the homeless community was considered good by others, 49% reported that others respect the homeless community. However consistent with their positive perception of the homeless community, 59% reported that they're glad to be a member of the homeless community. It is also possible some other factor may be contributing to the poor reliability of the CSE in this sample.

Rosenberg Self-Esteem Scale (RSE)

The Rosenberg Self-Esteem scale is designed to measure global personal self-esteem in adolescents (Barry & Grilo, 2003; European Monitoring Centre, 2003). Internal consistency of the RSE was adequate in this sample (α=.80). The mean in this sample was 21.29, indicating moderate self-esteem when compared to normative data for adolescents and young adults.

State Trait Anxiety Inventory (STAI)

The State-Trait Anxiety Inventory (STAI) is a self-report assessment designed to separately measure state and trait anxiety. Internal consistency of both scales was adequate in this sample. The mean state anxiety score in this sample was 38.35, (S.D. 12.78). Normed means and standard deviations may be found below in table 14 (Spielberger, 1983). Whereas there are no available homeless norms for the STAI, various norms were tested against this sample. College student norms were run for participants 19yo or older, and norms for male 10th graders were used for participants 18yo or younger to test the current sample against these norms. Queer youth were not

significantly different than these norms for state anxiety (t= -.53, df=21, p=NS) but scored higher on trait anxiety (t=2.25, df=21, p<.035) than norms for 10th graders and college students. The overall sample (t= 2.98, df=67, p<.004), and heterosexual youth alone (t=2.12, df=45, p<.039) also scored significantly higher on trait anxiety than high school and college student norms. Comparing the current sample as a whole to high school students and young inmates, showed no significant difference between the two groups on trait anxiety (t= -.15, df=67, p>.882), indicating the current sample is consistent with the norms for high school students and young inmates on trait anxiety. The current sample was also compared to 10th grade students and adult survivors of cancer, on trait anxiety. No significant differences were found – indicating the sample is also consistent with norms for this group on trait anxiety. This relationship remained for both heterosexual and queer youth.

Table 12: Comparison of State and Trait Anxiety to Normative Data

	This study			Male 10th graders	Male working 19-39yo's	Male college students	Male military recruits	Youth with parents dying of CA [b]	Young inmates M=21yo	Adult survivors of CA [c]
	Total	Hetero sexual	Queer							
State Anxiety										
Mean	38.35	39.15	36.68	39.45	36.54	36.47	44.05	52.3	45.96	42.86
SD	12.78	13.69	10.73	9.74	10.22	10.02	12.18	11.5	11.04	8.53
State Anxiety: No sig diff btw high school and college norms for the sample as a whole (t= .72, df=67, p=NS). For heterosexual (t= 1.13, df=45, p=NS) and queer youth (t= -.53, df=21, p=NS) there was no sig diff btw high school and college norms.										
Trait Anxiety										
Mean	43.29	42.70	44.55	40.17	35.55	38.30	37.64	50.8	44.64	44.49
SD	12.50	13.27	10.91	10.53	9.76	9.18	9.51	11.5	10.47	4.48
Trait Anxiety: No sig diff btw high school and Inmate norms (t= -.15, df=67, p=NS), or high school and Adult CA survivors (t= -.076, df=67, p=NS) for the sample as a whole. For queer (t=.93, df=21, p=NS) and heterosexual (t= -.69, df=45, p=NS) youth, there was no sig diff btw high school and Inmate norms; or for high school and Adult CA survivors (queer: t=.96, df=21, p=NS; heterosexual: t= -.625, df=45, p=NS).										

*was unable to identify any studies of homeless individuals, in which the STAI was used.

State anxiety did not predict where youth felt they were better off, however feeling one was better off at home at higher levels of state anxiety approached significance (B= -.04, Wald=3.74, df=1, p<.053, OR=.96). At higher levels of trait anxiety

youth felt they were better off since being homeless (B= .07, Wald=3.90, df=1, p<.048, OR= 1.07, 95% CI=1.00 to 1.15). State anxiety by definition, is anxiety at the moment. When experiencing current anxiety it is reasonable to idealize the past – home, and feel things were better off there. Likewise, those experiencing long-term anxiety (trait) might consider now, as no different from the past (home), and feel they are better off on the street. Adolescents who were not participating in illegal strategies felt they were better off since being homeless with an OR of 216 (B= 5.37, Wald=6.53, df=1, p<.011, OR=216, 95% CI=3.49 to 13311.19); when participating in one illegal strategy the OR of being better off since being homeless decreased, but was still substantial (B= 4.83, Wald=6.53, df=1, p<.023, OR=125, 95% CI=1.95 to 7995.12); and, as time homeless increased, youth felt they were better off since being homeless (B= .002, Wald=.001, df=1, p<.016, OR=1.002, 95% CI=1.00 to 1.004). It is possible time homeless may be a proxy measure of self-efficacy for these youth, perhaps feeling they're better off homeless because they've learned x, y, and z since being homeless.

Higher trait anxiety, and participating in none or one illegal survival strategy predicted feeling they were better off on the street than when they were at home. Only high state anxiety approached significance in predicting feelings of being better off at home. 70% of queer youth felt they were better off since leaving home.

Relationships among Instruments

Self-esteem is inversely related to state anxiety when measuring all youth (r = -.45, p<.001). If heterosexual youth alone are examined, this relationship increases (r= -.56, p<.001). When queer youth alone are examined, there is no longer a significant correlation between state anxiety and self-esteem (r= -.21, NS). Therefore as current acute anxiety increases, heterosexual youth feel more poorly about themselves, conversely, as heterosexual youth feel poorly about themselves, they become more

anxious. Acute or state anxiety is not related to how queer youth feel about themselves (Table 13).

Table 13. Correlations Among Study Measures

	Total Sample				Heterosexual Youth			
	CSE_O	**RSE**	**State**	**Trait**	**CSE_O**	**RSE**	**State**	**Trait**
CSE_H	r=.45 p<.001	r=.27 p<.032	r= -.25 p<.023	r= -.26 p<.039	r=.53 p<.001	r=.35 p<.022	r= -.22 NS	r= -.22 NS
CSE_O	1	r=.04 NS	r= -.09 NS	r=.04 NS	1	r=.06 NS	r= -.10 NS	r=.09 NS
RSE	r=.04 NS	1	r= -.45 p<.001	r= -.52 p<.001	r=.06 NS	1	r= -.55 p<.001	r= -.61 p<.001
State	r= -.09 NS	r= -.45 p<.001	1	r=.55 p<.001	r= -.10 NS	r= -.55 p<.001	1	r=.50 p<.001
Trait	r=.04 NS	r= -.52 p<.001	r=.55 p<.001	1	r=.09 NS	r= -.61 p<.001	r=.50 p<.001	1
					Queer Youth			
CSE_H					r=.29 NS	r=.12 NS	r= -.29 NS	r= -.39 NS
CSE_O					1	r= -.01 NS	r= -.07 NS	r= -.08 NS
RSE					r= -.01 NS	1	r= -.21 NS	r= -.30 NS
State					r= -.07 NS	r= -.21 NS	1	r=.76 p<.001
Trait					r= -.08 NS	r= -.30 NS	r=.76 p<.001	1

Homeless Collective self-esteem is predictive of self-esteem (and vice versa) (t= 2.20, p<.032) for the sample as a whole, and increases (t= 2.38, p<.022) for heterosexual youth. If one feels good about the homeless community, they also feel good about themselves; if one feels good about themselves they also feel good about the homeless community. There is no significant correlation between these instruments when examining queer subjects alone. The relationship between Homeless Collective self-esteem and self-esteem is not influenced by amount of time homeless, for when amount of time homeless is controlled, the relationship between Homeless CSE and self-esteem remains significant (partial correlation r=.27, df=62, p<.034).

Homeless Collective self-esteem is inversely related to trait anxiety (r= -.26, p<.039) for the sample as a whole. There is no significant correlation between these instruments when examining queer or heterosexual subjects alone.

Orientation based Collective self-esteem is correlated to Homeless Collective self-esteem (r=.45, p<.001) when examining the sample as a whole. If heterosexual youth alone are examined, this relationship increases (r= .53, p<.001). There is no significant correlation between these instruments when examining queer subjects alone. This finding is not surprising because being homeless and queer are distinctly different for queer youth. Whereas heterosexual youth may assume everyone is heterosexual, therefore conceptually interchange the groups.

As anticipated, trait anxiety is correlated to state anxiety when measuring all youth (r = .55, p<.001). If queer youth alone are examined, this correlation increases to (r= .76, p<.001). The relationship decreases when heterosexual youth alone are examined (r=.50, p<.001). Other studies have also found the state and trait anxiety scales to be moderately correlated to each other (r=.64) (Ohring et al., 1996). As noted above although queer youth had higher trait anxiety, they had lower state anxiety than heterosexual youth. These correlations may be the result of a ceiling effect on state anxiety for queer youth.

Summary of Relationships among Instruments. Several of the standardized instruments used in this study are interrelated: state anxiety and self-esteem, state and trait anxiety, and trait anxiety and Homeless Collective self-esteem. These relationships often vary by sexual orientation. For heterosexual youth homeless CSE and orientation CSE were correlated; self-esteem was correlated to homeless CSE, state anxiety and trait anxiety; and state and trait anxiety were correlated. The only relationship that existed between instruments for queer youth was between state and trait anxiety.

Relationships Among Key Variables

Prior to analyzing the research questions posed, relationships among key variables were examined. Key variables include mode to homelessness, amount of time homeless, residential stability and survival strategies used. The primary methods of analysis used were chi square for categorical variables and t-test and one-way Analysis of Variance for continuous variables.

Differences by Demographic and Key Variables

Data were collected in six cities across the United States with varying levels of subject recruitment (Table 16). Cities included Cleveland, OH, Washington D.C., Indianapolis, IN, Los Angeles, CA, Las Vegas, NV and Nashville, TN. Several differences in demographic characteristics were found by city. There was a significant relationship between race and cities sampled (X^2=37.53, df=15, p<.001). No African American youth were interviewed in Nashville, and no Caucasian youth were interviewed in Cleveland or Washington D.C. The area of Cleveland sampled is 55% African American (Northern Ohio Data and Information Service, 2000), and may account for overrepresentation of African American youth in Cleveland. Washington D.C. is 60% African American (United States Census Bureau, 2000a). In contrast, Nashville is 27% African American, explaining an over sampling of Caucasian youth in this city (United States Census Bureau, 2000b). Table 14 displays the sample distribution by city of residence and sexual orientation.

Table 14: City Demographics

Orientation	City						
	Cleveland, OH	Washington, D.C.	Indianapolis, IN	Los Angeles	Las Vegas	Nashville, TN	Orientation Total
Heterosexual	7 (10%)	11 (15.7%)	11 (15.7%)	8 (11.4%)	4 (5.7%)	6 *(8.6%)*	47 (67.1%)
Gay	-0-	2 (2.9%)	6 (8.6%)	5 (7.1%)	-0-	-0-	13 (18.6%)
Bisexual	1 (1.4%)	2 (2.9%)	3 (4.3%)	-0-	-0-	-0-	6 (8.6%)
Transsexual	-0-	2 (2.9%)	-0-	2 (2.9%)	-0-	-0-	4 (5.7%)
City Total	8 (11.4%)	17 (24.3%)	20 (28.6%)	15 (21.4%)	4 (5.7%)	6 (8.6%)	47 Heterosexual 23 Queer

Significantly more Hispanic participants were interviewed in Los Angeles than any other city: 60% of the youth interviewed in Los Angeles were Hispanic (X^2=21.62, df=5, p<.001). No Hispanic youth were interviewed in Cleveland, Nashville or Las Vegas. Although one might anticipate to find homeless Hispanic youth in Nevada, it is no surprise to find the most Hispanic youth in California due to its proximity to Mexico.

The age at which youth became homeless was significantly younger in Washington, DC than in Cleveland, Nashville, or Las Vegas (F=2.43, df=5, p<.044; LSD pos-hoc). The mean age when becoming homelessness in Washington, DC was 16.41 years old.

Youth in Nashville and Los Angeles differed on history of having a mentor (X^2=13.07, df=5, p<.023), with 100% of youth in Nashville reporting having had a mentor, as compared to 33% of youth in Los Angeles (59% or more of youth in the other cities had mentors).

Youth in Las Vegas had stayed in more different types of places (4 different types of places) than youth in any other city. Las Vegas was followed by Nashville (3 different types of places), with youth in the remaining cities predominantly staying in one or two different places (X^2=39.32, df=15, p<.001). Many of the youth interviewed had

traveled both within and outside of their state, so this is not likely a function of local resources. There were no significant relationships between distances youth had traveled since leaving home, and number of days homeless when interviewed, by city. City differences existed based on where youth were staying at the time of the interview (X^2=28.09, df=10, p<.002); No street youth were interviewed in Nashville or Cleveland; no sofa-surfers in Cleveland or Las Vegas; Sheltered youth were interviewed in each city.

There were significant relationships for educational achievement by city (X^2=50.58, df=25, p<.002). The only youth working toward their GED were in Washington, DC and Nashville: programs tailored to the needs of young men existed in these cities, explaining this difference. Washington, DC and Indianapolis were the only cities with youth still in High School. The city with the highest rate of high school graduates was Las Vegas (50%), the lowest in Indianapolis (10%). The cities with the highest rates of completed GED's were Nashville (recall the programs there), and Indianapolis. The highest rate of high school drop-outs who had not pursued a GED was in Cleveland (62%), followed closely by Indianapolis (60%). Nashville alone, had no participants in this category.

Only three survival strategies (of nine) varied by city: Asking friends/family for money; Panhandling/going through trash; and Running Scams. 53% of youth in Washington, DC were asking friends/ family for money as a survival strategy; no youth in Cleveland or Las Vegas were using this strategy (X^2=14.41, df=5, p<.013). Panhandling/going through trash were most used in Las Vegas (50%), and Nashville (33%), as contrasted to no youth using this strategy in Cleveland or Los Angeles (X^2=16.09, df=5, p<.007). Of Nashville youth, 67% reported running scams as a survival strategy, as contrasted to no youth in Washington, DC or Las Vegas (X^2=19.20, df=5, p<.002).

One city difference was found related to psychosocial indicators - Heterosexual youth in Indianapolis and Nashville had significantly higher CSE Orientation scores than heterosexual youth in Los Angeles or Washington, DC ($F=3.35$, $p<.014$). The meaningfulness of this finding is uncertain due to the low reliability of the CSE scale in this study, however the finding implies more heteronormative attitudes among heterosexual youth sampled in Indianapolis and Nashville. No significant relationships by city were found for any other scale.

Summary of differences by city. Several city differences were identified. Sample composition by race, ethnicity, age when homeless, educational attainment, and where youth were currently staying varied by city. Youth in Las Vegas were more mobile, staying in more places than youth of other cities. Differences were found for survival strategies of Asking family/friends for money, Panhandling/going through trash, and Running scams. Heterosexual youth in Indianapolis and Nashville had greater pride in being part of the heterosexual community than youth in other cities. No city differences were found for best or worst relationships in the family, age, mode to homelessness, history of abuse, or sexual orientation. Analyses in this study were run as a combined sample across cities, minimizing overall city effects or differences.

Differences by Race and Ethnicity

There were significant relationships by race and best relationship in the family, with African American youth denying a best relationship in their family (22%, n=8) significantly more than Caucasian youth (3%, n=1), but less than youth of other races (50%, n=2) ($X^2=16.97$, $df=6$, $p<.009$). There were no significant differences for worst relationship in the family between races. Family composition was not explored in the interview, so it is unknown if there was a preexisting difference in family composition.

There were significant differences between Caucasian and African American youth for the different *types of places* they stayed since leaving home, such as: a shelter; sofa-surfing (temporarily sleeping in different places, often on a friends sofa); on the street; and in the system. However, this relationship was dependent on the amount of time the youth had been homeless. African American youth who were homeless one to six months had been staying in shelters and sofa-surfing more than Caucasian youth or youth of other races, who were staying in various locations (X^2=23.11, df=12, p<.027).

Analyzing the *number of different places* youth stayed, by race, indicates Caucasian youth stayed in significantly more different types of places than African American youth, or youth of other races (X^2=13.77, df=6, p<.032). Factoring in time homeless, a significant difference between races remained, with Caucasian youth who were homeless one month or less staying in significantly more different places than African American youth, or youth of other races (X^2=14.57, df=6, p<.024).

There were no significant relationships by race or ethnicity for age, where they felt they were better off, sexual orientation, outness (level of disclosure of one's sexual orientation), number of days homeless, educational achievement, presence of a mentor, mode to homelessness (how they became homeless), sequence of where youth stayed, number of harmful (harmful to others), illegal or violent survival strategies, or any survival strategies used.

Summary of race and ethnic differences. No significant relationships existed with ethnicity and study variables. African American youth reported significantly fewer number of best relationships in their family than Caucasian youth. However, family composition was not explored in this study. Caucasian youth stayed in more places than African American youth, or youth of other races. It is unclear why this might be, for there was no relationship between race and time homeless, nor the types of placed youth had stayed.

Age when became Homeless.

The age when youth became homeless may be analyzed by legal minor or adult status. Of youth who were homeless due to their own choices, 76% became homeless while legal adults. Similarly, 79% of those homeless due to gaps in the system became homeless as legal adults. In contrast, 56% of those homeless due to parental choice, became homeless while legal minors, as did 80% of those homeless due to tragedy (X^2=11.22, df=3, p<.011).

There were significant differences between orientations for whether they were a legal minor or adult when they became homeless (X^2=9.83, df=3, p<.020). Gay (69%) and transsexual (75%) youth predominantly became homeless while minors, whereas bisexual (67%) and heterosexual (72%) youth became homeless as legal adults.

Level of outness was significantly related to legal minor or adult status when one became homeless (X^2=14.59, df=3, p<.002). Of youth who were completely out, 77% became homeless when minors. In contrast, all those closeted, and 67% of those half out, became homeless while legal adults.

There were no significant differences between races for age when they became homeless (X_2=13.4, df=18, p=NS), or if a legal minor or adult when they became homeless (X^2=1.86, df=2, p=NS).

Differences by sexual orientation

Age. Heterosexual youth were significantly older than queer youth (t= -2.78, df=29.46 p<.009). Sofa surfers were significantly younger than either youth staying in shelters or on the street (F=5.50, df=2, p<.006, Tukey HSD post-hoc). Age was correlated to amount of time homeless (r=.27, p<.023), and age when the youth became homeless was negatively correlated to duration of homelessness (r= -.60, p<.001). Age was not related to self-esteem, collective self-esteem (homeless or orientation), trait or

state anxiety. There was no relationship between age and where participants felt they'd been better off, having a mentor, mode to homelessness, the best or worst relationship in their family (Table 15).

Table 15: Demographic Characteristics by Sexual Orientation(continuous variables)

Variable	Total Sample N = 70	Heterosexual N = 47	Queer N = 23			
			Queer N=23	Gay N=13	Bisexual N=6	Transsexual N=4
Mean age in years (S.D.)	19.07 (1.04)	19.34[a] (.76)	*18.52*[a] *(1.31)*	18.31 (1.44)	18.67 (1.37)	19.0 (.82)
Mean days Homeless (S.D.)	622.41 (800.86)	680.40 (868.06)	*524.35 (648.91)*	493.62 (611.56)	209.33 (204.16)	1096.75 (939.72)

[a] (t= -2.78, df=29.46, p<.009)

Education. Educational attainment was significantly related to orientation: with 47% of heterosexual youth having graduated from high school or having obtained their GED, compared to 17% of queer youth (X^2=16.53, df=5, p<.005). This difference in educational attainment remained when comparing youth of all orientations (X^2=29.65, df=15, p<.013). There was a relationship between orientation and last grade completed (X^2=22.03, df=12, p<.037): Equal percentages of heterosexual and gay youth graduated from high school (38%). Heterosexual youth dropped out of school in 8th grade, or while sophomores, juniors or seniors. Gay youth dropped out of high school from their sophomore year on. Bisexual youth either dropped out as sophomores or seniors. Transsexual youth dropped out while an 8th grader, junior or senior. Overall 21% of the sample dropped out of high school as seniors - why having made it to their senior year so many would choose to leave school, is curious. Also curious, is 23% of the sample dropped out of high school while just 15 or 16 years old. State compulsory education laws in every state sampled except Washington, DC (no applicable state law) and Indianapolis (16 years old) – do not allow youth to drop out of school until 17 years of

age or older (National Center for Education Statistics, 2001). Eliminating Washington, DC and Indianapolis, IN from the analysis, leaves 13% of youth dropping out of high school prior to achieving the age where dropping-out is legally permissible (Table 16).

Table 16: Demographic Characteristics by Sexual Orientation (categorical variables)

Variable (%)	Total Sample N=70	Heterosexual N = 47	Queer N = 23			
			Queer N=23	Gay N=13	Bisexual N=6	Transsexual N=4
Ethnic Background						
Caucasian	29 (41.4%)	18 (38.3%)	*11 (47.8%)*	7 (53.85)	2 (33.3%)	2 (50%)
African American	37 (52.9%)	28 (59.6%)	*9 (39.1%)*	5 (38.5%)	2 (33.3%)	2 (50%)
American Indian	2 (2.9%)	-0-	*2* (8.7%)	1 (7.7%)	1 (16.7%)	-0-
Other	2 (2.9%)	1 (2.1%)	*1 (4.3%)*	-0-	1 (16.7%)	-0-
Hispanic	14 (20%)	8 (17%)	*6 (26.1%)*	4 (30.8%)	1 (16.7%)	1 (25%)
Highest Educ.[a]						
Currently in HS	4 (5.7%)	-0-	*4* (17.4%)	3 (23.1%)	1 (16.7%)	-0-
Drop out/No GED	28 (40%)	16 (34%)	*12 (52.2%)*	5 (38.5%)	5 (83.3%)	2 (50%)
Working on GED	9 (12.9%)	8 (17%)	*1* (4.3%)	-0-	-0-	1 (25%)
GED	6 (8.6%)	5 (10.6%)	*1* (4.3%)	-0-	-0-	1 (25%)
HS Graduate	20 (28.6%)	17 (36.2%)	*3* (13%)	3 (23.1%)	-0-	-0-
Some college	3 (4.3%)	1 (2.1%)	*2* (8.7%)	2 (15.4%)	-0-	-0-
Had a Mentor	46 (65.7%)	13 (27.7%)	11 (47.8%)	8 (61.5%)	2 (33.3%)	1 (25%)
Better off since leaving home.	44 (62.9%)	28 (60.9%)	16 (69.6%)	10(76.9%)	3 (50%)	3 (75%)
Best relat. in family (top 4 overall)						
Mom	25 (35.7%)	13 (27.7%)	12 (52.2%)	6 (46.2%)	4 (66.7%)	2 (50%)
Brother	11 (15.7%)	10 (21.3%)	1 (4.3%)	-0-	-0-	1 (25%)
Aunt/uncle/cousin	9 (12.9%)	6 (12.8%)	3 (13%)	1 (7.7%)	1 (16.7%)	1 (25%)
Sister	9 (12.9%)	7 (14.9%)	2 (8.7%)	2 (15.4%)	-0-	-0-
Worst relat. in family (top 4 overall)						
Dad	19 (27.1%)	10 (23.4%)	8 (34.8%)	3 (23.1%)	3 (50%)	2 (50%)
Mom	16 (22.9%)	10 (21.3%)	6 (26.1%)	4 (30.8%)	1 (16.7%)	1 (25%)
Aunt/uncle/cousin	7 (10%)	4 (8.5%)	3 (13%)	3 (23.1%)	-0-	-0-
Brother	6 (8.6%)	5 (10.6%)	1 (4.3%)	-0-	-0-	1 (25%)

[a] heterosexual v queer (X^2=16.53, df=5, p<.005); [b] all orientations (X^2=29.65, df=15, p<.013).

Adjusting graduation and college rates by removing those too young to have graduated or begun college from the analysis, renders the analysis non-significant: in this analysis 47% of heterosexual youth either obtained their GED or graduated from high school, as contrasted to 32% of queer youth. However, only 2% of these heterosexual youth (n=1) had pursued any college study, as contrasted to 33% of eligible queer youth (n=2) (X^2=8.46, df=4, p<.076). In this analysis - 100% of bisexual

youth, 50% of transsexual youth, 50% of gay youth, and 34% of heterosexual youth had dropped out of high school and had not pursued a GED. Despite the drop-out rates for gay youth, 20% of *gay* youth were in college, as compared to 2% of heterosexual youth (no transsexual youth were in college, and no bisexual youth could attend college due to lack of a diploma or GED). In this sample 32% of all queer youth had graduated from high school, or obtained their GED; with 33% continuing on to college (one out of every 3 qualified to attend college). Dissimilarly, 49% of heterosexual youth had graduated from high-school or obtained their GED, with only 4% continuing on to college (one out of every 23 qualified to attend college). The only significant relationships to being in college were working, and never having stayed in a shelter ($F=5.41$, $df=2$, $p<.007$). Being in college was not related to amount of time homeless, where the youth felt they were better off, mode to homelessness, having a mentor, self-esteem, state or trait anxiety, Collective Homeless or Orientation self-esteem, or where they had stayed.

Family Relationships. There was a significant difference between queer and heterosexual youth for worst relationship in their family with only heterosexual (15%) and transsexual (25%) youth identifying their worst relationship as with a sibling. Bisexual (33%) and heterosexual (2%) youth identified step-parents as their worst relationship. 31% of gay youth and 17% of heterosexual youth identified extended family as their worst relationship ($X^2=22.83$, $df=12$, $p<.029$). It is unclear how these relationships relate to sexual orientation. However, the following interaction illustrates the perceived danger associated with disclosure to family members for two queer youth still housed (not part of the sample).

> As I'm hanging out at a queer drop-in center data collecting and mingling with youth, two male youth approach me to talk: one gay, one transsexual, both African American. The gay 16 year old: "my parents are from Africa if my mother found out I was even here I'd be kicked out of the house. Is there any place you know of where I could go if that happens?" The transsexual person chimes in "honey, I know my mamma's not gonna handle it when I start to transition. I'm gonna be on the street when that happens." I give both youth a copy of the city-

> specific resource list I've made and explain a little about the pro's and con's of a few. I'm immediately greeted with hugs – both expressing some relief that they'll have options/ a backup plan if worse comes to worse. I make sure to tell them since a queer drop-in center is on the list they may want to make sure their folks don't find the list.

Psychosocial Indicators. There was no significant difference between queer and heterosexual youth on self-esteem, amount of time homeless, homeless collective self-esteem, orientation-based self-esteem, state anxiety, or trait anxiety. No queer youth reported having experienced reparative therapy.

Outness. Outness is a measure of how much one discloses their sexual orientation to others. Outness was measured on a 5-point likert-like scale ranging from not applicable (heterosexual =0) to completely out (full disclosure of ones sexual orientation). There was a significant relationship between where one was staying at the time of the interview and level of outness (X^2=22.26, df=8, p<.004); with those staying in shelters identifying as principally heterosexual (83%). Of the six queer youth staying in shelters (3 bisexual, 2 gay, 1 transsexual), 67% were hiding their sexual orientation at least some of the time. In contrast, no sofa-surfers reported being closeted. Interestingly, those staying on the street reported either being heterosexual, closeted, or completely out – perhaps feeling partial disclosure wasn't prudent.

There were significant differences in level of outness among the queer orientations (X^2=14.56, df=6, p<.024) with the only completely closeted queer orientation being bisexuals (50%). Of bisexual youth, 33% were mostly out, none were completely out. All bisexual youth were hiding their sexual orientation to some degree. Those most able to hide their sexual orientation were hiding (3 currently staying in a shelter, 1 on the street, and 2 sofa-surfing: those sofa surfing were the most out of bisexual youth). In contrast, those most unable to pretend to be heterosexual, transsexual youth, were the most out. A transsexual person speaking of her orientation "we're really nice people –

no different than anyone else. We're not aliens. It's just the outer shell". Of transsexual-identified youth, 75% were completely out (one was half out). All transsexual youth were out to some degree. Gay youth (92%) were mostly or completely out: 61% were completely out, 31% mostly out, and 8% half out. It is interesting that bisexual youth would choose to disclose their orientation for this study, yet remain closeted in almost all other settings (per their self-designation of being completely closeted).

Summary of differences by sexual orientation. A number of differences were found by sexual orientation: Queer youth were younger, dropped out of high school more often than heterosexual youth – but 50% of those with GED's or high school diploma's went on to college. The worst relationship in the family varied by queer sexual orientations, with heterosexual and transsexual youth reporting siblings, heterosexual and bi youth identifying step-parents; and heterosexual and gay youth noting extended family. It is unknown why these differences exist. Differences were found on where youth stay: Gay and transsexual youth were principally sofa-surfing, Bisexual and transsexual youth predominantly stayed in shelters, and youth of all orientations also stayed on the street (discussed further in question one). Age and outness appears to play a role in where youth stay. The most out of queer youth were sofa-surfing, the most hidden were those in shelters. Interestingly, street youth were either out or closeted with little middle ground.

Mode to Homelessness

To refine the analysis, sources of homelessness were identified – youth, parent, system and tragedy. There were no significant differences between heterosexual and queer youth for this analysis. However there were significant differences by time homeless. For those homeless due to a youth source, 38% had been homeless 6

months to 1 year.; from a parent source, 32% had been homeless 3 years or longer; from a system source, equal numbers of youth had been homeless one month or less, and 1 to 3 years.; 60% of those homeless due to tragedy had been homeless over 3 years (F=7.18, df=3, p<.001).

Table 17: Volitional Source leading to Homelessness.

Mode to Homelessness	Total N =70	Heterosexual N =47 (67.1%)	Queer n=23 (32.9%)			
			Queer n=23 (32.9%)	Gay N=13 (18.6%)	Bisexual N=6 (8.6%)	Transsexual N=4 (5.7%)
Youth Source	21 (30%)	15 (32%)	6 (26%)	3 (23%)	3 (50%)	-0-
Parent Source	25 (36%)	13 (28%)	12 (52%)	7 (54%)	2 (33%)	3 (75%)
System Source	19 (27%)	15 (32%)	4 (17%)	5 (15%)	1 (17%)	1 (25%)
Tragedy	5 (7%)	4 (9%)	1 (4%)	1 (8%)	-0-	-0-

There was no significant relationship between mode to homelessness and the first place youth stayed. Of those homeless due to incorrigibleness 48% sofa-surfed initially upon becoming homeless, as did 57% of abused youth; 54% of youth who became homeless due to tragedy; 63% of youth homeless due to sexual orientation; and 46% of youth who became homeless due to gaps in the system. Those who became homeless due to parent/step-parent conflict predominantly went to the street (67%) initially.

The specific reason leading to mode to homelessness (e.g., abuse, incorrigibleness), mechanism (runaway vs. throwaway vs. other), and volitional source (parent, youth, system, tragedy) were not significantly related to time homeless.

There was a significant difference between mode to homelessness (specific reason-six groups) by sexual orientation, when grouped as queer v. heterosexual (X^2=20.33, df=5, p<.001) and when all four orientation groupings were evaluated (X^2=33.72, df=15, p<.004). 75% of transsexual youth, 33% of bisexual youth, and 23%

of gay youth became homeless due to their sexual orientation (Table 17). No significant relationship was found between mode to homelessness and SE (Rosenberg Self-esteem scale), CSE, state or trait anxiety.

Approximately equal numbers of youth became homeless from youth, parent and system sources, fewer due to tragedy. There was no significant difference between orientations. Roughly equal numbers of youth became homeless due to running away, being thrown out, and other sources. There was no significant difference between orientations for this analysis either.

Examining the specific reason leading to homelessness, significant differences between orientations were identified. More heterosexual youth became homeless due to tragedy, and general parental conflict. Bisexual and heterosexual youth were the orientations most represented in the incorrigible category. 35% of all queer youth became homeless due to their orientation, with the highest percentage among transsexual youth.

Residential History

Residential history was evaluated by asking youth where they stayed once they became homeless: where they stayed first, second, third and where they were currently staying. Examining residential history by sexual orientation showed a significant difference in where heterosexual and queer youth were currently staying (X^2=10.81, df=2, p<.005), and between heterosexual youth and gay youth (X^2=13.70, df=6, p<.033). Queer youth, specifically, gay youth were sofa surfing more than heterosexual youth - who were staying in shelters. Of all queer youth, bisexual youth were staying in shelters at the highest rates. The lowest rate of shelter use was by gay youth (15%). A queer Midwestern participant stated: "most homeless youth sofa-surf, it's hard to tell who is and who isn't homeless. I used to dress in the nicest clothes I had, so people wouldn't

know". Residential history will be discussed in more detail while examining the research questions.

Amount of Time Homeless

There was no significant difference in mode to homelessness by time homeless when time homeless was transformed (log10). There was a significant difference in mode to homelessness by time homeless (X^2=21.46 df=12, p<.044), when time homeless was not transformed. Recall that all subjects are between the ages of 16 and 20 years old. To discuss patterns of time as it relates to volitional source leading to homelessness, we must consider the non-transformed (raw) data – for meaningful information. Those homeless 6 years or longer (n=2) both reported becoming homeless secondary to family tragedy (death of their parents – one was taken in by extended family (8 years old at the time), the other raised by homeless adults living on the streets (11 years old at the time). Incredibly, the young man literally raised on the street, although currently living in an abandoned house, has graduated from high school, and is currently taking some college courses. Those homeless one week to one month were equally likely to have become homeless due to a parental or system source. Those homeless 1 month to 1 year were more likely to have become homeless due to their own choices or behavior (i.e. "not doing what I was told").. Those homeless 1 to 3 years were more likely to have become homeless secondary to a gap in the social service system (i.e. sent to the streets from foster care). Those homeless 3 years or longer were more likely to have become homeless secondary to tragedy. These relationships remained the same for heterosexual youth alone (X^2=21.46, df=12, p<.040), but were not significant for queer youth alone.

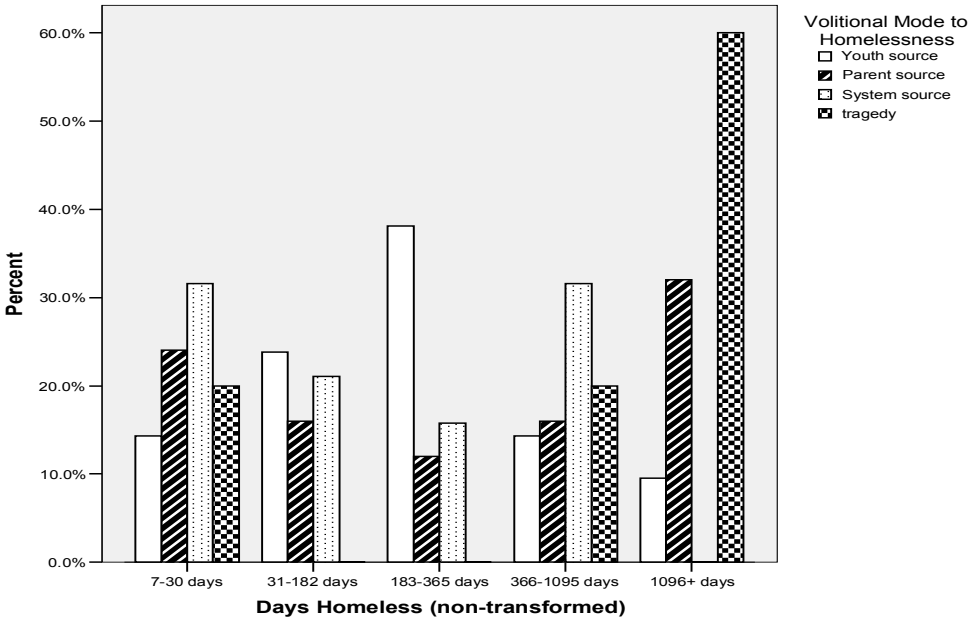


Figure 5: Mode to homelessness vs. Duration of Homelessness

Key Informant Observations and Insights

Collecting data for this study I interacted with several hundred homeless people across seven states. I frequently interacted with homeless adults, as I sought leads on where I might find homeless youth. Often, the adults themselves had a story to tell – stories from when they were dealing drugs, running with gangs, or a story of an experience from a night or two before. Frequently, the men offered me advice on how to stay safe while data collecting. Many homeless adults I interacted with were either unaware of any homeless youth, or unsure that I would be able to find them noting younger guys would not be seen in a drop-in center, or let me know they were homeless – because they had "too much pride", and were "too hard-headed". They believed homeless youth were dealing drugs, stealing cars or robbing people – and hence wouldn't be bothered with me. In some cases they were right. Some expressed concern for youth who were on the street - a group of homeless adults in a Las Vegas park

reported "we don't see many homeless teens around. They use the schools. They blend-in so they can get food during lunch hours in the cafeteria. They need to be very careful – there are predators out there for them." Others expressed resentment toward the youth, expressing beliefs that the youth had options they're too stubborn or foolish to access – that they have a way out. "some of the problem is pride. They're not willing to go back to mommy and daddy". Some felt youth could not be considered "homeless" believing youth could always go to social services for help if they wanted to. In Los Angeles the adult and youth homeless populations seemed to interact freely, sometimes sharing resources, particularly in Hollywood, and to some extent on Skid Row – despite the hopes of some service agencies: "we discourage young people from using our shelter or services and refer them to more appropriate facilities than a skid row shelter/service center " (personal correspondence with St. Vincent's Cardinal Manning Center, Skid Row, Los Angeles, personal communication, May 20, 2005).

Question One

Research question one asks: *What are the natural histories of residential instability and participation in survival strategies among male homeless adolescents?*

Residential Stability

Heterosexual and queer youth differed significantly between where they were currently staying (X^2=10.81, df=2, p<.005), with heterosexual youth predominantly staying in shelters and queer youth sofa surfing. The relationship between all sexual orientations and where the youth was currently staying was also significant (X^2=13.70, df=6, p<.033), indicating gay and transsexual youth were predominantly sofa-surfing,

bisexual and heterosexual youth were utilizing shelters, and roughly equal percentages of each orientation were living on the street.

Age played a role in where youth were currently staying (X^2=17.98, df=8, p<.021), with 16 year old's evenly divided between sofa-surfing and the street; 75% of 17 year old's were sofa-surfing (25% sheltered); 64% of 18 year old's were sofa-surfing (27% sheltered, 9% street); 65% of 19 year old's were staying in shelters (26% sofa-surfing, 9% street), and 53% of 20 year old's were staying in shelters (17% sofa-surfing, 30% street). However, recall the relationship between age and sexual orientation – heterosexual youth are significantly older. Sofa surfers were significantly younger than either youth staying in shelters or on the street (F=5.50, df=2, p<.006, Tukey HSD post-hoc).

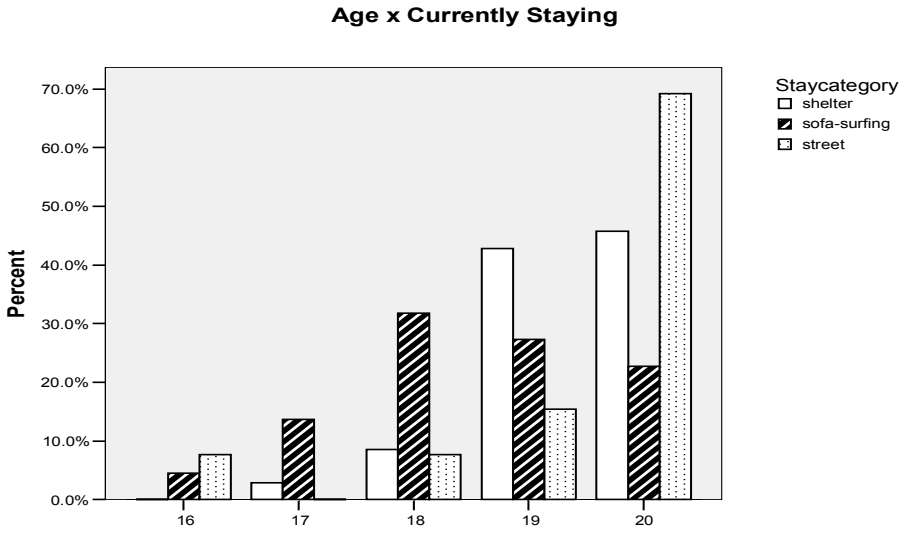


Figure 6. Age and Where currently staying

Examining the graph above, the following trends may be seen: shelter use increases with age, however with only a slight difference between 19 and 20 year old's. Sofa-surfing increases until age 18, and then begins to decline, perhaps due to over reliance on this

resource, and therefore fewer friends willing to let one stay. There is also a dramatic increase in staying on the streets, between the ages of 19 and 20. The majority of youth on the street were 20 years old.

Table 18. Residential Stability by Sexual Orientation

Residential History	Total N =70	Heterosexual N =47 (67.1%)	Queer n=23 (32.9%)			
			Queer n=23 (32.9%)	Gay N=13 (18.6%)	Bisexual N=6 (8.6%)	Transsexual N=4 (5.7%)
1st Place stayed = NS						
Shelter	14 (20%)	10 (21.3%)	4 (17.4%)	2 (15.4%)	2 (33.3%)	-0-
Sofa-surfing	36 (51.4%)	21 (44.7%)	15 (65.2%)	11 (84.6%)	2 (33.3%)	2 (50%)
Street	17 (24.3%)	13 (27.7%)	4 (17.4%)	-0-	2 (33.3%)	2 (50%)
System	3 (4.3%)	3 (6.4%)	-0-	-0-	-0-	-0-
2nd Place stayed = NS						
NA	17 (24.3%)	10 (21.3%)	7 (30.4%)	4 (30.8%)	2 (33.3%)	1 (25%)
Shelter	13 (18.6%)	10 (21.3%)	3 (13%)	2 (15.4%)	1 (16.7%)	-0-
Sofa-surfing	27 (38.6%)	18 (38.3%)	9 (39.1%)	3 (23.1%)	3 (50%)	3 (75%)
Street	9 (12.9%)	5 (10.6%)	4 (17.4%)	4 (30.8%)	-0-	-0-
System	4 (5.7%)	4 (8.5%)	-0-	-0-	-0-	-0-
3rd Place stayed = NS						
NA	35 (50%)	22 (46.8%)	13 (56.5%)	6 (46.2%)	4 (66.7%)	3 (75%)
Shelter	7 (10%)	5 (10%)	2 (8.7%)	1 (7.7%)	1 (16.7%)	-0-
Sofa-surfing	17 (24.3%)	10 (21.3%)	7 (30.4%)	5 (38.5%)	1 (16.7%)	1 (25%)
Street	7 (10%)	7 (14.9%)	-0-	-0-	-0-	-0-
System	4 (5.7%)	3 (6.4%)	1 (4.3%)	1 (7.7%)	-0-	-0-
Currently staying [a] (Queer v. Heterosexual); [b] (Each queer orientation v. heterosexual)						
Shelter	36 (51.4%)	30 (63.8%)	6 (26.1%)	2 (15.4%)	3 (50%)	1 (25%)
Sofa-surfing	20 (28.6%)	7 (14.9%)	13 (56.5%)	9 (69.2%)	2 (33.3%)	2 (50%)
Street	14 (20%)	10 (21.3%)	4 (17.4%)	2 (15.4%)	1 (16.7%)	1 (25%)

[a] (X^2=13.76, df=2, p<.001); [b](X^2=16.79, df=6, p<.010)

The majority of youth (51%) had stayed in two different types of places. Thirty percent had stayed in only one venue; and 19% had stayed in 3 or 4 different types of

places. Time homeless, age, self-esteem, state or trait anxiety did not predict the first place stayed. For youth who stayed in a shelter first (n=14), 50% continued to stay on at a shelter (not necessarily the same shelter due to limits on duration of stay), with 36% moving on to another venue, and 14% moving on to yet a third venue. As would be expected, most of those who had ever stayed in a shelter, noted using homeless services for survival. Approximately one third (36%) of those who had been in the system were also engaged in drug work (X^2=5.20, df=1, p<.023). Of those youth who had stayed on the street: 20% had panhandled or gone through trash for food/goods ("dumpster diving")(X^2=8.26, df=1, p<.004); 23% were running scams (X^2=4.70, df=1, p<.030); and no youth who had been in the system were working (X^2=6.81, df=1, p<.009). There was no relationship between being in the system and history of abuse. Contrary to expectation, there were no clear patterns or stages of residential stability.

Survival Strategies

Nine categories of survival strategies were identified from the interviews conducted. Relationships among these survival strategies are examined prior to determining differences in the dichotomous categories constructed (see Table 10 in demographic section). Chi square and logistic regression were used to examine univariate and multivariate relationships.

Accessing homeless services

Services were accessed by 76% of youth. There were no significant relationships to any other survival strategies. There was no relationship between this strategy and where youth felt they were better off. Accessing services was strongly related to staying in a shelter: 72% of those who used this strategy had stayed in a

shelter (X^2=22.60, df=1, p<.001), 76% were heterosexual (X^2=6.86, df=1, p<.009), and only half of those with abuse histories accessed services (X^2=4.20, df=1, p<.041).

> A youth who'd been homeless in several states: "If you can't get clothes & food (in this town) there's something wrong. This spot is one of the easiest to be homeless."

Low self-esteem was predictive of accessing homeless services, with self-esteem alone explaining 78% of accessing homeless services (B= -.17, Wald=6.19, df=1, p<.013, OR .85, CI .74 to.97). Age was significantly related to accessing homeless services with 19 and 20yo's accessing services the most (X^2=11.52, df=4, p<.021).

Asking friends and/or family for money

Asking friends or family for money was a survival strategy for 23% of youth. There was a significant relationship between not working and asking friends/ family for money – with 94% of those who weren't working asking for money (X^2=7.24, df=1, p<.007). There were no significant relationships to any other survival strategies. Younger youth, 16 and 17 year old's, asked for money significantly more than those 18 or older (X^2=14.50, df=4, p<.006). There was no relationship between this strategy and where youth felt they were better off.

Drug enterprise (making, dealing and muling drugs)

Drug enterprise work was used by 14% of youth. There was a significant relationship between drug enterprise activities and belonging to a gang, with 40% of youth involved in drug work also in a gang (X^2=5.20, df=1, p<.023). There were no significant relationships to any other survival strategies. Of those who used this strategy 40% had been in the system (X^2=5.20, df=1, p<.023), all were heterosexual (X^2=5.71, df=1, p<.017), and half had been homeless over 3 years (X^2=10.79, df=4, p<.029). Having been in the system predicted 84% of involvement in drug work (Model X^2=4.20,

df=1, p<.040, OR 5.05). There was no relationship between this strategy and where youth felt they were better off, however due to the history of being in the system, a home-like setting may not be a feasible option for these youth. The following statements illustrate the long history of drug used reported by participants who engaged in this survival strategy.

> I was into methamphetamine since I was12yo. The last year and a half I got into making it. And using it IV. I made it in my friends bedroom. [Isn't Meth supposed to really smell?] Make it in a jar and run a hose into cat litter. It makes a black tar, but works. We'd use what we made, then piss in a jar, filter out the meth and sell that. $25 gets you a pinch. I was doing a gram or more a day. That would kill me now. You can also make Meth from Lithium batteries - strong stuff.
>
> My brother taught me how to deal - and people from the neighborhood.
>
> Staying high was the issue for me. I sold drugs - I'd buy them cheap, then sell them at a higher price . A couple guys and I made methamphetamine - we did it for the rush.

Gang activity

Gang involvement was noted by 16% of youth. A significant relationship was found between belonging to a gang, and drug enterprise activities, with 36% of youth in a gang, also involved in drug work (X^2=5.20, df=1, p<.023). A significant relationship was also found between belonging to a gang, and running scams, with 36% of gangsters also running scams (X^2=6.44, df=1, p<.011). There were no significant relationships to any other survival strategies. As with drug use, some participants described life-long gang involvement.

> I'm in the Gangster Disciples (he shows me his tattoo) - I was born into it - my dad and brothers were GD.
>
> If you're in the Crips - you're in for life. I did some work for the Hell's Angels. As we're talking, I note a 187 tattoo on his right arm.[43]
>
> I got the gang from Dad, I was raised up Crip. My dad died with the Crips.

[43] *People v. Ochoa* (2001) 26 Cal.4th 398, 437: Expert Testimony. "187" is the California penal code number for murder, sometimes worn as a "badge of honor" by gang members subsequent to committing murder.

All gangsters were heterosexual (X^2=6.39, df=1, p<.011), and 46% had a history of abuse (X^2=10.34, df=1, p<.001). There was no relationship between this strategy and where youth felt they were better off.

Panhandling/ using discarded goods

Panhandling and using discarded goods ("dumpster diving") was used by 9% of youth: 50% of those panhandling/ dumpster diving were also running scams (X^2=8.08, df=1, p<.004). There were no significant relationships to any other survival strategies. All youth who used this strategy had lived on the street (X^2=5.26, df=1, p<.004). Those who were panhandling/using discarded goods had traveled further since becoming homeless than youth who had not panhandled, even when controlling for time homeless (F=4.68, df=1, t=2.16, p<.034). Those who were panhandling/using discarded goods had traveled a mean distance of 771 miles (SD 649.50), those not involved had traveled a mean distance of 210 miles (SD 622.30). This relationship between further travel and engagement in this survival strategy, may reflect diminished resources or unfamiliarity with local resources leaving few other options to these youth. There was no relationship between this strategy and where youth felt they were better off.

Robbing/Stealing: "strong arm people"

Robbing and/or stealing was a strategy used by 16% of youth. There was a relationship between robbing/stealing and sex enterprise work with 36% of those robbing/stealing involved in sex enterprise work (X^2=5.20, df=1, p<.023). There were no significant relationships to any other survival strategies. There was no relationship between this strategy and where youth felt they were better off.

Running Scams/Cons

Running Scams/Cons was a survival strategy reported by 13% of youth. Panhandling/dumpster diving, and gang involvement were related to running scams with 33% of those running scams also panhandling/ using discarded goods (X^2=8.08, df=1, p<.004); 44% of those running scams belonged to a gang (X^2=6.44, df=1, p<.011). There were no significant relationships to any other survival strategies. Of those running scams, 78% had lived on the street (X^2=4.70, df=1, p<.030), and all were heterosexual (X^2=5.05, df=1, p<.025). There was no relationship between this strategy and where youth felt they were better off.

> (What kind of things have you been doing to take care of yourself?) Scamming and conning. You can pick out the tourists - they're downtown looking up.

Sex Enterprise (hustling or pimping)

Sex enterprise work was utilized by 14% of youth. Of those involved in sex enterprise strategies 40% were also robbing/stealing (X^2=5.20, df=1, p<.023). There was no significant relationship when examining hustling or pimping alone. There were no significant relationships to any other survival strategies. Of those using this strategy, 60% were queer (X^2=3.90, df=1, p<.048), and 60% had been homeless 3 years or longer (X^2=14.38, df=4, p<.006). Although those both hustling and pimping survived from the sex industry, these activities differ between allowing oneself to be victimized (hustling) vs. victimizing others (pimping).

Hustling: Hustling was a survival strategy for 11% of youth. Sexual orientation led 62% of those who later survived by hustling to become homeless, 18% became homeless due to gaps in the social service system, and only 1% due to being incorrigible (X^2=25.90, df=5, p<.001). There was no relationship between hustling and abuse history, educational attainment, race, or any other survival strategy. However there was a

significant relationship between sexual orientation and hustling: 26% of queer youth were hustling (100% of transsexual youth, 15% of gay youth, and 4% of heterosexual youth. No bisexual youth were hustling) (X^2=34.36, df=3, p<.001).

Qualitative data suggest the youths were seeking greater residential stability.

> I was at a black tie event, and was set up with an older man. He was taking care of me for a while (a houseboy) . That didn't work out.
>
> I was staying at a johns – he was a stranger, he kicked me out because I would not constantly have sex with him.

Pimping. Pimping was a strategy for 3% of youth. There were no relationships between pimping and orientation, age, the sex of their best or worst family relation. There was a significant relationship between pimping and having become homeless (mode) due to abuse or parental conflict (X^2=12.52, df=5, p<.028). All those who were pimping were also in a gang (X^2=11.04, df=1, p<.001).

Working

Working was a survival strategy for 34% of youth. As noted above, there was a significant relationship between not working and asking friends or family for money – with 94% of those who were not working asking for money (X^2=7.24, df=1, p<.007). None of the youth who had been in the system were working (X^2=6.81, df=1, p<.009). There were no significant relationships to any other survival strategies. There was no relationship between this strategy and where youth felt they were better off,

Summary

Overall 39% of subjects were engaged in at least one survival strategy harmful to others. Heterosexual youth were involved in significantly more harmful survival strategies than queer youth (X^2=10.31, df=3, p<.016). Illegal survival strategies were

employed by 46% of youth: 61% of youth who had stayed on the street were involved in illegal survival strategies, significantly more than youth who had never stayed on the street (X^2=5.44, df=1, p<.020). The number of illegal strategies was not related to where youth had ever stayed. Those homeless three years or longer were involved in significantly more harmful strategies than those homeless less than three years (X^2=23.19, df=12, p<.026). All participants homeless one month or less were involved in a maximum of one harmful strategy. No youth were involved in more than three harmful strategies. Considering violent survival strategies: higher trait anxiety, being heterosexual, and more time homeless were predictive of involvement in violent survival strategies (F=8.22, df=7, p<.001). These data suggest that the longer youth are homeless the more strategies they use, and the strategies become more harmful (harmful) and illegal. Within these broad categories of strategy use, however, there was no clear pattern of survival strategy use.

Question Two

Research question two asks: *In a sample of male homeless adolescents, does mode to homelessness, trait anxiety or sexual orientation influence SE, CSE, or State Anxiety*?

Multiple regression was conducted initially. In these analyses, SE, CSE and state anxiety were included as dependent variables with mode to homelessness, trait anxiety and sexual orientation as the predictor variables. Due to substantial differences between queer and heterosexual youth on these variables, the overall, heterosexual and queer samples will be discussed separately. To more fully examine the model of adolescent homelessness, a preliminary path analysis was completed.

Overall Sample

No significant relationship was found between mode to homelessness and SE, CSE, state or trait anxiety. No significant relationship was identified between sexual orientation and SE, CSE or state anxiety. However relationships between trait anxiety, SE and CSE were significant. When measuring all youth, trait anxiety is inversely related to Homeless CSE (r= -.26, p<.039); correlated to state anxiety (r= .55, p<.001); and inversely related to self-esteem (r= -.52, p<.001).

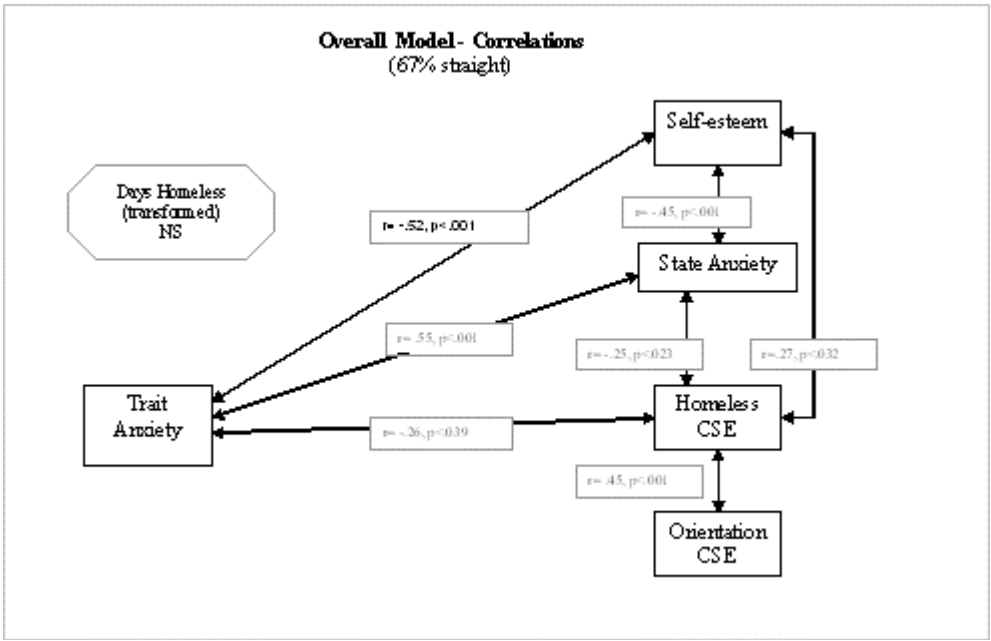


Figure 7: Overall Correlation Model

Heterosexual Youth

Trait anxiety is inversely related to self-esteem when examining heterosexual youth (r= .61, p<.001). Trait anxiety is also correlated to state anxiety (r= .50, p<.001).

There is a relationship between Homeless CSE and Orientation CSE (r=.53, p<.001) and between Homeless CSE and SE (r=.35, p<.022).

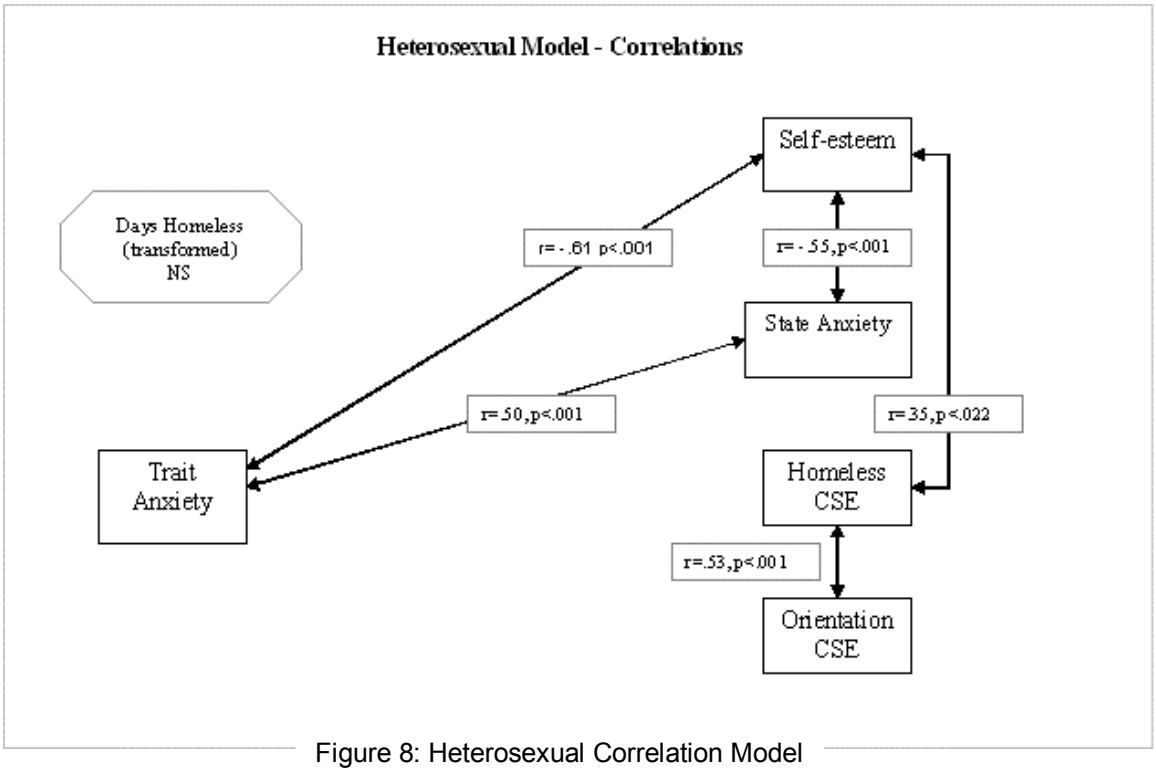


Figure 8: Heterosexual Correlation Model

Queer Youth

If queer youth alone are examined, the correlation between trait and state anxiety increases to (r= .76, p<.001). No other correlations remain significant. It is possible some of the non-significant correlations are a result of the low number of queer participants rather than a true lack of relationship.

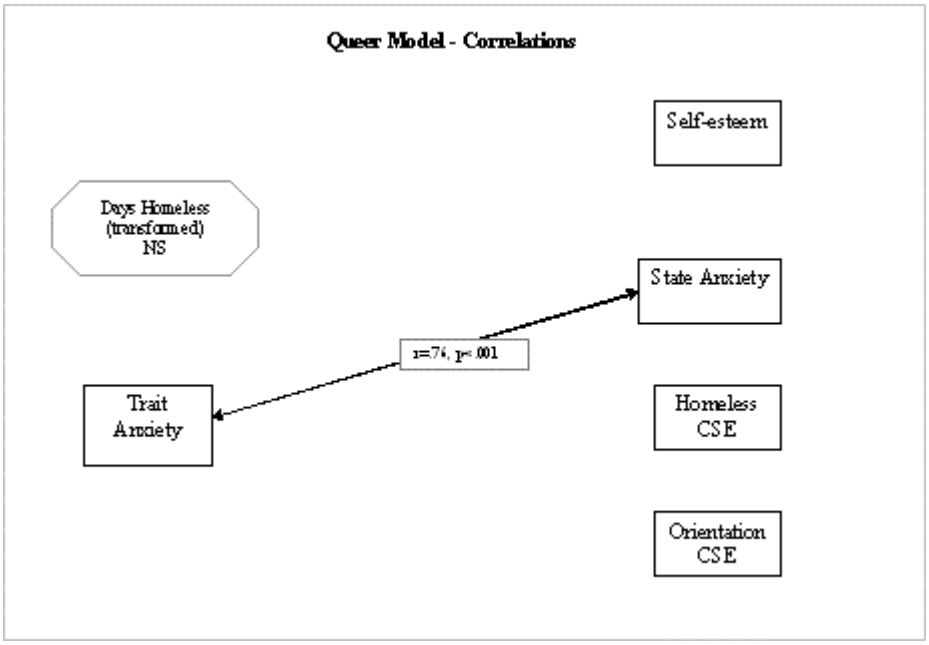


Figure 9. Queer correlation model

Path Analysis

This preliminary exploratory path analysis was run on the overall sample (due to insufficient participants to run the analyses by orientation) as specified by the model of homeless survival introduced in chapter two, and included survival strategies significantly correlated to predictor and outcome variables. The variables depicted in the path model were those significant in the path analysis. In creating of the model, path models were developed from the *Model of Homeless Adolescent Survival* (Figure 2), and correlation models. Variables were mean centered via z-scores providing for a meaningful zero point. Interaction variables were then created from the centered variables. Linear regression was run on each path model. For significant paths, non-significant variables were systematically removed from the equation– removing the most non-significant variable, rerunning the regression, and again removing the most non-

significant variable until all remaining variables were significant. Variables were then analyzed for multicollinearity via VIF, Tolerance, and the standardized beta weight itself. Standardized beta weights are reported in Figure 10. The functional role of variables were determined by the path diagram itself, mediation by "Baron and Kenny Steps" (Kenny, 2006), and moderation through significant centered interaction terms (Kraemer et al, 2001). Although a number of significant findings are reported in this path analysis, these findings must be interpreted with caution due to the small sample size, and the risk of Type I error due to running many regression analyses in evaluation of the path model. Although Type II error appears to be less likely due to a number of significant findings, it is also possible some truly significant findings were not identified due to the small sample size.

In this model, *trait anxiety* was predictive of a number of variables: gang involvement, high state anxiety, low self-esteem, and low homeless collective self-esteem. Although gang involvement was predicted by trait anxiety and by time homeless, gang involvement itself did not predict anything. *Time homeless* was predictive of gang involvement and hustling. Involvement in hustling was directly predicted by time homeless, as well as predicted by queer sexual orientation (although not all hustlers were queer). *Heterosexual sexual orientation* predicted use of homeless services, and gang involvement. *Queer sexual orientation* was predictive of less gang involvement, hustling, and less use of homeless services. Self-esteem, collective self-esteem and state anxiety were not related to each other. However CSE Orientation predicted CSE Homeless.

Survival Strategies

Although higher trait anxiety, being heterosexual, and more time homeless predicted *gang involvement*, gang involvement did not predict anything. *Pimping* was not

significantly predicted by anything, however higher trait anxiety neared significance in predicting pimping ($F=3.95$, $df=1$, $t=1.99$, $p<.051$). Pimping predicted higher homeless collective self-esteem. *Hustling* was predicted by more time homeless, and queer orientation. Hustling predicted lower state anxiety in direct relationship, and higher state anxiety when moderated by orientation. Hustling moderated by orientation *increased* state anxiety for queer youth, and *decreased* state anxiety for heterosexual youth. Using homeless services was predicted by heterosexual orientation, and predicted lower self-esteem.

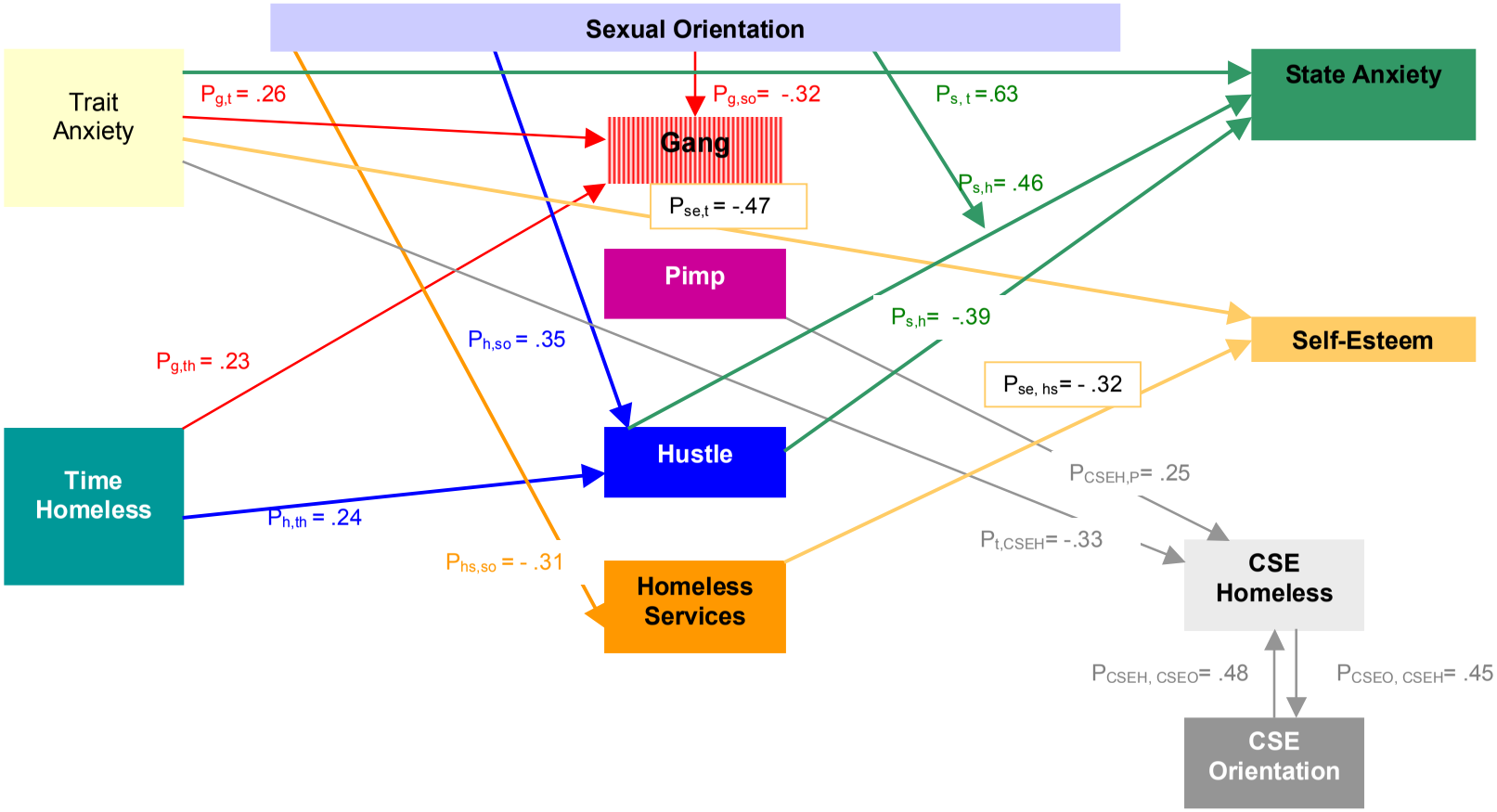


Figure 10: Path Analysis

Mediators

A mediator is "defined as a variable that explains the relation between a predictor and an outcome…a mediator is the mechanism through which a predictor influences an outcome variable" (Frazier, Tix & Barron, 2004, p.116); "a variable that occurs in a causal pathway from an independent to a dependent variable" (Kraemer et al., 2001). Mediators are "generated in the encounter and it changes the original relationship between the antecedent and the outcome variable" (Folkman & Lazarus, 1991, p.213). In the current study hustling functioned as a mediator between time homeless and state anxiety, predicting lower state anxiety. *Homeless services* functioned as a mediator between heterosexual orientation and self-esteem, predicting lower self-esteem.

Moderators

A moderator is "a variable that alters the direction or strength of the relation between a predictor and an outcome" (Frazier, Tix & Barron, 2004, p.116). Moderators are "antecedent conditions…that interact with other conditions in producing an outcome" (Folkman & Lazarus, 1991, p.213). In the current study sexual orientation moderated the relationship between hustling and state anxiety. Interestingly, there were also significant direct relationships between time homeless and hustling, and between hustling and state anxiety. As noted above, hustling moderated by orientation *increased* state anxiety for queer youth, and *decreased* anxiety for heterosexual youth. Recall, 100% of transsexual youth, 15% of gay youth, and 4% of heterosexual youth were hustling. No bisexual youth were hustling. (X^2=34.36, df=3, p<.001). There were no significant differences between queer and heterosexual youth for level of self-esteem (F=1.11, df=1, p=NS).

Summary of Findings for Research Question Two

Regression analysis identified different models for heterosexual and queer youth and revealed complex relationships among sexual orientation, survival strategies and psychological outcomes. Research question two asked: *In a sample of male homeless adolescents, does mode to homelessness, trait anxiety or sexual orientation influence SE, CSE, or State Anxiety*? Mode to homelessness did not influence SE, CSE or state anxiety. However trait anxiety exerted a significant influence on SE, CSE and State Anxiety.

Question Three

Research question three asks: *In a sample of male homeless adolescents, do sexual orientation, mode to homelessness, SE, CSE, State Anxiety, Trait Anxiety, or time homeless influence time to survival strategies, particular survival strategy chosen, or sequence of survival strategies chosen?* Logistic regression was used to examine the relative contribution of the predictors to survival strategy use (dichotomous variable).

Survival Strategies

Nine different categories of survival strategies were identified in the interviews and were collapsed into three separate categories – legal-illegal, harmful-non-harmful and non-violent-violent. There were no predictors of illegal survival strategies (Model X^2=13.33, df=10, p=NS). However utilization of harmful (other harmful) survival strategies was predicted by higher trait anxiety, more time homeless, and being heterosexual (Model X^2=24.16, df=10, p<.007). Higher trait anxiety was the only predictor of use of violent survival strategies (Model X^2=38.02, df=10, p<.001).

Illegal survival strategies. There were no significant predictors of involvement in illegal survival strategies from the model proposed by the question (Model X^2=13.33, df=10, p<.206). In an alternate model more time homeless, higher trait anxiety and staying on the street were predictive of involvement in illegal survival strategies (Model X^2=22.15, df=11, p<.023).

Table 19: Illegal Strategies Alternate Model

71% Correctly Predicted Model p<.023	B	Wald	df	Sig.	OR	95% CI	
						Lower	Upper
Self-Esteem	.10	1.52	1	.217	1.11	.94	1.31
State Anxiety	-.03	.30	1	.438	.97	.90	1.05
Trait Anxiety	.09	4.62	1	.032	1.09	1.01	1.19
Time homeless (Log10)	1.48	7.25	1	.007	4.40	1.20	12.92
Better off at home	1.08	2.02	1	.156	2.95	.66	13.11
Never stayed in shelter	.29	.13	1	.723	1.34	.27	6.59
Never sofa-surfed	.71	.75	1	.385	2.03	.41	10.06
Never stayed on street	-1.89	5.40	1	.020	.15	.03	.74
Never in the system	-.56	.33	1	.563	.57	.09	3.78
Heterosexual orientation	.27	.14	1	.712	1.31	.31	5.59
Age	.086	.072	1	.789	1.03	.58	2.05

Harmful survival strategies. Higher trait anxiety, more time homeless, and being heterosexual were predictive of involvement in harmful survival strategies (Model X^2=24.16, df=10, p<.007).

Table 20: Harmful Survival Strategies

79% Correctly Predicted Model p<.007	B	Wald	df	Sig.	OR	95% CI	
						Lower	Upper
Self-Esteem	.05	.26	1	.610	1.05	.88	1.25
CSE Homeless	.03	1.51	1	.220	1.03	.98	1.09
CSE Orientation	-.03	.79	1	.371	.97	.92	1.03
State Anxiety	-.07	2.56	1	.110	.94	.86	1.02
Trait Anxiety	.10	4.66	1	.031	1.11	1.01	1.21
Heterosexual Orientation	2.61	9.22	1	.002	13.61	2.52	73.41
Time homeless (Log10)	.95	3.98	1	.046	2.58	1.02	6.54
Mode – Youth Source	-1.53	.81	1	.369	.22	.01	6.11
Mode – Parent Source	-1.59	.95	1	.330	.20	.01	4.98
Mode – System problem	-1.75	1.00	1	.317	.18	.01	5.31

Violent survival strategies. Having higher trait anxiety was predictive of involvement in violent survival strategies (Model X^2=38.02, df=10, p<.001).

Table 21: Violent Survival Strategies

89% Correctly Predicted Model p<.001	B	Wald	df	Sig.	OR	95% CI	
						Lower	Upper
Self-Esteem	.17	1.10	1	.294	1.18	.87	1.62
CSE Homeless	.01	.13	1	.715	1.01	.94	1.09
CSE Orientation	-.04	.91	1	.340	.96	.88	1.04
State Anxiety	-.56	1.48	1	.223	.95	.86	1.04
Trait Anxiety	.15	5.96	1	.015	1.16	1.03	1.31
Heterosexual Orientation	37.70	.00	1	.997	2E+016	.00	-
Time homeless (Log10)	.94	1.89	1	.169	2.57	.67	9.83
Mode – Youth Source	-20.32	.00	1	.997	.00	.00	-
Mode – Parent Source	-18.35	.00	1	.998	.00	.00	-
Mode – System problem	-19.51	.00	1	.997	.00	.00	-

Although the apriori model was significant, a model incorporating demographic variables offers additional insight into violent survival strategies. In this model having higher trait anxiety, having come to the street via something other than a youth source, having stayed on the street, and feeling they were better off at home were predictive of violent survival strategies (Model X^2=30.36, df=12, p<.002). Inclusion of orientation in this model resulted in error statements, due to all subjects engaging in violent strategies being heterosexual, orientation was therefore deleted from the model.

Table 22: Violent Survival Strategies, Alternate Model.

81% Correctly Predicted Model p<.002	B	Wald	df	Sig.	OR	95% CI	
						Lower	Upper
Self-Esteem	.16	1.85	1	.174	1.17	.93	1.48
State Anxiety	-.04	.49	1	.485	.97	.87	1.07
Trait Anxiety	.11	4.84	1	.028	1.12	1.01	1.23
Time homeless (log10)	.97	2.84	1	.092	2.65	.85	8.20
Mode – Youth Source	-5.03	5.83	1	.016	.01	.00	.39
Mode – Parent Source	-2.24	2.19	1	.139	.11	.01	2.07
Mode – System problem	-2.90	2.70	1	.100	.06	.00	1.75
Never stayed in shelter	-2.53	3.77	1	.052	.08	.01	1.03
Never sofa-surfed	-.86	.54	1	.464	.42	.04	4.21
Never stayed on the street	-2.33	5.27	1	.022	.10	.01	.71
Never stayed in the system	-1.80	2.39	1	.122	.16	.02	1.63
Better off at Home	2.01	3.90	1	.048	7.48	1.02	55.03

Accessing homeless services. Low self-esteem, and being heterosexual were predictive of accessing homeless services as a strategy (Model X^2=23.98, df=10, p<.008).

Table 23: Accessing Homeless Services

79% Correctly Predicted Model p<.008	B	Wald	df	Sig.	OR	95% CI	
						Lower	Upper
Self-Esteem	-.20	3.90	1	.048	.82	.67	.998
CSE Homeless	.02	.35	1	.554	1.02	.96	1.09
CSE Orientation	.03	.50	1	.481	1.03	.96	1.10
State Anxiety	-.04	.84	1	.361	.96	.89	1.04
Trait Anxiety	.03	.37	1	.546	1.03.	.95	1.11
Heterosexual Orientation	1.90	5.12	1	.024	6.66	1.29	34.36
Time homeless (log10)	.13	.07	1	.787	1.13	.46	2.83
Mode – Youth Source	-.40	.05	1	.824	.67	.02	21.81
Mode – Parent Source	-.15	.01	1	.931	.86	.03	25.21
Mode – System problem	19.72	.00	1	.998	4E+008	.00	-

Asking friends or family for money. The model as presented by the research question was non-significant for this strategy, finding no relationship between sexual orientation, mode, SE, CSE, state or trait anxiety, or days homeless. However, in an expanded

model: currently staying on the street, higher trait anxiety and lower CSE_O were predictive of asking friends or family for money (Model X^2=24.21, df=13, p<.029).

Table 24: Asking Friends or Family for Money – Alternate Model.

79% Correctly Predicted Model p<.029	B	Wald	df	Sig.	OR	95% CI	
						Lower	Upper
Time Homeless (log10)	-.44	.79	1	.373	.64	.24	1.70
Trait Anxiety	.10	4.54	1	.033	1.10	1.01	1.20
CSE Orientation	-.09	4.13	1	.042	.92	.84	.997
CSE Homeless	.06	4.95	1	.163	1.06	.98	1.14
Self-Esteem	-.04	.02	1	.886	.99	.82	1.19
Heterosexual Orientation	.91	.81	1	.369	2.48	.34	17.96
State Anxiety	-.04	.94	1	.332	.96	.88	1.04
Mode – Youth Source	.04	.00	1	.982	1.04	.04	27.76
Mode – Parent Source	.44	.09	1	.767	1.55	.09	28.48
Mode – System problem	-1.07	.40	1	.529	.34	.01	9.54
Age	-.75	2.67	1	.102	.47	.19	1.16
Staying - Shelter	-2.88	6.14	1	.013	.06	.01	.55
Staying –Sofa-surfing	-2.11	3.16	1	.075	.12	.01	1.24

Drug enterprise (dealing, making or running drugs). Although the model was significant, no variables were predictive of being involved in drug enterprising as a survival strategy (Model X^2=24.27, df=10, p<.007). Adding age at which the youth became homeless and removing mode to homelessness, finds younger age when becoming homeless significant (p<.012, OR .25) in predicting drug work (X^2 model=30.47, df=8, p<.001).

Table 25: Drug Enterprise Alternate Model

94% Correctly Predicted Model p<.001	B	Wald	df	Sig.	OR	95% CI	
						Lower	Upper
Self-Esteem	.13	.85	1	.356	1.14	.68	1.52
CSE Homeless	-.04	.75	1	.388	.96	.88	1.05
CSE Orientation	.11	3.34	1	.067	1.12	.99	1.27
State Anxiety	-.10	2.38	1	.123	.91	.80	1.03
Trait Anxiety	.10	2.50	1	.114	1.11	.98	1.26
Heterosexual Orientation	22.16	.00	1	.998	4E+009	.00	-
Time homeless (log10)	-1.97	3.09	1	.079	.14	.02	1.25
Age when became homeless	-1.38	6.38	1	.012	.25	.09	.73

A significant relationship was found between being involved in drug enterprising and gang activity (X^2=5.20, df=1, p<.023), with 36% of youth in a gang, also involved in drug enterprising.

Gang activity. Higher CSE Homeless, lower CSE Orientation, and higher trait anxiety were predictive of gang activity (Model X^2=31.85, df=10, p<.001).

Table 26: Gang Activity

95% Correctly Predicted Model p<.001	B	Wald	df	Sig.	OR	95% CI	
						Lower	Upper
Self-Esteem	.41	2.57	1	.109	1.51	.91	2.48
CSE Homeless	.12	3.94	1	.047	1.13	1.00	1.27
CSE Orientation	-.13	4.22	1	.040	.88	.78	.99
State Anxiety	.15	3.30	1	.069	1.16	.99	1.36
Trait Anxiety	.15	4.97	1	.026	1.16	1.02	1.32
Heterosexual Orientation	22.18	.00	1	.997	4E+009	.000	-
Time homeless (log10)	2.30	3.46	1	.063	10.00	.88	113.19
Mode – Youth Source	-2.05	.71	1	.400	.13	.001	15.16
Mode – Parent Source	-2.48	.95	1	.329	.08	.001	12.21
Mode – System problem	-1.38	.32	1	.573	.25	.002	30.49

Removing orientation (all gang members were heterosexual) results in more time homeless, higher state anxiety, and higher CSE homeless predicting gang activity (X^2 model=19.455, df=9, p<.022).

Table 27: Gang Activity Alternate model

95% Correctly Predicted Model p<.001	B	Wald	df	Sig.	OR	95% CI	
						Lower	Upper
Self-Esteem	.20	2.07	1	.150	1.23	.93	1.62
CSE Homeless	.13	4.52	1	.034	1.14	1.01	1.28
CSE Orientation	-.09	3.58	1	.058	.91	.83	1.00
State Anxiety	.15	4.58	1	.032	1.16	1.01	1.33
Trait Anxiety	.07	2.38	1	.123	1.07	.98	1.17
Time homeless (log10)	2.12	4.22	1	.040	8.33	1.10	63.07
Mode – Youth Source	.19	.01	1	.915	1.20	.04	35.99
Mode – Parent Source	-2.65	2.01	1	.156	.07	.00	2.75
Mode – System problem	.88	.26	1	.610	2.40	.08	69.09

Panhandling/ using discarded goods. The model as presented by the research question was non-significant for this strategy, finding no relationship between sexual orientation, mode, SE, CSE, state or trait anxiety, or days homeless (X^2=11.35, df=10, p<.331). *Robbing/Stealing.* The model as presented by the research question was non-significant for this strategy, finding no relationship between sexual orientation, mode, SE, CSE, state or trait anxiety, or days homeless (Model X^2=16.93, df=10, p<.076). However, in a modified model: lower state anxiety, and higher trait anxiety were predictive of survival by robbing/stealing (Model X^2=20.40, df=8, p<.009).

Table 28: Robbing/Stealing Alternate Model

89% Correctly Predicted Model p<.009	B	Wald	df	Sig.	OR	95% CI	
						Lower	Upper
State Anxiety	-.12	4.51	1	.034	.89	.80	.99
Trait Anxiety	.10	4.05	1	.044	1.11	1.00	1.23
Time homeless (log10)	1.31	2.84	1	.092	3.72	.81	17.12
Currently at a shelter	.02	.00	1	.985	1.02	.11	9.17
Currently sofa-surfing	-1.74	1.22	1	.270	.18	.01	3.85
CSE Homeless	.06	2.25	1	.134	1.06	.98	1.15
Heterosexual Orientation	-.51	.26	1	.608	.60	.09	4.21
No one helpful	-19.97	.00	1	.999	.00	.00	-

Running Scams/Cons. The model as presented by the research question was significant for this strategy, however no variables in the model were significant (Model X^2=21.76, df=10, p<.016). Because all of the youth using this strategy were heterosexual, orientation was dropped from the analysis, resulting in a non-significant model (Model X^2=14.43, df=9, p<.108).

Sex Enterprise (hustling or pimping). The model as presented by the research question was significant for this strategy finding more days homeless predicting involvement in sex enterprise work (Model X^2=21.68, df=10, p<.017).

Table 29: Sex Enterprise

86% Correctly Predicted Model p<.017	B	Wald	df	Sig.	OR	95% CI	
						Lower	Upper
Self-Esteem	-.05	.16	1	.687	.95	.74	1.22
CSE Homeless	.03	.86	1	.353	1.03	.96	1.11
CSE Orientation	-.01	.02	1	.878	.99	.92	1.08
State Anxiety	-.05	.89	1	.346	.96	.87	1.05
Trait Anxiety	.10	3.32	1	.068	1.11	.99	1.24
Heterosexual Orientation	-1.66	2.10	1	.148	.19	.02	1.80
Time homeless (log10)	1.75	5.02	1	.025	5.74	1.25	26.49
Mode – Youth Source	16.55	.00	1	.999	15355814	.00	-
Mode – Parent Source	19.32	.00	1	.999	2E+008	.00	-
Mode – System problem	18.85	.00	1	.999	2E+008	.00	-

Hustling. The model as presented by the research question was non-significant for this strategy (Model X^2=16.18, df=10, p<.095). However, in a modified model higher trait anxiety (1.6 OR) and feeling they were better off at home (3,785 OR) were predictive of hustling (Model X^2=.34.57, df=7, p<.001).

Table 30: Hustling Alternate Model

97% Correctly Predicted Model p<.001	B	Wald	df	Sig.	OR	95% CI	
						Lower	Upper
Self-Esteem	.15	.93	1	.335	1.17	.85	1.60
State Anxiety	-.20	3.58	1	.058	.82	.66	1.01
Trait Anxiety	.46	4.56	1	.033	1.58	1.04	2.39
Gay Orientation	-32.44	.00	1	.998	.00	.00	-
Heterosexual Orientation	-39.87	.00	1	.998	.00	.00	-
Bisexual Orientation	-56.71	.00	1	.998	.00	.00	-
Better Off at Home	5.24	4.03	1	.045	3785.26	1.21	11850153

Pimping. The model as presented by the research question was non-significant for this strategy (Model X^2=17.74, df=10, p<.060), predicting 100% of the model. The model became significant when removing orientation (all those pimping were heterosexual), however no variables in the model were significant (Model X^2=17.74, df=9, p<.038).

Working. The model as presented by the research question was non-significant for this strategy, finding no relationship between sexual orientation, mode, SE, CSE, state or trait anxiety, or days homeless (Model X^2=13.21, df=10, p<.212, predicting 70%). However in an alternate model, high state anxiety, more time homeless, older age when becoming homeless, sofa-surfing, absence of a mentor, and having dropped out of High School were predictive of holding a job (Model X^2=32.51, df=14, p<.003).

Table 31: Working Alternate Model

78% Correctly Predicted Model p<.003	B	Wald	df	Sig.	OR	95% CI	
						Lower	Upper
Self-Esteem	-.11	1.08	1	.299	.90	.74	1.10
State Anxiety	.09	4.49	1	.034	1.10	1.01	1.20
Trait Anxiety	-.08	2.28	1	.131	.93	.84	1.02
Heterosexual Orientation	-1.21	1.56	1	.212	.30	.04	2.00
Age when became homeless	1.06	8.37	1	.004	2.90	1.41	5.96
Time homeless (log10)	2.22	3.28	1	.012	9.17	1.62	51.86
Currently staying in a shelter	2.00	2.36	1	.124	7.40	.58	95.04
Currently sofa-surfing	3.36	4.51	1	.034	28.65	1.30	633.45
Absence of a mentor	1.99	4.25	1	.039	7.30	1.10	48.28
Educ. No GED	-2.56	3.19	1	.074	.08	.01	1.28
Educ. GED	-1.91	1.63	1	.203	.15	.01	2.80
Educ. HS Graduate	-3.25	4.93	1	.026	.04	.002	.68
Educ. Some college	23.98	.00	1	.999	3E+01	.00	-
Educ. N/A due to age	-2.59	1.71	1	.191	.08	.002	3.66

Summary of Findings for Research Question Three

In Summary, the model proposed by the question was only predictive for harmful strategies, violent strategies, accessing homeless services, gang activity, and sex enterprise work. However alternative models offer insight into these strategies. High trait anxiety, being heterosexual, and more time homeless were predictive of utilization of more harmful survival strategies. Violent strategies were predicted by high trait anxiety. In an alternate model high trait anxiety, having become homeless due to something other than their own volition, and having stayed on the street, and feeling they were better off at home were predictive of utilization of more violent survival strategies. Low

self-esteem and being heterosexual were predictive of accessing homeless services as a strategy. Asking friends or family for money was predicted by high trait anxiety, low CSE Orientation, and currently sofa-surfing or staying on the street. Drug work was predicted by younger age when becoming homeless. High homeless CSE, high state anxiety, and more time homeless were predictive of being involved in gangs. There were no predictors of panhandling/using discarded goods. Robbing/stealing was predicted by lower state anxiety and high trait anxiety. Sex enterprise work was predicted by more time homeless; Hustling by high trait anxiety and feeling they were better off at home. There were no predictors of pimping. Working was predicted by high state anxiety, older age when becoming homeless, more time homeless, currently sofa-surfing, and the absence of a mentor.

Although the model proposed by the question was only predictive for harmful strategies, violent strategies, accessing homeless services, gang activity, and sex enterprise work, alternative models offered insight in several survival strategies.

Summary of Data Analysis

Youth came to be homeless for a number of different reasons. Roughly equal numbers of youth ran, and were thrown out of the home. In addition, roughly equal numbers became homeless due to their own, their parent's, and the systems choices and behaviors, a small minority due to tragedy (particularly for those homeless the longest). Seventy-five percent of transsexual youth, 33% of bisexual youth, and 23% of gay youth became homeless due to their sexual orientation. All bisexual youth were hiding their sexual orientation to some degree. In contrast, those most unable to pretend to be heterosexual, transsexual youth, were the most out. Ninety-two percent of gay youth were mostly or completely out.

Educational attainment varied by orientation: with 47% of heterosexual youth having graduated from high school or having obtained their GED, compared to 17% of queer youth. Fifty-percent of all queer youth who graduate from high school, or obtain their GED (one out of every 2 qualified to attend college), continue on to college. Dissimilarly, 47% of heterosexual youth had graduated from high-school or obtained their GED, with only 2% continuing on to college (one out of every 4 qualified to attend college).

Although it had been anticipated youth would systematically attempt to meet their survival needs, this was not the case. Youth reporting using several strategies simultaneously and without a clear pattern of use. Nine different categories of survival strategies were identified in the interviews. Accessing homeless services; Asking friends or family for money; Drug enterprise (dealing, making or running drugs); Gang activity; Panhandling/ using discarded goods; Robbing/Stealing; Running Scams/Cons; Sex Enterprise (hustling or pimping); and Working. The various analyses and descriptive data have been combined in the table of survival strategy findings (Table 32).

Table 32: Composite findings of survival strategies

	Harmful	Ask for $	Drug Work	Gang	Illegal	Pan-handle	Rob/Steal	Scams	Services	Sex Enterp.	Hustle	Pimp	Violent	Work
%	39	23	14	16	46	9	16	13	76	14	11	3	28	34
Heterosexual %	89*	56	100	100	75	100	73	100	75.5*	40	25	100	100	62.5
Queer %	11	44	0	0	25	0	27	0	24.5	60	75	0	0	37.5
Age Homeless	-	-	↓*	-	↓	-	-	-	↑	↓	-	-	-	-
Age	-	↓	-	-	-	-	-	-	↑	-	-	-	↑	↑*
Better Off (H v. NH)	-	-	-	-	-	-	-	-	-	-	H*	-	H*	-
CSEH	-	-	-	↑*	-	-	-	-	-	-	-	↑	-	-
CSEO	-	↓*	-	↓*	-	-	-	-	-	-	-	-	-	-
Self-Esteem	-	-	-	-	-	-	-	-	↓	-	-	-	-	-
State Anxiety	-	-	-	↑*	-	-	↓*	-	-	-	S↓ Q↑	-	-	↑*
Trait Anxiety	↑*	↑*	-	↑*	↑*	-	↑*	-	-	-	↑*	-	↑*	-
time homeless	-	-	-	↑*	-	-	-	-	-	-	↑*	-	-	↑*
Sofa-surfing	-	-	-	-	-	-	-	-	-	-	-	-	-	X*
Staying Shelter	-	-	-	-	-	-	-	-	X	-	-	-	-	-
Staying on Street	X*	X*	-	-	X*	X	-	X	-	-	-	-	X*	-
Mode Youth	-	-	-	-	-	-	-	-	X	-	-	-	-	-
Mode Parent	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mode System	-	-	-	-	-	-	-	-	X	-	-	-	-	-
Ever in System	-	-	X	-	-	-	-	-	-	-	-	-	-	0

* Significant in Regression Model; significant

Overall 39% of subjects were engaged in at least one survival strategy harmful to others. Being heterosexual was predictive of accessing homeless services as a strategy. More days homeless was predictive of being involved in a gang, sex enterprise work and harmful survival strategies. Differences were found on where youth stay: Gay and transsexual youth were predominantly sofa-surfing, bisexual and heterosexual youth were utilizing shelters, and roughly equal percentages of each orientation were living on the street.

When asked where they felt they were better off 63% said they've been better off since leaving home. At higher levels of state anxiety, youth felt they were better off at home; at higher levels of trait anxiety youth felt they were better off since being homeless. Of those participating in no illegal strategy, they felt they were better off since being homeless with an OR of 216; when participating in one illegal strategy they felt they were better off since being homeless with an OR of 125. Despite all they had experienced, and strategies they'd used to survive 70% of queer youth felt they were better off since leaving home.

CHAPTER V

DISCUSSION

The ecological perspective provided the groundwork for addressing the constructs of interest in this study. The central tenet within the ecological paradigm is that an individual cannot be considered outside of the context within which they function. Thus, study constructs were selected to reflect the environmental milieu and the individual's perceptions and behaviors. The primary outcomes addressed were psychological in nature and selected to capture growth and survival.

The major construct of interest in this study was *survival among queer male homeless adolescents*. The questions of interest in this study involved a comparison between queer and heterosexual homeless male adolescents on: (1) the natural histories of residential instability and participation in survival strategies; (2) the influence of mode to homelessness, trait anxiety and sexual orientation on SE, CSE, or State Anxiety; and (3) the influence of sexual orientation, mode to homelessness, SE, CSE, State Anxiety, Trait Anxiety, and time homeless on time to survival strategies, particular survival strategy chosen, or sequence of survival strategies chosen. These questions yielded three principal findings: (1) 70% of youth sampled came to be homeless due to no fault of their own; (2) sexual orientation played an important role in demographic and psychosocial differences, mode to homelessness, residential stability, survival strategies, and where youth stay. There were some notable differences among queer youth, and we might be wise to be more specific about orientation in the future; (3) there were no clear patterns of residential stability and use of survival strategies. This might be related to the small number of subjects and the wide variability of strategies utilized.

In this chapter, the findings will be discussed in six sections: (1) meaning of the findings; (2) research questions; (3) significance of the findings; (4) strengths and limitations; (5) implications for nursing; and (6) recommendations for future research.

Meaning of the Findings

Demographic Data

A greater number of heterosexual than queer youth were recruited into this study. One reason for this differential recruitment is queer youth were principally sofa-surfing and not accessing homeless services. Therefore, unless involved in the queer community in some way there was no feasible way to identify queer youth. Difference in recruitment rates among heterosexual and queer youth may be related to current residence and access to homeless services. At the time of the interview 50% of youth were staying in shelters, 31% were sofa-surfing, and 19% were staying on the street. The only queer orientation using shelters were bisexual youth. Gay and transsexual youth were predominantly sofa-surfing, bisexual and heterosexual youth were utilizing shelters, and roughly equal percentages of each orientation were living on the street. Sofa-surfing youth often did not access homeless services, and attempted to blend in with the average adolescent, so they wouldn't appear homeless, making recruitment of queer youth (principally sofa-surfers) difficult. This resulted in smaller numbers of queer than heterosexual youth recruited.

One of the questions asked was an overall gestalt impression by the youth of where they felt they'd been better off – reflecting on their experiences at home, and now while homeless. Despite the hardships they reported enduring since becoming homeless, 63% of participants said they've been better off since leaving home. With only

19% of youth denying anyone was helpful to them since they've been homeless. Examining what makes their current situation better is an area for future research.

Race

Dube & Savin-Williams (1999), found differential levels of disclosure of sexual orientation between Hispanic, Asian, African American, and Caucasian male adolescents. These findings were not supported by the current study, which was predominantly African American and a substantial number (20%) were Hispanic. No significant differences in disclosure of sexual orientation (i.e., outness) were found between races or by ethnicity.

Education

The educational level of youth was slightly higher than anticipated. Although the race by educational level analysis was non-significant, the differences were noteworthy. There was an association between educational attainment and race. Almost three times more African American youth (n=14) had graduated from high school than Caucasian youth (n=5). Additionally, more African American youth (n=16) finished 10^{th} and 11^{th} grades than Caucasian youth (n=13). This does not appear to be a function of sample size with nearly equal numbers of Caucasian and African American youth sampled. There were no significant differences between races for age, orientation, time homeless, age when they became homeless, where they felt they were better off, CSE Homeless or Orientation, or any survival strategy.

In this sample 32% of all age-eligible queer youth had graduated from high school, or obtained their GED; with 33% continuing on to college (one out of every three qualified to attend college). Dissimilarly, 49% of heterosexual youth had graduated from high-school or obtained their GED, with only 4% continuing on to college (one out of

every 23 qualified to attend college).The only significant relationships to being in college were being homeless longer and working. It is unclear why those queer youth who graduate or finish HS would go on the college in higher proportions than heterosexual youth. This does not appear to be a function of queer youth longing for home or possessing a more traditional perspective or expectations – for 70% felt they'd been better off since being homeless (as compared to 61% of heterosexual youth).

Research Questions

Question One

Question one asked: What are the natural histories of residential instability and participation in survival strategies among male homeless adolescents?

Natural History of Residential Stability

Mode to Homelessness

In the current study, runaways represented 37% of those homeless, throwaways 30%, and other sources 33% (i.e. discharged from a hospital to the street), with no significant difference between orientations in this analysis. Considering volitional source, youth choice and behavior (including incorrigible behavior on the part of the youth) only brought 30% of these youth to the street (36% due to a parent; 27% due to the system; and 7% unforeseeable tragedy). Seventy percent of the sample was homeless due to no fault of their own. Tragedy may be the hardest mode to homelessness to overcome. Sixty percent of those homeless due to tragedy had already been homeless over three years. Estimates of homeless adolescents who are throwaways vary between 34% and

60% (Cauce et al., 2000; Powers, Eckenrode, & Jacklitsch, 1990; Rew, Taylor-Seehafer, Thomas, & Yockey, 2001; Terrell, 1997; Thompson, Safyer, & Polio, 2001)[44] In the current study, 30% of the sample were throwaways. One possibility for this lower percentage is it is unclear if other studies have dichotomized mode to homelessness as runaway vs. throwaway, or if they have included other options such as the social service/juvenile justice systems, and tragedy. Dichotomizing runaway vs. throwaway will result in inflation of both runaway and throwaway numbers. Further research is needed to explore differences, perhaps longitudinally, on factors impacting duration of homelessness.

Abuse

Although few studies have compared queer and heterosexual homeless adolescents, some differences have been found related to abuse. Conducting a comparative descriptive study of self-identified queer and heterosexual homeless adolescents (n=168) Cochran, Stewart, Ginzler, and Cauce (2002) found that gay, lesbian, bisexual and transsexual youth were significantly more likely to leave home due to physical abuse in the home. No significant differences were found for abuse between the different orientations in the current study: 23% of gay youth reported leaving home due to abuse, as compared to 14% of heterosexual youth (no bisexual or transsexual youth left for this reason). Surprisingly there was no relationship between being in the system and history of abuse – indicating participants didn't perceive the social service system had intervened in their lives.

[44] This variation in prevalence of throwaways is likely an artifact of sampling: exclusive shelter sampling consistently yields lower estimates of throwaways than street or street & shelter sampling.

Where Youth Stay

Greene, Ennett, & Ringwalt (1999) found few queer adolescents' access or use homeless shelters, preferring alternative or street sites. This finding was supported by the current study in which the most closeted of queer youth- bisexual youth (50%) were using shelters the most - as compared to 25% of transsexual youth and 15% of gay youth. In contrast, 64% of heterosexual youth in this study were staying in shelters.

Age

Ringwalt, Greene, Robertson, & McPheeters (1998), studying 12-17 year old homeless youth found shelter stays decreased markedly with age. This is understandable given the expectation that youth become "adults" at the age of 18. In the current study with a higher age range (16-20yo) shelter use peaked at 19 years old (65%) with slightly fewer 20 year olds (57%) using shelters.

Survival Strategies

Participants in the current study did not address their survival needs sequentially as had been anticipated. Instead, participants tried multiple strategies simultaneously. It had been assumed that youth would try to address their survival in some systematic way, instead they used more of a shotgun approach. In this approach the youth tried every available option simultaneously in the hope that something would work or be successful. Having little money, and few resources may have led youth to act upon every opportunity that arose. Shotgun-like strategies were eluded to by Underwood (1993) in his ethnography of Los Angeles homeless adults, and by Toth (1993) in her study of homeless people living in the tunnels beneath New York City.

Studying a large sample of street youth in New York City (n=929) Clatts and Davis (1999), found most youth were involved in "multiple activities within the street

economy", including panhandling (37%), prostitution (25%), distribution of illegal drugs (24%), pimping (2%), pornography (3%), mugging (8%), and stealing (19%)(pp.368-369). In the current study, youth were also involved in multiple survival activities, but only some within the illegal street economy: 46% were involved in illegal activities, 39% in activities harmful to others. Survival strategies youth used in the current study included accessing homeless services (78%), asking friends/family for money (23%), drug work 14% (13% dealing, 1% muling), gang activity (16%), panhandling/ discarded goods (9%), robbing/stealing 16% (3% mugging, 13% stealing), running scams (13%), sex work 14% (11% hustling, 3% pimping); and working (34%). However only 27% were involved in violent activities. No queer youth were involved in any violent strategies. There are several possible explanations for these divergent findings. The primary reason may be related to sampling location. Clatts and Davis (1999) sampled youth in New York City, as compared to a more geographically distributed sample with overrepresentation of the Midwest in the current study. New York City is a very expensive city to live in, and therefore even more difficult to financially survive in when homeless, although likely offering more opportunities for participation in the illegal street economy due to population density. These differences may account for the divergent findings.

Table 33: Survival Strategies

	Beg	Hustle	Drug Wk	Pimp	Porn	Mug	Steal	Gang	Scams	Services	Ask for $
Clatts & Davis[1]	37%	25%	24%	2%	3%	8%	19%	?[2]	?	?	?
Current Study	9%	11%	14%	3%	-0-	3%	13%	16%	13%	78%	23%

[1]Clatts and Davis (1999). [2] Information not reported.

Several studies found drug use as psychological survival increases with time spent on the street (Stephens, Braithwaite, Lubin, Carn, & Colbert, 2000; Whitbeck &

Simons, 1993). Drug use was not measured in this study, however drug work (dealing/muling) was significantly related to longer time homeless in the current study.

Other studies have found a relationship between gang involvement and age, reporting initiation of gang involvement appears to be prompted by physical survival needs such as safety and income, and is most prevalent among early adolescents (12-15) (Kipke, Unger, O'Connor, Palmer, & LaFrance, 1997; Unger et al., 1998). There was no significant relationship between gang activity and current age, or the age they became homeless. One possible explanation may be the restricted age in this sample.

Survival Sex. Hustlers came to be homeless via three ways: Sexual orientation 63%; gaps in the system 25%; and incorrigibility 12%. Kipke, O'Connor, Palmer, & McKenzie (1995), found gay and bisexual males were significantly more likely to have engaged in survival sex than heterosexual males (transsexuality was not a category of sexual orientation in their study). In the current study 11% of all youth were hustling. There was a significant relationship between sexual orientation and hustling: 26% of queer youth were hustling, compared to 4% of heterosexual youth. Of note, all of the transsexual youth and a small proportion of gay youth (15%) were hustling as a survival strategy. Estes and Weiner (2002) identified poor self-esteem, external locus of control, lack of a future orientation, drug dependency, and mental health needs among juvenile prostitutes. In the current study, feeling they were better off at home, higher trait anxiety, and more time homeless were predictive of hustling. Queer orientation was related to hustling in non-parametric analyses. Surprisingly, self-esteem was not related to hustling. Adlaf & Zdanowicz (1999) found above-average self-esteem to be associated with sex work. Intuitively, one would expect low self-esteem might lead one to be involved in sex work, or be a result of involvement in sex work.

Pimping. Pimping was utilized by 3% of youth in the current study. In regression analyses there were no relationships between pimping and orientation, age, or the sex of

their best or worst family relation. However there was a significant relationship between pimping and having become homeless (mode) due to abuse or parental conflict, and identifying with the homeless community. All those who were pimping were also in a gang but not all gangsters were pimping. It is unknown if these youth were seeking to harm others as they feel they were harmed, if pimping is a byproduct of gang activity, or gang involvement a byproduct of pimping. It is tempting to speculate that abuse during childhood or adolescence may reduce the youth's regard for others and may even provide an outlet for the abuse suffered at home.

Question Two

Question Two asked: In a sample of male homeless adolescents, does mode to homelessness, trait anxiety or sexual orientation influence SE, CSE, or state anxiety?

Mode to Homelessness

The sample was almost evenly divided into thirds between those who became homeless from running away, being thrown out, or other sources. Volitional source was also nearly evenly divided between youth source, parent and system source, with a small number homeless due to tragedy. Volitional mode to homelessness was related to time homeless, with those homeless due to tragedy homeless longer (80% over one year), followed by parental source (48% over one year). In contrast 76% of those homeless due to a youth volitional source, and 69% due to a system source hadn't been homeless for a year at the time of interview. The shorter time homeless is understandable - those homeless due to a youth source often may return home if they choose to change the behaviors that led to their homelessness. Of those homeless due to a system problem 79% became homeless when 18yo or older, therefore few youth

could have been homeless more than 2 years, due to the ceiling inclusion age of 20 years old.

There were no significant differences between queer and heterosexual youth on whether they had runaway or been thrown out of the home. However there were differences although non-significant**,** between the queer orientations: 50% of transsexual youth had been thrown out of the home, as compared to 33% of bisexual youth, and 23% of gay youth. These modes must be considered against the reason that led the youth to run, or to be thrown out of the home: for instance, some ran from abuse, some ran because they didn't like their parents' rules. Similarly, some were thrown out of the home due to their failure to comply with parental rules; parental mental illness/ drug abuse, or because they were queer. Therefore the more informative analysis to consider is the volitional source leading to homelessness. Although non-significant, differences between the orientations are more evident. Please see Table 19. Bisexual youth are overrepresented among youth source; Gay and transsexual youth among parent source. All queer groups experienced less homelessness from a system source than heterosexual youth. Examining the specific reason leading to homelessness, significant differences between orientations were identified. More heterosexual youth became homeless due to tragedy, and general parental conflict. Bisexual and heterosexual youth were the orientation most represented in the incorrigible category; and 35% of all queer youth became homeless due to their orientation, with the highest percentage among transsexual youth. Whereas transsexual youth are the most gender atypical, it is not surprising this category would experience more homelessness due to their orientation.

There was a significant relationship between mode to homelessness and duration of homelessness. For those homeless due to a youth source, 38% had been homeless 6 months to 1 year; from a parent source, 32% had been homeless 3 years or

longer; from a system source, equal numbers of youth had been homeless one month or less, and 1 to 3 years.; 60% of those homeless due to tragedy had been homeless over 3 years. Those who became homeless due to parent/step-parent conflict predominantly went to the street (67%) initially. The implications of this variation in duration of homelessness by source implies that homelessness due to tragedy and a system source may be hardest to overcome.

Psychological and Psychosocial Measures

The internal consistency of the CSE was low in this study. Cronbach's alpha of the CSE_H was lowest for queer youth – this is understandable due to their status on the margins of the homeless community – not accepted by many homeless service providers, or heterosexual people within the homeless community. Outness appears to play a role in CSE_O, with those half-out scoring the highest on the CSE_O. The next highest scoring group were heterosexual youth and those totally out. It is possible those youth who could not fully express themselves to others idealized what being totally out would be like – elevating their scores. Theoretically being heterosexual and being fully out as queer, would be equivalent in the sense that both groups fully express who they feel themselves to be. As the idealized is rarely found in real life, it is not surprising that those living fully out would not score as highly on the CSE_O as those imagining what it would be like to be fully out.

In a 2002 study, queer youth reported significantly higher levels of anxiety as measured by the Achenbach Youth Self-Report than heterosexual youth (Cochran, Stewart, Ginzler, & Cauce, 2002). This study included both males and females, unfortunately, these investigators did not test for differences between the sexes. In the current study there was no significant difference between state anxiety, trait anxiety or self-esteem between queer and heterosexual youth. However relationships between the

different psychosocial instruments varied by orientation. Recall the relationships diagramed in Figures 7, 8 and 9 in the previous chapter. There are several possible reasons as to why the correlations between instruments varied by orientation. It is possible some of the non-significant correlations are a result of the low number of queer participants rather than a true lack of relationship. Although queer youth were often considered homogenous for the purposes of data analysis (necessitated by the small sample), it is possible differences may have been found between the various orientations were the sample larger.

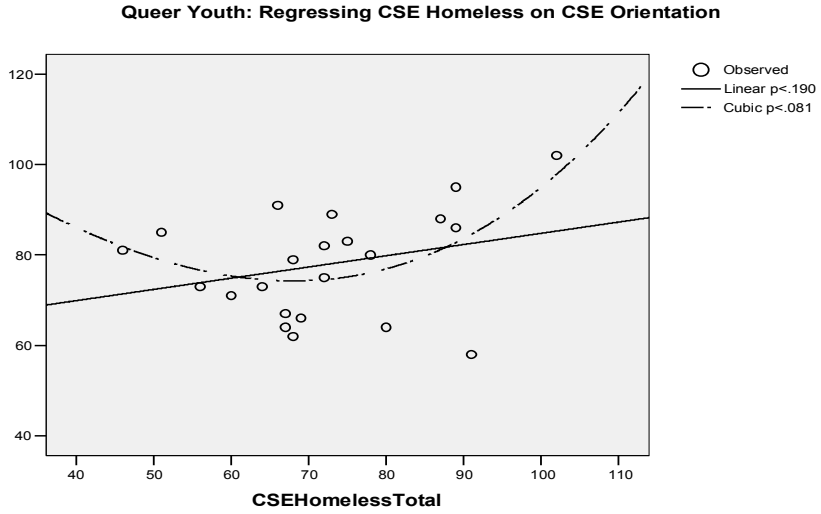


Figure 11: CSE_0 v. CSE_H for queer youth

Some differences were found between the various queer orientations: level of outness, where they stay, level of education, and survival strategies. Analyzing scatterplots of the non-significant relationships shows proportionally equal numbers of outliers, however due to a larger sample, heterosexual youth have more subjects representing linear scores. Rerunning non-significant queer Pearson's correlations as curvilinear (cubic) caused the relationship between CSE_0 and CSE_H to approach

significance. The curvilinear relationship in Figure 12 is understandable. To be aligned with the queer community may be alienating from the homeless community, particularly if the homeless community is non-queer affirming. However, if the homeless community has a queer segment, or is queer affirming, to align with the homeless community may be the same as aligning to the queer community. Although this may sound unlikely to the reader, queer-homeless communities were identified and sampled in Indianapolis, Los Angeles, and to a smaller extent in Washington, D.C.

Comparison to Norms

STAI. High School norms were the only norms available for comparison to middle-adolescents. The overall sample, queer, and heterosexual youth were consistent with age concordant high-school and college norms for state anxiety. Both queer and heterosexual youth had elevated trait anxiety scores. The current sample was consistent with the norms for 10th grade students and young inmates, and was also consistent with 10th grade students and adult survivors of cancer, on trait anxiety. This relationship remained for both heterosexual and queer youth. The trait anxiety norms of comparison were for young people under a great deal of stress (those newly incarcerated, and those facing their own mortality). Thus, this comparison suggests that being homeless during adolescence also engenders stress regardless of sexual orientation. Despite searching the literature, no homeless STAI norms were identified, to compare with the current sample.

RSE. Internal consistency of the RSE was adequate in this sample (α=.80). The mean in this sample was 21.29, the standard deviation 5.01. In an Australian comparative study of youth homeless less than three months, to those homeless over six months found significant differences in RSE based on time homeless: Less than three months mean 28.60, standard deviation 6.17; those homeless over six months

mean 23.73, standard deviation 5.06 (Saade & Winkelman, 2002) range of time homeless was not reported in their publication. There is no relationship between time homeless and SE in the current sample. In a large study of homeless youth in Washington state, the male SE mean was 29.85, standard deviation 4.85 (Ryan, Kilmer, Cauce, Watanabe & Hoyt, 2000). The mean time homeless in their study was 6.59 months (SD 3.60). It is unclear why the mean SE of the current sample is lower than that found in other studies of homeless youth. However one possible reason for the lower scores in the current sample may have to do with the majority of youth homeless for longer amounts of time. See table 34. There were no significant relationships between orientation and self-esteem in the current study.

Table 34: Self-Esteem Norms.

	Time	Sex	Time Homeless		RSE	
			Mean	SD	Mean	SD
Current Sample	Full sample	Male	622 days	801 days	21.29	5.01
n=19	Homeless <3mo	Male	24 days	17 days	22.00	4.20
n=43 (p=NS)	Homeless >6mo	Male	963 days	842 days	21.12	5.20
Saade & Winkelman, 2002 n=20	Homeless <3mo	Both	Not reported		28.60	6.17
n=30 (F=9.30, p<.01)	Homeless >6mo	Both	Not reported		23.73	5.06
Ryan et al., 2000 ▪ Male RSE sig higher than females.	Full sample	Both	198 days	408 days	29.85 Male RSE	4.85

Sexual Orientation

Much of the research on homeless adolescents has been conducted on samples where a subject's sexual orientation has not been asked. This is most notable in federally-funded research e.g. National Incidence Studies of Missing, Abducted,

Runaway, and Throwaway Children (NISMART). Some studies have included sexual orientation, but only included options of gay and heterosexual; others have included gay/lesbian, and bisexual, excluding transgender/transsexuality as an option (Unger, Kipke, Simon, Johnson, Montgomery, & Iverson, 1998). As was seen in this study, some findings were dependent on the particular orientation of the queer individual**,** suggesting that queer youth are not a homogeneous group.

Differences on where youth were staying was related to sexual orientation and level of outness. Heterosexual youth were predominantly staying in shelters and queer youth were predominantly sofa-surfing. 83% of those staying in shelters identified as heterosexual. There were significant differences in level of outness among the queer orientations with the only completely closeted queer orientation being bisexuals (50%). Of the six queer youth staying in shelters (3 bisexual, 2 gay, 1 transsexual), 67% were hiding their sexual orientation at least some of the time. In contrast, no sofa-surfers reported being closeted. Interestingly, those staying on the street reported either being heterosexual, closeted, or completely out – perhaps feeling partial disclosure was not prudent.

In a longitudinal study of HIV-negative self-identified gay and bisexual adult men (n=222), Cole, Kemeny, Taylor, & Visscher, (1996) identified health consequences to remaining closeted. However, in the current study, neither outness nor specific orientation were significantly related to psychological health consequences such as self-esteem, collective homeless or orientation self-esteem, state or trait anxiety. Past medical history was not explored in this study.

All transsexual youth were out to some degree. 92% of gay youth were mostly or completely out: 61.5% were completely out, 30.8% mostly out, and 7.7% half out. It is interesting that bisexual youth would choose to disclose their orientation for this study,

yet remain closeted in almost all other settings (per their self-designation of being completely closeted).

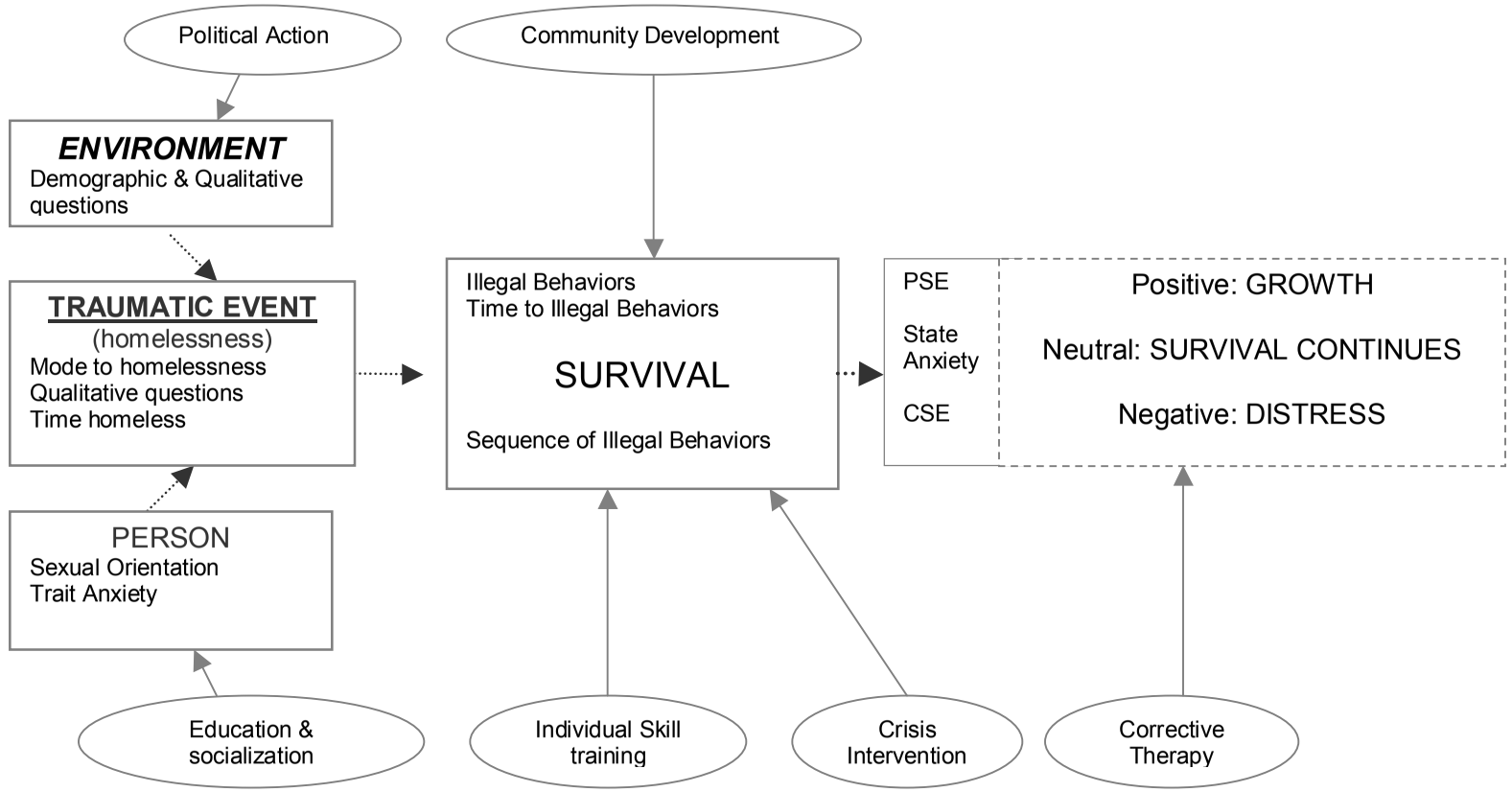
These findings lend support to the indeterminate place of bisexuals in the queer community – being somewhat shunned by the queer community (often accused of being unable to make up their minds about their orientation), as well as by the heterosexual community for their homosexual-like behaviors – and not quite sure where they can be forthright about themselves. Also of interest is that no gay or transsexual youth chose to be completely closeted. It is possible some transsexual youth may appear considerably more feminine than masculine, and therefore may find it pointless to try to pretend to be heterosexual. Whereas few studies of homeless youth inquire of orientation, even fewer include transsexual and bisexual categories. These findings on the outness of homeless male youth are a new contribution to this area of inquiry.

Question Three

Question Three addressed the fit of the ecological model in predicting the use of survival strategies in this sample. Higher trait anxiety, being heterosexual, and staying on the street were predictive of utilization of more harmful survival strategies. In an alternate model higher trait anxiety, having become homeless due to something other than their own volition, having stayed on the street, and feeling they were better off at home were predictive of utilization of violent survival strategies. Being heterosexual was predictive of accessing homeless services as a strategy. More time homeless, higher state anxiety and higher Homeless CSE were predictive of being involved in gangs. Sex enterprise work was predicted by more time homeless. The model proposed by the question was not significant for any other strategy, however other models were found to be predictive. The variables proposed in this question were only predictive for harmful

strategies, violent strategies, accessing homeless services, gang activity, and sex enterprise work. Those significant in the path analysis may be seen in Figure 15.

The Model



Boxes indicate the construct will be measured in this study.

Figure 12: *The Original Model*

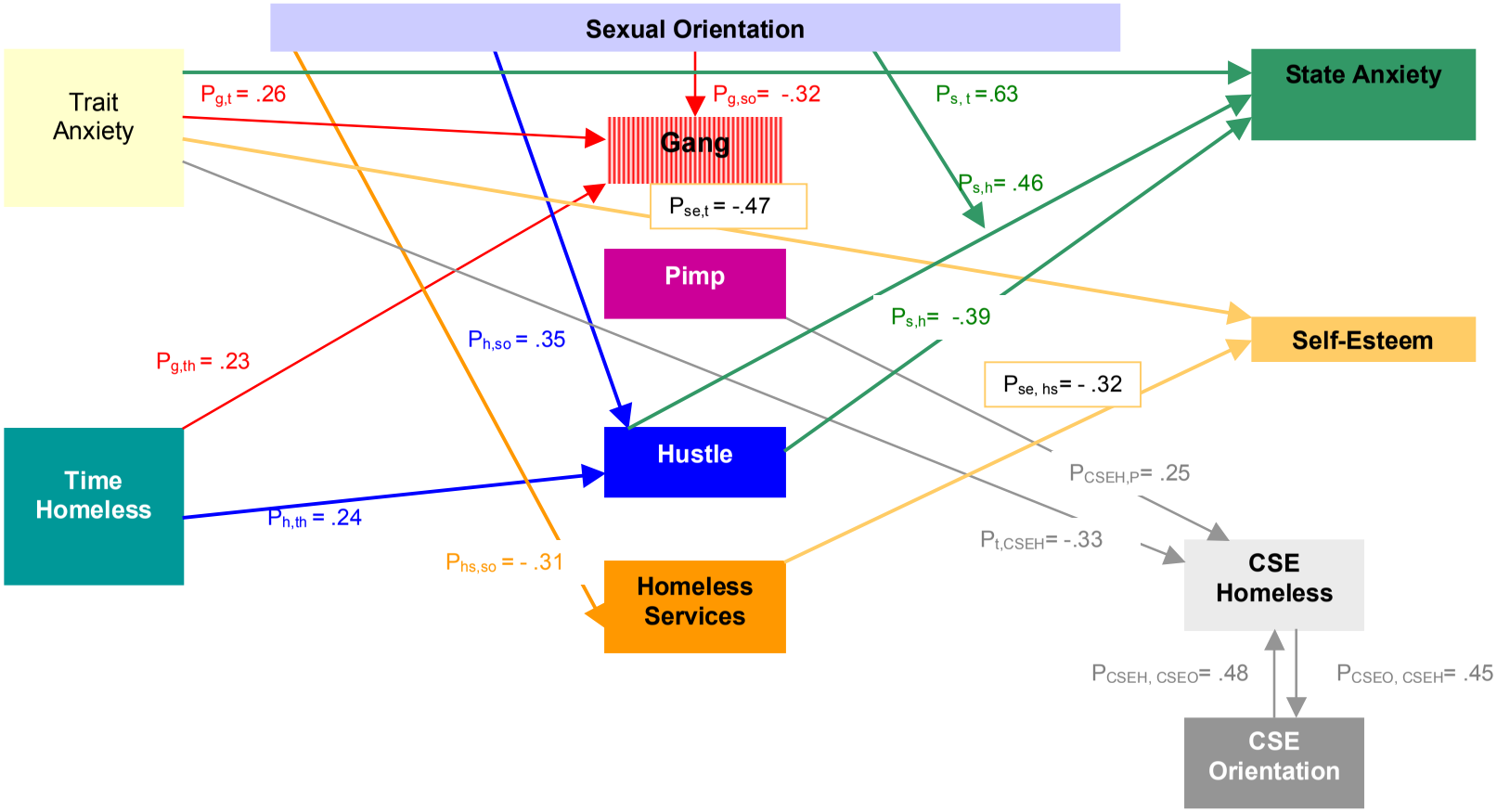
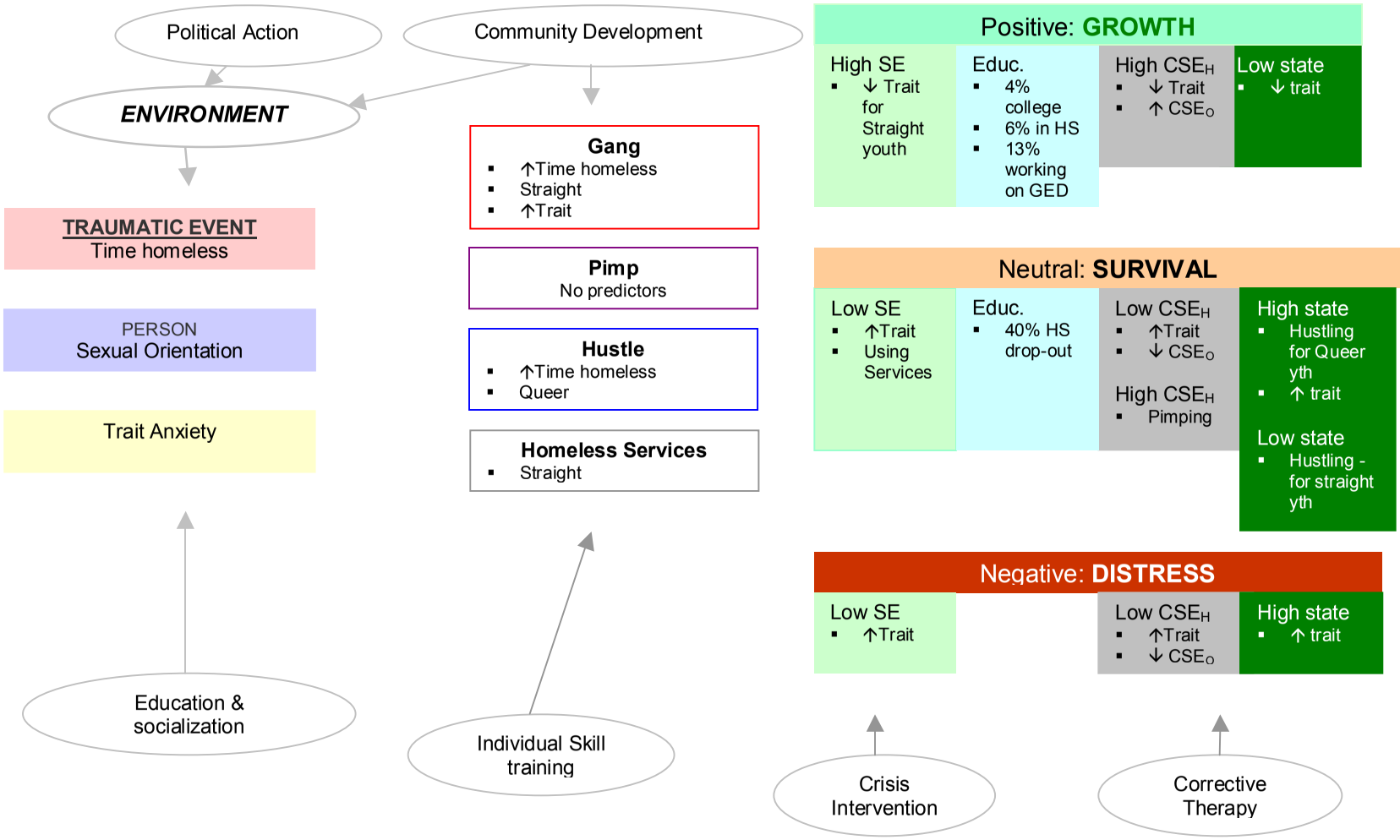


Figure 13: *Path Model*



Boxes indicate the construct was measured in this study.

Figure 14: The New Integrated Model

Homelessness

The proximal impetus leading to homelessness for 70% of the youth came from the environment whereas 30% of cases due to the youth themselves.

Mediators and Moderators

Survival Strategies. Gang activity, pimping, hustling and homeless service utilization were the survival strategies predicted in correlation models, and by path analysis. It is unclear why these strategies were predicted by amount of time homeless and trait anxiety and other variables were not.

Community Development. In some of the cities sampled, agencies offered provision of basic needs, a safe place to hang out, and socialize. Some agencies targeting queer youth recognize alternative socialization needs of these youth and in the event of homelessness, services. Youth have formed homeless communities, in the various cities sampled. In some cases this was based on associating at various community agencies, in some cases formed independently of agencies. Community development can function preventatively with some queer agencies offering queer youth socialization milieu's to prevent or offer options to risky behaviors and homelessness in the queer community. These structured groups also realize they have a role in intervening subsequent to homelessness, and support community formation among homeless youth.

Community Formation. The homeless community is an aggregate of people interacting and/or living near each other in a specific region under relatively similar environmental or economic conditions. "His first instinct is to survive, and although he values his independence, he forms a community for support." (Toth, 1993, p.104).

Homeless communities were identified and accessed in Indianapolis, Los Angeles, and Washington, DC. All of the identified communities interacted in some way

with a social service agency – be it a drop-in center, homeless outreach program or queer service agency. Sometimes the community is for socialization, sometimes for protection, often for both. I asked an Indianapolis homeless adult I'm talking to: How do you know where it's safe to sleep?-

> You want low visibility from the street. It's better when the trees bud. You get yourself what you can and set up a shelter, plywood, a tarp. If you can get carpet it can make it a little softer to lay on. You want to have two of you. So if someone walks up on you while you're sleeping they'll think twice – can I really jump two of them?

Similar to the interview conducted above, Toth described safety concerns.

> "They make a life for themselves…they take care of each other better than up here. They sleep in places everyone up here has forgotten, and that's not stealing; that's being resourceful and surviving." (Toth, 1993, p.235).

Mediator and Moderators of Education and Socialization, Skill training, Crisis Intervention, and Corrective Therapy, are currently being addressed by various homeless and social service agencies. Shelters and drop-in centers in several of the cities sampled were offering counseling services to the youth, GED preparation classes, vocational and life-skills training, 12-step programs, mentorship, as well as providing for the basic needs of these young men. These programs varied in duration from 6 months to two years. And provided a different milieu from cities that did not support community programs. From total seclusion from the outside world, to nearly free interaction with a plethora of temptations in the street economy (sex workers, drug dealers, and access to street drugs) directly outside of their door. These agencies, likely unbeknownst to them, were implementing interventions in Dohrenwend's model, by developing community, providing educational opportunities, skill training, crisis intervention and corrective therapy. The youth themselves with and without the help of agencies began developing communities soon after becoming homeless.

Political action by the homeless community has been attempted with various results. A grassroots homeless political group had been developed in one city sampled,

with the group advisor reporting limited success. One reason for their limited success was sporadic involvement of homeless participants. In contrast, during data collection for this study, two homeless outreach groups I interacted with lost grant funding for their efforts. Both groups offered mentorship, provided for basic needs, social interaction, and helped facilitate education. Due to the political climate the queer homeless outreach program no longer exists, and the other agency is seeking additional resources to offer the same degree of service.

Outcomes

The outcomes modeled (Fig. 12) and used in this study reflected growth, survival, and distress. Growth in this population may be conceptualized as effort expended toward creating a better future for oneself, "to have changed his values and aspirations, or developed new capabilities in ways that are adaptive…" (Dohrenwend, 1978, p.5). Survival may be conceptualized as efforts to subsist and endure through another day – therefore transient efforts. Distress is more challenging to consider for there is a fine line between survival and distress, and distress may sometimes accompany periods of survival (as can an occasional moment of growth). Distress is similar to Dohrenwend's psychopathology, and may be thought of as a "dysfunctional reaction (that) is persistent and appears to be self-sustaining" (Dohrenwend, 1978, p.5). The major forms of distress are malaise (such as lethargy, headaches, and trembling hands), anxiety (such as feeling afraid, worried, or irritable), and depression (such as feeling sad, worthless, or hopeless) (Mirowsky & Ross, 1986, p.23). The greater the number of undesirable events in one's life the greater one's distress. Rosenthal and Wilson (2003), found personal and witnessed exposure to community violence related to level of distress.

It is uncertain if feeling one is being better off on the street is part of growth or survival. If one has left an unsafe or abusive situation – the act of leaving may be considered a self-protective or self-enhancing act. However, if one has become homeless due to incorrigibleness survival would likely precede growth – struggling with and changing one's attitudes and behaviors in a hostile environment may lead to later growth.

Outcomes: Growth. No predictors of high self-esteem were found in the current study. And the role of CSE is unclear for high CSE_H is associated with low trait anxiety, but also with exploiting others through pimping.

Pursuing education may be a possible proxy of growth. Education has been associated with shorter lifetime duration of homelessness (North, Pollio, Smith, & Spitznagel, 1998). Despite being homeless, 6% of the youth were still attending HS; 13% were currently working toward their GED; and 4% were attending college. The only survival strategy varying by education was use of homeless services, with those still in HS using services significantly less than HS graduates, drop-outs who did not pursue further education and those working on a GED. Similarly, those still in HS did not have mentors they spent time with, which was significantly different from HS graduates, drop-outs who did not pursue further education and those working on a GED. Those youth who continued to stay in High School, were younger, using fewer services than other youth, and didn't have an adult mentoring them and encouraging them to stay in HS. There was no relationship to mode to homelessness, survival strategies, illegal, harmful or violent strategies, time homeless, and psychosocial indicators.

Outcomes Survival. While growth is the ideal, many homeless adolescents merely work to survive. An informant in Toth's study clearly made this point: "they don't want to die. You can see it in the way they live. They haven't given up living" (Toth,

1993, p.158). Survival may be conceptualized as transient efforts to subsist and endure through another day.

Education in its various levels may be a proxy of survival or growth. If one has dropped out of high school (HS) – very limited employment options are available whether homeless or housed. In contrast, to be pursuing a college degree while homeless is to actively work to expand ones options – to create a better future fro oneself. To be homeless without a GED or HS education presents substantial barriers to financially surviving through legal employment. In this study, 40% of the sample had dropped out of HS, and had neither obtained their GED, nor were working toward their GED.

As noted earlier, the role of CSE is unclear for high CSE_H is associated with low trait anxiety (possible growth), but also with exploiting others through pimping (survival). However it is important to recall the low reliability of the CSE scale. High state anxiety appears to be a proxy of survival – with state anxiety increasing for queer hustlers. However state anxiety decreased for heterosexual hustlers. Similar divergent findings are reported in the literature. Frick, Lilienfeld, Ellis, Loney & Silverthorn, (1999), found conduct problems to be positively associated with increased trait anxiety due to consequences of poor behavior – an indicator of high stress. In contrast, this elevated anxiety or distress is not experienced by sociopaths – who do not experience guilt or empathy.

Outcomes Distress. State anxiety was the primary measure of distress in this study. Other studies have identified general anxiety as related to distress (Rosenthal and Wilson, 2003). The overall sample, queer, and heterosexual youth were consistent with age concordant high-school and college norms for state anxiety. However, the trait anxiety consistent norms were for young people under a great deal of stress (those newly incarcerated, and those facing their own mortality). At higher levels of state

anxiety, youth felt they were better off at home; at higher levels of trait anxiety youth felt they were better off since being homeless.

Evaluation of distress is complex. Arguments have been made that distress facilitates survival (Lazarus, 1984); and other work has found distress to predict decreased survival time in cancer patients (Brown, Levy, Rosberger & Edgar, 2003); to be a consequence of victimization in homeless youth (Whitbeck, Hoyt & Bao, 2000), and prison inmates (Hochstetler, Murphy & Simons, 2004). Low levels of distress in very stressful situations have been associated with sociopathology (Frick, Lilienfeld, Ellis, Loney & Silverthorn, 1999). Recall hustling increased state anxiety for queer youth, and decreased state anxiety for heterosexual youth. For heterosexual youth, sex work decreased anxious feelings, and feeling more anxious made heterosexual youth feel better about themselves. Therefore the possible confound of sociopathic behavior noted by Frick, Lilienfeld, Ellis, Loney & Silverthorn, (1999), must be considered for these cases. The role of distress in the current study is unclear. Distress in homeless adolescents is an area for further investigation.

Significance of the Findings

Simons and Whitbeck, (1991) identified 50% of currently homeless adults (n=266) had been homeless as adolescents. For males in the sample, amount of time spent homeless as an adolescent was related to current criminal behavior, substance abuse and victimization (p.243). A comparative study with adults with a history of homelessness, and without a history of homelessness (n=487), found childhood history of physical abuse increased subjects risk of adult homelessness by a factor of six (Herman, Susser, Struening & Link, 1997). These are crucial areas to examine, and

require further research. Intervening with and preventing homelessness among adolescents may be a key strategy to preventing adult homelessness.

Strengths, Limitations and Alternate Explanations

Setting

Participants were recruited in Cleveland, Ohio; Indianapolis, Indiana; Las Vegas, Nevada; Los Angeles, California; Nashville, Tennessee; and Washington D.C.. Initially it was hoped sufficient numbers of participants would be recruited from Cleveland, Indianapolis and Washington D.C. Insufficient participant recruitment necessitated expanding the study to Las Vegas, Los Angeles, Nashville and Chicago. Due to lack of access to shelters and outreach programs, no participants were recruited in Chicago. The primary rationale for selection of these sites was to locate an adequate number of participants. Although these cities are distributed across the Midwest, Mid-Atlantic, South, Southwest, and Western United States, the small number of participants, and non-random sampling limit the generalizability of the findings. The small numbers of participants and the varied locations, with different ecological milieus, also makes drawing conclusions from these data tentative.

Credibility of design with strategies to minimize weaknesses

A two group, mixed-method (quantitative dominant), comparative-descriptive design was used for this study. The purposes of using mixed methodology in this study were for complementarity (examining different facets of the questions); initiation (gaining a new perspective); and expansion (adding breadth and scope to the project) (Tashakkori & Teddlie, 1998). A strength of this approach and study is the ability to test

for differences between queer and heterosexual male homeless adolescents across different variables, and allows for identification of group-specific risks not previously identified in the literature. Additionally, rich descriptions and participant perceptions could be integrated into the data.

The major weakness of this study's design is to quantitative *internal validity*. Because of the cross sectional design and the non-manipulation of the independent variable of sexual orientation, internal validity is somewhat compromised. No control was exerted over the environment in this study. Because of the low number of participants, power may have been insufficient to detect real differences. However, minimization of this threat to internal validity was attempted through the selection and use of well-tested, psychometrically sound instruments for self-esteem, collective self-esteem and anxiety. As discussed in the previous chapter, although high Cronbach's alphas have been reported in the literature, the collective self-esteem scale did not demonstrate good internal reliability in this study. Therefore any findings related to collective self-esteem must be taken with caution. The cross sectional nature of this study also limits the ability to make causal inferences, particularly with regard to relationships among standard instruments. No conclusions can be drawn about change over time as well.

An investigator developed face to face semi-structured interview was employed in this study. This was necessary because of the state of the science, and therefore lack of validated instruments to measure the constructs of interest (residential stability and engagement in survival strategies).

Trustworthiness of the qualitative data is supported. Inferential consistency/ *confirmability* is supported with non-contradictory inferences and conclusions across the study. *Dependability* was supported through interviewing participants individually, data was collected at all times of the day and most of the night, across several states. Collecting data in this way allows for assessment as to if responses are location or time

specific, and avoids a party-line answer to questions (Miles & Huberman, 1994). Categories were developed in collaboration with two members of the dissertation committee. Strategies and modes to homelessness were listed verbatim from youth, occurrences were counted, some categories were combined such as robbing and stealing (thievery). Categories were reviewed to verify they made sense. Qualitative *internal validity/ credibility* was supported through triangulation (quantitative-qualitative mixed methods); (prolonged engagement) 11 months collecting data in addition to nearly two years paid employment serving the indigent and homeless population (Tashakkori & Teddlie, 1998). Contacting, interviewing and interacting with informants in their milieu at a time when they were naturally there decreased the artifact of any procedure on the data. Vivid descriptions offered by participants were written verbatim. *External validity/ transferability*, was supported through contacting, observing and interviewing participants, and key informants in their milieu at a time when they were naturally there – be it a shelter, drop-in center, tent-city, Skid Row curb, or street corner late at night. There is no inconsistency between current qualitative findings and that reported in the literature (Anderson, 1999; Kamel, 1983; McNamara, 1994; Toth, 1993; and Underwood, 1993). Due to the difficulty in locating homeless male youth, a random sample for this study was not feasible. Instead purposive, snowball sampling was utilized to identify and interview participants. However, sampling six large cities across six states (representing four regions of America) offers some confidence in the representativeness of the sample. Another limitation of this study is high dependence on self-report and participant recall. It is possible some experiences or survival strategies were never disclosed. Participants did not address their survival needs sequentially as had been anticipated. Instead, using a shotgun approach, trying multiple strategies simultaneously, therefore inquires into sequential survival behaviors became irrelevant to their experience. Deliberate distortion for social desirability was a risk with this study due to

the high reliance on self-report data, particularly when investigating survival strategies. However all but two participants spoke freely of past and current illegal behaviors without hesitation. To minimize social desirability through the use of multiple measures, participant reassurance of confidentiality. Confidentiality was further protected through the consent process, which did not involve the participant's name.

Implications for Nursing

The ecological framework that guided this study is consistent with nursing, and as noted earlier was supported by this study. The focus of nursing is not only on the patient, but also that which influences the patient. The social forces of heterosexism, ageism, racism and poverty coupled with legal barriers experienced by adolescents create and maintain the phenomenon of youth homelessness.

A metaparadigm represents a consensus on the parameters of a discipline (Hardy, 1978). Nursing's metaparadigm is concerned with the person, environment, health, and nursing (Fawcett, 1980). "The goal of nursing science, as is true of other sciences, is to represent nature – in particular human nature – to understand it and to explain it for the benefit of humankind" (Gortner, 1988, p.23). Sue Donaldson, in identifying breakthrough nursing research considered it important that the research not only impacted nursing as a discipline but "changed the prevailing thinking about a human health phenomenon in other disciplines" (Donaldson, 2000, p.249). Among the identified areas of pathfinding nursing research was the nursing study of societal violence, survivors of violence, and violence as a health problem – grounding this area as within the scope of nursing research. "Unhealthy environments are those that threaten safety, that undermine the creation of social ties, and that are conflictual, abusive, or violent" (Taylor, Repetti, & Seeman, 1997, p.411).

Health

Nurses have a social contract to advocate for the disenfranchised. Respect for diversity is vital to all levels of nursing practice (American Nurses Association, 1991). Nursing leaders such as Florence Nightingale and Lillian Wald advocated for the rights of the disenfranchised, and those receiving substandard care. Contemporary nursing leaders agree that health and human rights are of concern to nursing (Chamberlain, 2001; Donaldson & Crowley, 1977; Kendall & Roddy, 1991). Our involvement with health is not exclusive to "healthcare ". Several areas were identified in the current study that are important for nursing research and interventions. Although somewhat unclear in the current study, distress, and its potential impact on physical and mental health is an area nursing researchers have considered for some time (Wells, 1992). Related to distress, violence was an aspect of many of the survival strategies youth employed. Violence, victimization and its impact on the mental and physical health of homeless youth is an area for future research. Sexual orientation played an important role in demographic and psychosocial differences, mode to homelessness, residential stability, survival strategies, and where youth stay. Queer youth are not a homogenous group, specific orientation was associated with particular survival strategies and their corresponding health risks. Considering sexual orientation might help us better assess and meet health needs.

Recommendations for Future Research

Despite a daily struggle to meet their needs, when asked where they felt they were better off 63% of youth said they've been better off since leaving home. This study elucidated a number of areas for future research, such as the relationships between: self-esteem and accessing homeless services; hustling and sexual orientation; pimping

and history of abuse; and the role of sexual orientation as a moderator; and the experiences that would cause 3/5th's of these youth to choose homelessness over home.

In this study, low self-esteem and heterosexual orientation were associated with accessing homeless services. From the current study it is unclear if low self-esteem causes one to access homeless services, is the result of accessing these services, or remains unchanged as a result of accessing these services. In this study, 62% of hustlers became homeless due to their sexual orientation. However it is unknown how many were hustling prior to becoming homeless, and if this played a contributory role in mode to homelessness, or if hustling was solely a consequence of homeless survival needs. However the enormous odds ratio (OR 3,785) for hustlers feeling they were better off at home suggests the relative absence of this activity prior to homelessness. The significant relationship between pimping and having become homeless due to abuse is another area for future research. Of all the survival strategies the youth disclosed, pimping is the only strategy who's nature is recurrently exploitive and/or violent to the same person or people. In this context the abuse history in a pimp's past may be displacement (Freudian defense mechanism) of his own abusive past. Longitudinal research is needed in this area. However, longitudinal research with this population is fraught with difficulties. Homeless youth are highly mobile, across neighborhoods, cities, states and geographical regions, making subsequent face-to-face interviews nearly impossible. In addition, by virtue of their homeless status and poverty, very few have phone numbers, or cell phones (some have pre-paid phones) – making phone follow-up unfeasible. It is possible youth could place a pre-arranged call using a toll-free number to the researcher – but without a way to remind youth to make this call, and no immediate incentive for taking the time to do so, there is little reason for the youth to follow-up. Despite these difficulties longitudinal research is necessary to more fully explore the progression of homelessness.

Policy and homeless adolescents

Policy is the current largest barrier to health and shelter-related services for homeless adolescents (Swan, 1997). Legislatively, parental consent is required for treatment of non-life threatening medical conditions and psychological problems in many states. Physicians may also require parental consent when statutorily it is not required (Clayton, 2002; Jaworski, 2002). Furthermore, being an unaccompanied homeless minor is a “status offence” (an act that would not be considered an adult crime), and is cause for arrest and detainment in many states. As one participant reported " I used to runaway to get out of an abusive situation at home. Then the law changed - I was locked up for running away." A number of problems in the social services system resulted in the youth “falling through the cracks”. Problems reported included non-involvement in abusive situations, or being abused while in foster care; non-involvement following tragedy such as the murder of guardians (an event that clearly involved the police); being released from a hospital or jail to the streets; aging out of the foster-care system, and being discharged without independent living skills to the streets. California has recognized the foster care crisis in its state, and has begun implementing programs to develop independent living skills in its custodial youth. Hospitals, due to decreased reimbursement and increased volume have cut services, such as social workers to assist in ensuring patients are discharged to some form of housing. There is not one policy that will remedy these diverse problems. However, the following policy changes might *improve the conditions for homeless youth*: 1) make youth shelters available without involvement of the child welfare system; 2) increase the number of youth drop in centers, with available food, and showers, and make some of them open at night; 3) repeal statutes that make youth homelessness a crime; 4) create family areas of adult shelters so when families with adolescent children become homeless the family unit may stay together. Currently few shelters allow the family to remain together; 5) modify laws

that allow minor self-consent to healthcare, so that providers may not deny provision of said care - requiring parental consent. For example the busiest emergency department in Indiana (a public hospital), per policy, denies care to minors without parental consent unless presenting for life or limb-threatening care. This policy exists despite statutes allowing minors 14 years old or older to self-consent for STD care, substance abuse treatment, HIV testing and/or treatment (see Appendix B). Complicating the situation, due to its public hospital status, the emergency department often acts as the gatekeeper to other hospital services. Denying care to these youth without parental consent in effect bars them from any health care. They would have a better chance of succeeding on their own. Policy recommendations might be made for the *prevention of homelessness* in youth: 1) relaxing minor emancipation requirements and statutes, would grant youth legal adult status, so that they might obtain employment (if a minor), open a bank account, or sign a lease. Recall, even in the current study of homeless youth, 34% were working; 2) policies in states, municipalities, and schools prohibiting discrimination or harassment related to sexual orientation or gender identity might prevent homelessness in this group. 35% of queer youth in the current sample reported they became homeless due to their sexual orientation. Although it is unknown if hustlers were involved in this strategy due to inability to hold conventional jobs secondary to minor status, sexual orientation, or another unrelated reason, 65% of hustlers reported becoming homeless due to their sexual orientation; 3) creation of safe schools. Harassment and violence directed at GLBT youth continues to be a problem in America (Harris & Bliss, 1997; Human Rights Watch, 2001), the continuity of this as a problem is evidenced by a pending lawsuit for the expulsion of two girls 9/15/05 in which the letter sent to their parents stating "while there is no open physical contact between the two girls, there is

still a bond of intimacy…characteristic of a lesbian relationship" (Spencer, 2005)[45]. The Harvey Milk School in New York was created in 1985 as a safe place for queer youth who "find it difficult or impossible to attend their home schools due to continuous threats and experiences of physical violence and verbal harassment" (Hetrick Martin Institute, 2006); 4) creation of foster-care, group homes, and transitional housing for queer youth. Successful programs exist in Los Angeles – (Gay and Lesbian Adolescent Social Services – GLASS; the Kruks/Tilsner Transitional Living Program – the LA Gay and Lesbian Center), Boston (Waltham House); New York (Sylvia's Place – GLBT youth shelter; Green Chimneys, NY – varied housing programs for GLBT youth) and may well exist in other cities as well; 5) the resiliency literature frequently notes community investment in the lives of youth as a protective factor – for developing resiliency in youth. Greater community investment in youth both heterosexual and queer could potentially help prevent homelessness in youth. For instance, if upon noticing problems in a family, or troubled behavior in a youth, a community-center staff person, pastor, rabbi or neighbor stepped in and offered help to the family and/or youth, the family and/or youth might consider other options to throwing out the youth/ or the youth running away. Although these resources may not always be available to queer youth – due to typical rejection by church, synagogue or community, the queer community has an obligation to step in and assist the youth. This assistance would likely be in the form of financial or volunteer support of a queer youth-focused program, due to fear of accusations of impropriety were individual assistance offered. Or through linking the youth with queer accepting resources. Formation of queer youth-focused programs could be of benefit to more youth than individual assistance.

[45] Case RIC441819 filed 12/15/05 – Mother Doe vs. California Lutheran High School Assn. Riverside, California Civil Court.

There are a number of policy modifications or interventions that could both prevent homelessness in youth and assist youth once homeless. Although no one policy will prevent homelessness or greatly improve the lives of homeless youth – policy change can make a difference in the lives of these youth.

Conclusion

. Youth came to be homeless for a number of different reasons. Roughly equal numbers of youth ran, and were thrown out of the home. In addition, roughly equal numbers became homeless due to their own, their parent's, and the systems choices and behaviors, a small minority due to tragedy (particularly for those homeless the longest). 75% of transsexual youth, 33% of bisexual youth, and 23% of gay youth became homeless due to their sexual orientation. All bisexual youth were hiding their sexual orientation to some degree. In contrast, those most unable to pretend to be heterosexual, transsexual youth, were the most out. 92% of gay youth were mostly or completely out.

Educational attainment varied by orientation: with 47% of heterosexual youth having graduated from high school or having obtained their GED, compared to 17% of queer youth. 50% of all queer youth who graduate from high school, or obtain their GED (one out of every 2 qualified to attend college), continue on to college. Dissimilarly, 47% of heterosexual youth had graduated from high-school or obtained their GED, with only 2% continuing on to college (one out of every 4 qualified to attend college).

Although it had been anticipated youth would systematically attempt to meet their survival needs, this was not the case. Youth reporting using several strategies simultaneously and without a clear pattern of use. Nine different categories of survival strategies were identified in the interviews that could be categorized in a number of

ways: harmful-non-harmful, illegal-legal; and violent-non-violent. Overall 39% of subjects were engaged in at least one survival strategy harmful to others. Being heterosexual was predictive of accessing homeless services as a strategy. More days homeless was predictive of being involved in a gang, sex enterprise work and harmful survival strategies. Differences were found on where youth stay: Gay and transsexual youth were predominantly sofa-surfing, bisexual and heterosexual youth were utilizing shelters, and roughly equal percentages of each orientation were living on the street.

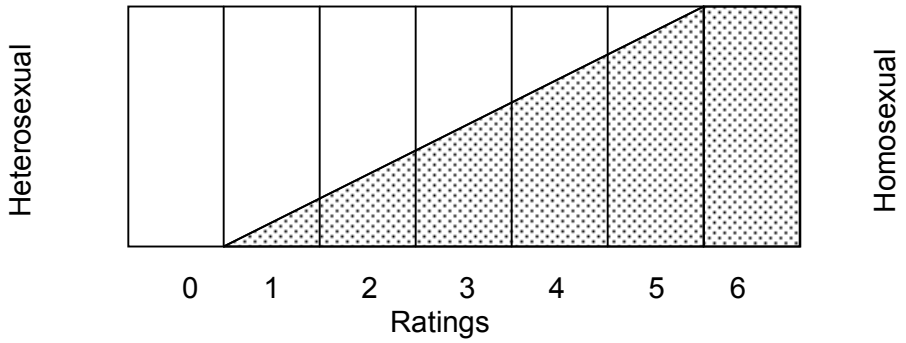
When asked where they felt they were better off 63% said they've been better off since leaving home. At higher levels of state anxiety, youth felt they were better off at home; at higher levels of trait anxiety youth felt they were better off since being homeless. Of those participating in no illegal strategy, they felt they were better off since being homeless with an OR of 216; when participating in one illegal strategy they felt they were better off since being homeless with an OR of 125. Despite all they had experienced, and strategies they'd used to survive 70% of queer youth felt they were better off since leaving home.

The average taxpayer shares the cost of homelessness. 70% of these adolescents left home before completing high school or gaining employment skills: there are few economic opportunities available to them. As one youth noted: "what am I going to do five or ten years from now? In five years I'd hope I'd get enough damn sense to get off of these streets". Long-term consequences of neglecting this problem are large numbers of youth on the fringes of society who will not enter the workforce, but rather consume and subsist on public assistance and good-will, or in the criminal justice system. To impact the situation of these adolescents is to impact a portion of the homeless population that could present a life-long burden to society. Without intervention there is little hope that these individuals will find legal self-supporting employment and contribute meaningfully to the general public welfare; they are

undereducated, and will likely suffer from both psychological (Powers, Eckenrode, & Jacklitsch, 1990) and physical ailments (Hibbs et al., 1994) due to their life circumstances. Perhaps with additional research we might better intervene and benefit these youth, and society long-term.

Appendix A

The Kinsey Heterosexual-Homosexual Rating Scale[46]



Based on both psychological reactions and overt experience, individuals rate as follows:

0. Exclusively heterosexual with no homosexual.
1. Predominantly heterosexual, only incidentally homosexual
2. Predominantly heterosexual, but more than incidentally homosexual.
3. Equally heterosexual and homosexual.
4. Predominantly homosexual, but more than incidentally heterosexual.
5. Predominantly homosexual, but incidentally heterosexual.
6. Exclusively homosexual.

An individual may be assigned a position on this scale, for each age period in his life, in accordance with the following definitions of th3e various points on the scale.

Definitions:

0. Individuals are rated as 0's if they make no physical contacts which result in erotic arousal or orgasm, and make no psychic responses to individuals or their own sex. Their socio-sexual contacts and responses are exclusively with individuals of the opposite sex.

1. Individuals are rates as 1's if they have only incidental homosexual contacts which have involved physical or psychic response, or incidental psychic responses without physical contact. The great preponderance of their sociosexual experience and reactions is directed toward individuals of the opposite sex. Such homosexual experiences as these individuals have may occur only a single time or two, or at least infrequently in comparison to the amount of their heterosexual experiences. Their homosexual experience never involve as specific psychic reactions as they make to heterosexual stimuli. Sometimes the homosexual activities in which they engage may be inspired by curiosity, or may be more or less forced upon them by other individuals, perhaps when they are asleep or when they are drunk, or under some other peculiar circumstance.

[46] Kinsey, A. C., Pomeroy, W. B., & Martin, C. E. (1948). *Sexual behavior in the human male*. Philadelphia: W. B. Saunders. p. 638-641.

2. Individuals are rated 2's if they have more than incidental homosexual experience, and/or if they respond rather definitely to homosexual stimuli. Their heterosexual experiences and/or reactions still surpass their homosexual experiences and/or reactions. These individuals may have only a small amount of homosexual experience or they may have a considerable amount of it, but in every case it is surpassed by the amount of heterosexual experience that they have within the same period of time. They usually recognize their quite specific arousal by homosexual stimuli, but their responses to the opposite sex are still stronger. A few of these individuals may even have all of their overt experience in the homosexual, but their psychic reactions to person of the opposite sex most often found among younger males who have not yet ventured to have actual intercourse with girls, while their orientation is definitely heterosexual. On the other hand, there are some males who should be rated as 2's because of their strong reactions to individuals of their own sex, even though they have never had overt relations with them.

3. Individuals who are rated 3's stand midway on the heterosexual-homosexual scale. They are about equally homosexual and heterosexual in their overt experience and/or their psychic reactions. In general, they accept and equally enjoy both types of contacts, and have no strong preferences for one or the other. Some persons are rated 3's, even thought they may have a larger amount of experience of one sort, because they respond psychically to partners of both sexes, and it is only a matter of circumstance that brings them into more frequent contact with one of the sexes. Such a situation is not unusual among single males, for male contacts are often more available to them than female contacts. Married males, on the other hand, find it simpler to secure a sexual outlet through intercourse with their wives, even though some of them may be as interested in males as they are in females.

4. Individuals are rated as 4's if they have more overt activity and/or psychic reactions in the homosexual, while still maintaining a fair amount of heterosexual activity and/or responding rather definitely to heterosexual stimuli.

5. Individuals are rated as 5's if they are almost entirely homosexual in their overt activities and/or reactions. They do have incidental experience with the opposite sex and sometimes react psychically to individuals of the opposite sex.

6. Individuals are rated as 6's if they are exclusively homosexual, both in regard to their overt experience and in regard to their psychic reactions.

Appendix B

Minor Self-Consent Statutes

Minors may consent to	D.C.	Indiana	Ohio	Tennessee
Abortion	Self-consent[47]	Consent of one parent. IC §16-34-2	Notice to one parent or adult guardian. OH Rev Code §2919.12 & 2151.85	**Written consent of one parent. TN Code §37-10-303**
Communicable diseases Tx	Yes, (≥15 yo)[48]; Policy, not codified.	Yes (≥13 yo) IC §16-36-1-3	Yes OH Rev Code §3709.24.1	**Yes; Policy, not codified. TN Code §68-10 = section on STD's**
Contraceptives	Yes per policy	No explicit policy or statute.	No explicit policy or statute.	**Yes, TN Code § 68-34-107** **Contraceptive supplies and information may be furnished by physicians to any minor who is pregnant, or a parent, or married, or who has the consent of such minor's parent or legal guardian, or who has been referred for such service by another physician, a clergy member, a family planning clinic, a school or institution of higher learning, or any agency or instrumentality of this state or any subdivision thereof, or who requests and is in need of birth control procedures, supplies or information.**

[47] American Bar Association. http://www.abanet.org/media/factbooks/childlaw.pdf Accessed 5/20/04.
[48] D.C. Department of Health - AIDS infoline. 202 332-AIDS. Personal correspondence 5/24/04.

Minors may consent to	D.C.	Indiana	Ohio	Tennessee
Health Care	Emergency treatment only	Sometimes. IC §16-36-1-3 Consent to own health care; minors Sec. 3. (a) Except as provided in subsections (b) and (c), unless incapable of consenting under section 4 of this chapter, an individual may consent to the individual's own health care if the individual is: (1) an adult; or (2) a minor and: (A) is emancipated; (B) is: (i) at least fourteen (14) years of age; (ii) not dependent on a parent for support; (iii) living apart from the minor's parents or from an individual in loco parentis; and (iv) managing the minor's own affairs; (C) is or has been married; (D) is in the military service of the United States; or (E) is authorized to consent to the health care by any other statute. (b) A person at least seventeen (17) years of age is eligible to donate blood in a voluntary and noncompensatory blood program without obtaining parental permission. (c) An individual who has, suspects that the individual has, or has been exposed to a venereal disease is competent to give consent for medical or hospital care or treatment of the individual. *As added by P.L.2-1993, SEC.19.*	No Emergency treatment only if: victim of crime § 2907.29 No provision for danger to life or limb in OH Rev Code, or OH Admin Code.	**Emergency treatment only TN Code § 63-6-222**

Minors may consent to	***D.C.***	***Indiana***	***Ohio***	*Tennessee*
HIV testing?	Yes (≥15 yo)[2] Policy, not codified.	Yes; DOH policy[49]	Yes OH Rev Code §3701.24.2 B	**Yes. Policy, implied in code.** **TN Code §68-10-113.5**
• HIV treatment	Yes (≥15 yo)[2] Policy, not codified.	Yes; DOH policy[2]	No	**No** **TN Code §68-10-104**
Mental health treatment	Yes – outpatient. No medication administration. DC ST § 7-1231.14	Yes - outpatient IC §16-36-1-1 & 1-3	Yes-outpatient if 14 or older. OH Rev Code §5122.04	**Yes -outpatient if 16 or older.** **TCA 33-8-202 Acts 2000, ch 947 §1**
Prenatal care	Yes	No explicit policy or statute.	No explicit policy or statute.	**Yes** **TN Code §63-6-223**
Substance abuse treatment	Yes	Yes IC §16-36-1-1 & 1-3	Yes OH Rev Code §3709.012	**Yes, but provider has the option of notifying parent.** **TCA 33-8-202 Acts 2000, ch 947 §1**

[49] Policy per Bellflower HIV Testing clinic. Indianapolis, IN. Individuals 13 yo or older may be tested and treated for STD's and HIV without parental consent. Personal correspondence. 5/24/04.

Minors may consent to	D.C.	Indiana	Ohio	Tennessee
Health Care	Emergency treatment only	Sometimes IC 16-36-1-3 Consent to own health care; minors Sec. 3. (a) Except as provided in subsections (b) and (c), unless incapable of consenting under section 4 of this chapter, an individual may consent to the individual's own health care if the individual is: (1) an adult; or (2) a minor and: (A) is emancipated; (B) is: (i) at least fourteen (14) years of age; (ii) not dependent on a parent for support; (iii) living apart from the minor's parents or from an individual in loco parentis; and (iv) managing the minor's own affairs; (C) is or has been married; (D) is in the military service of the United States; or (E) is authorized to consent to the health care by any other statute. (b) A person at least seventeen (17) years of age is eligible to donate blood in a voluntary and noncompensatory blood program without obtaining parental permission. (c) An individual who has, suspects that the individual has, or has been exposed to a venereal disease is competent to give consent for medical or hospital care or treatment of the individual. As added by P.L.2-1993, SEC.19.	No Emergency treatment only if: victim of crime § 2907.29 No provision for danger to life or limb in OH Rev Code, or OH Admin Code.	**Emergency treatment only TN Code § 63-6-222**

Minors may consent to	D.C.	Indiana	Ohio	Tennessee
HIV testing?	Yes	Yes	Yes OH Rev Code §3701.24.2 B	**Yes**
HIV treatment Mental health treatment Prenatal care Substance abuse treatment Age of majority	Yes Yes – outpatient. No medication administration. DC ST § 7-1231.14 Yes Yes 18 DC ST § 4-1341.01	Yes Yes - outpatient IC §16-36-1-1 & 1-3 No Yes IC §16-36-1-1 & 1-3 18 IC §1-1-4-5	No Yes-outpatient if 14 or older. OH Rev Code §5122.04 No Yes OH Rev Code §3709.012 18 OH Rev Code §3109.01	**Yes TN Code §** **Yes -outpatient if 16 or older.** **TCA 33-8-202 Acts 2000, ch 947 §1** **Yes** **TN Code §63-6-223** **Yes, but provider has the option of notifying parent.** **TCA 33-8-202 Acts 2000, ch 947 §1** **18** **TN Code § 1-3-105**
Emancipation	**Yes** **Kuper v. Woodward, 684 A.2d 783 (1996)**	**Yes, but very rare.** **IC§31-37-19-1(5); IC§31-37-19-27**	**No** **Powell v. Powell, 111 Ohio App. 3d 418; 676 N.E.2d 556 (1996)** **Ohio law does not provide for emancipation**	**Yes** **Morgan v. Morgan, 1988 Tenn. App. Lexis 792 (1988)**

Appendix C

Collective Self-Esteem Scale (CSE)

INSTRUCTIONS: We are all members of different social groups or social categories. Some of such social groups or categories pertain to gender, race, religion, nationality, ethnicity, and socioeconomic class. We would like you to consider your membership in the queer or straight community, and respond to the following statements on the basis of how you feel about that group and your memberships in it. There are no right or wrong answers to any of these statements; we are interested in your honest reactions and opinions. Please read each statement carefully, and respond by using the following scale from 1 to 7:

1	2	3	4	5	6	7
Strongly disagree	**Disagree**	**Disagree somewhat**	**Neutral**	**Agree somewhat**	**Agree**	**Strongly agree**

Queer/Straight Homeless

____ 1. I am a worthy member of the social groups I belong to. _____

____ 2. I often regret that I belong to some of the social groups I do. _____

____ 3. Overall, my social groups are considered good by others. _____

____ 4. Overall, my group memberships have very little to do with how I feel about myself. _____

____ 5. I feel I don't have much to offer to the social groups I belong to. _____

____ 6. In general, I'm glad to be a member of the social groups I belong to. _____

____ 7. Most people consider my social groups, on the average, to be more ineffective than other social groups. _____

____ 8. The social groups I belong to are an important reflection of who I am. ____

____ 9. I am a cooperative participant in the social groups I belong to. ____

____ 10. Overall, I often feel that the social groups of which I am a member are not worthwhile.____

____ 11. In general, others respect the social groups that I am a member of. ____

____ 12. The social groups I belong to are unimportant to my sense of what kind of a person I am.__

____ 13. I often feel I'm a useless member of my social groups. ____

____ 14. I feel good about the social groups I belong to. ____

____ 15. In general, others think that the social groups I am a member of are unworthy. _____

____ 16. In general, belonging to social groups is an important part of my self image. ____

The four subscales of the Collective Self-Esteem Scale are as follows[50]:
Items 1, 5, 9 and 13 = Membership self-esteem.
Items 2, 6, 10 and 14 = Private collective self-esteem.
Items 3, 7, 11, and 15 = Public collective self-esteem.
Items 4, 8, 12, and 16 = Importance to Identity.
First, reverse-score answers to items 2, 4, 5, 7, 10, 12, 13, and 15, such that (1 = 7), (2 = 6), (3 = 5), (4 = 4), (5 = 3), (6 = 2), (7 = 1).
Then sum the answers to the four items for each respective subscale score, and divide each by 4.

[50] http://rcgd.isr.umich.edu/stigma/cse2.htm

Appendix D

Rosenberg Self-Esteem Scale (Rosenberg, 1965)

Instructions: Below is a list of statements dealing with your general feelings about yourself. If you strongly agree, circle **SA**. If you agree with the statement, circle **A**. If you disagree, circle **D**. If you strongly disagree, circle **SD**.

1.	On the whole, I am satisfied with myself.	SA	A	D	SD
2.*	At times, I think I am no good at all.	SA	A	D	SD
3.	I feel that I have a number of good qualities.	SA	A	D	SD
4.	I am able to do things as well as most other people.	SA	A	D	SD
5.*	I feel I do not have much to be proud of.	SA	A	D	SD
6.*	I certainly feel useless at times.	SA	A	D	SD
7.	I feel that I'm a person of worth, at least on an equal plane with others.	SA	A	D	SD
8.*	I wish I could have more respect for myself.	SA	A	D	SD
9.*	All in all, I am inclined to feel that I am a failure.	SA	A	D	SD
10.	I take a positive attitude toward myself.	SA	A	D	SD

Note: Items with an asterisk are reverse scored.

To score the items, assign a value to each of the 10 items as follows:

• For items 1, 3, 4, 7, 10: Strongly Agree=3, Agree=2, Disagree=1, and Strongly Disagree=0.

• For items 2, 5, 6, 8, 9 (which are reversed in valence, and noted with the asterisk*): Strongly Agree=0, Agree=1, Disagree=2, and Strongly Disagree=3.

Appendix E

Interview-format Survey

Screening Questions:

1. What year were you born?
2. Where are you *currently* sleeping? Shelter with a friend on the street Other
3. How long have you been homeless? _____ days weeks months years
4. What sex would a doctor say you are? Male Female
5. Do you consider yourself Gay Straight Bi Trans
6. If queer, Relative to other queer teens are you:

1	2	3	4	5
definitely in the closet	mostly in the closet	half in, half out	Out most of the time	Completely out

7. Do you consider yourself White Black American Indian or Alaskan Native Asian Pacific Islander Other _____
8. Do you consider yourself: Hispanic or Latino Not Hispanic or Latino

---

9. How many days a week are you in school? 0 1 2 3 4 5 Graduated 18 or over
10. What is the last grade you completed?
11. Has there ever been one adult who was very important to you, or given you lots of encouragement whenever they see you?
    a. Relationship?
    b. How did they give (show) you encouragement?

    c. Do you still have contact with that person?
    d. If yes, what kind of contact?
    e. If no, why not?

12. Is there an adult you look forward to spending time with?
    a. If yes, who?
    b. Why?

13. Is there an adult that you talk with you at least once a month?
    a. If yes, who?
    b. What kinds of things can you talk to them about?
    c. Is this a good/positive experience for you?

14. *Who* do you have the best relationship to in your family?

    How close are you?

1	2	3	4	5
enemies	strangers	acquaintances	share some	open/ trusting

15. *Who* do you have the worst relationship to in your family?

    How close are you?

1	2	3	4	5
enemies	strangers	acquaintances	share some	open/ trusting

16. What is the best thing about your family?

17. What do you wish you could change about your family?

18. What led to you leaving or being kicked out of your home?

    a. How long ago was that?
    b. How long was it after leaving home that you ended up staying on the streets?
    c. Where have you been sleeping since leaving home?

19. Where was the *most recent* place you called home (i.e. group home, folks house etc.)?

20. What different types of places have you stayed since you left home?

    a. Where did you stay 1st?
    b. Where did you stay 2nd?
    c. Where did you stay 3rd?
    d. Where was the most recent place you stayed?

21. Tell me about other times you've been on the street?

    The first time:
    a. How old were you?
    b. How long were you on the street?
    c. What led to your leaving, getting kicked out?

    The second time:
    a. How old were you?
    b. How long were you on the street?
    c. What led to your leaving, getting kicked out?

    The third time:
    a. How old were you?
    b. How long were you on the street?
    c. What led to your leaving, getting kicked out?

22. Have you ever stayed in a shelter?
    a. What kind?
    b. How far was the shelter from your home?
    c. How did you get there?

    d. Why did this happen?

23. What was the best thing about your shelter experience(s)?

24. What was the worst thing about your shelter experience(s)?

25. Have you ever had any experiences with case workers or the juvenile justice system?
    a. If yes, what have these contacts been about?

    b. What was the best part of your experience?

    c. What was the worst part of your experience?

26. What kind of experiences have you had with psychologists/ psychiatrists/ counselors or psych hospitals?
    a. What have these contacts been about?

    b. What was the best part of your experience?

    c. What was the worst part of your experience?

27. Who is (or has been) the most helpful to you now that you are on the street?

    a. What makes them helpful to you??

28. Please tell me about your friends or street-family.

    a. How many people are in your street family?
    b. Guys? Girls? or both?
    c. Are your friends: straight queer Some of each

29. Since you've been homeless, what kind of things have you done to get by (get food, money, a place to stay etc)?

30. What order did you try these things? How long did you try this?

	1	2	3	4	5
Activity					
Duration					

	6	7	8	9	10
Activity					
Duration					

31. How did you know to try these things (i.e. did you see other youth doing it, did someone doing this take you under their wings etc.)?

32. How did you spend the last 24 hours?

Morning Afternoon Evening Night

33. Was this a typical day for you? If no, describe a “typical” day for you now.

34. Please describe a "good day" for you?

35. Please describe a "bad day" for you?

36. Looking back on things, where would you say you were better off? Why?
At home In the hospital At the shelter Now on the street In the system

37. Is there anything else you'd like to tell me about your experiences?

*Calendar may be added here with Holidays – as an aid to time homeless etc.

Appendix F

State Trait Anxiety Inventory

MIND GARDEN
Redwood City, CA

SELF-EVALUATION QUESTIONNAIRE STAI Form Y-1

Please provide the following information:

Name_____ Date_____ S_____

Age_____ Gender (*Circle*) **M** **F** T_____

DIRECTIONS:

A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate value to the right of the statement to indicate how you feel *right* now, that is, *at this moment*. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

	NOT AT ALL	SOMEWHAT	MODERATELY SO	VERY MUCH SO
1. I feel calm	1	2	3	4
2. I feel secure	1	2	3	4
3. I am tense	1	2	3	4
4. I feel strained	1	2	3	4
5. I feel at ease	1	2	3	4
6. I feel upset	1	2	3	4
7. I am presently worrying over possible misfortunes	1	2	3	4
8. I feel satisfied	1	2	3	4
9. I feel frightened	1	2	3	4
10. I feel comfortable	1	2	3	4
11. I feel self-confident	1	2	3	4
12. I feel nervous	1	2	3	4
13. I am jittery	1	2	3	4
14. I feel indecisive	1	2	3	4
15. I am relaxed	1	2	3	4
16. I feel content	1	2	3	4
17. I am worried	1	2	3	4
18. I feel confused	1	2	3	4
19. I feel steady	1	2	3	4
20. I feel pleasant	1	2	3	4

 STAIS-AD Test Form Y

SELF-EVALUATION QUESTIONNAIRE

STAI Form Y-2

Name_____ Date_____

DIRECTIONS

A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate value to the right of the statement to indicate how you *generally* feel. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe how you generally feel.

	ALMOST NEVER	SOMETIMES	OFTEN	ALMOST ALWAYS
21. I feel pleasant	1	2	3	4
22. I feel nervous and restless	1	2	3	4
23. I feel satisfied with myself	1	2	3	4
24. I wish I could be as happy as others seem to be	1	2	3	4
25. I feel like a failure	1	2	3	4
26. I feel rested	1	2	3	4
27. I am "calm, cool, and collected"	1	2	3	4
28. I feel that difficulties are piling up so that I cannot overcome them	1	2	3	4
29. I worry too much over something that really doesn't matter	1	2	3	4
30. I am happy	1	2	3	4
31. I have disturbing thoughts	1	2	3	4
32. I lack self-confidence	1	2	3	4
33. I feel secure	1	2	3	4
34. I make decisions easily	1	2	3	4
35. I feel inadequate	1	2	3	4
36. I am content	1	2	3	4
37. Some unimportant thought runs through my mind and bothers me	1	2	3	4
38. I take disappointments so keenly that I can't put them out of my mind	1	2	3	4
39. I am a steady person	1	2	3	4
40. I get in a state of tension or turmoil as I think over my recent concerns and interests	1	2	3	4

 STAIS-AD Test Form Y

Appendix G

Additional Qualitative Data

Collecting data for this study I interacted with several hundred homeless people across seven states. Despite working in the ER of a hospital for the indigent, I saw a side of America I had never seen. Often, I interacted with homeless adults, as I sought leads on where I might find homeless youth.

Many homeless adults I interacted with across the country were either unaware of any homeless youth, or unsure that I would be able to find them noting younger guys would not be seen in a drop-in center, or let me know they were homeless – because they had "too much pride", and were "too hard-headed". They believed homeless youth were dealing drugs, stealing cars or robbing people – and hence wouldn't be bothered with me. And in some cases they were right. Some expressed concern for youth who were on the street - a group of homeless adults in a Las Vegas park reported "we don't see many homeless teens around. They use the schools. They blend-in so they can get food during lunch hours in the cafeteria. They need to be very careful – there are predators out there for them." Others expressed resentment toward the youth, expressing beliefs that the youth had options they're too stubborn or foolish to access – that they have a way out. "some of the problem is pride. They're not willing to go back to mommy and daddy" Some felt youth couldn't be considered "homeless" believing youth could always go to social services for help if they wanted to. In LA the adult and youth homeless populations seemed to interact freely, particularly in Hollywood, and to some extent on Skid Row. Youth and adult's hanging out in the same places, sometimes sharing resources.

Often, the adults themselves had a story to tell – stories from when they were dealing drugs, running with gangs, or a story of an experience from a night or two

before. Frequently, the men offered me advice on how to stay safe while data collecting. On many occasions I was the only loiterer in the places I visited. In the areas I visited, most impoverished, I would find paycheck advance and pawn shops all over, but no restaurants, grocery or general needs stores. Only an occasional convenience store/ quick-mart sporting very high prices. Therefore it was often impossible to conduct the interview over a meal as originally proposed.

Everyday experiences

> It's been raining most of the day, but the rain's let up for a few minutes. Headed over to Union Station and met Johnny. As I'd originally seen Johnny with his cup I'd put in 50¢. I stopped a few feet past him, remembering I had a spare emergency raincoat. I walked back and asked him if he was staying 'out here' or in a shelter. He replied I stay out here. I offered him the raincoat, glanced at the sky and said it's not much, but it looks like it's going to rain again. He thanked me and asks me to sit down and talk to him. Johnny's a 50yo AA homeless man. He says he's been on the streets of D.C. for close to 30 years. He's very friendly and sociable. I join him on the low brick wall. I ask him what keeps his spirits up out here. He replies "a lot of the people you see walking by, they aren't happy. You can see it in their eyes – only you can make yourself happy". "A lot of guys, it changes them when they're out here. I'm a loner – I don't really have any friends. You can't trust these guys. They'll rob you, hurt you. You can't really be friends with these guys… my family says they're fine as long as I'm not there." [They really say that to you?] "Yeah, my brother says that to me. I end up seeing them, maybe, on Sunday." (As we talk Johnny grins and greets people as they walk by). "You see that guy over there?" (there's a man lying on the low brick wall 15ft away from us, sleeping). "He's gonna be dead by the time he's 50. You can't just lie on the cement for eight hours and wake up okay. He's gonna get arthritis. And the cement will suck the heat out of you, especially when it's this cold (low 50's out today). He's not dressed warm enough and he doesn't have enough fat on him. (Both the man and Johnny are thin <140lbs) – he's not gonna live very long." [Some guys I've talked to say that they prefer the freedom of being on the street to staying in shelters}. "They're just asocial. They don't want any rules, or to interact with people." [In some cities, like NY, guys live in the subway tunnels] "You can't do that here. There's too many people watching. Sometimes I'll ride the red line (a subway line) end to end so I can get some sleep, but sometimes you'll end up stuck quite a ways from here." [Do the police bother you much?] "It depends. You know those benches with dividers? – they put those there so we couldn't sleep on the benches. And in the nice neighborhoods they don't want to see us. So the police will move us along. They just keep making us move along. You try to camp out – that's another problem – that's illegal here." [So where are you supposed to go?] "That's a good question. I don't know." We've talked at least 20 minutes now. He's lost out on a lot of possible donations to his livelihood as we've talked. I thank him and pull out one of my McD's/$4 metro fare packets

and tell him he's helped me out more than some of the interviews I've done. He glows and says – "I can get me some lunch!" He thanks me and I move on.

Headed over to CCNV/ Federal Shelter. A blind man with a yellow Labrador retriever is here. His dog sitting peacefully as he stands on the sidewalk. How is a blind man homeless? And his dog…even he doesn't seem to offer it affection. I walked up to the man with the dog and started a conversation, telling him what a good dog he seems to have. We talked for a bit. He said he's 23yo, and his dog's name is Nolan. They've been together 3 years. He's been at the shelter for one month. His aunt turned in her notice on an apartment – "everyone was told but me". "I went to live with my Mom, but that didn't work out" [Are they helping you find housing here?] "Yeah, the only thing I have left to do is get my police clearance – I don't have a record so that shouldn't be a problem. I should have it in a week or so. In DC, to obtain general assistance for housing you cannot have a police record. This is substantiated by "police clearance". [Then they can help you apply for housing?] "That's what they told me". Nolan sits at his feet sniffing my knees. [Do you have trouble with guys wanting to pet him and feed him?] "All the time – that girl who just came by was giving him gravy. It causes me problems with him" I touch his hand and thank him for talking to me. Ten minutes later he and Nolan come walking by. From watching, it's clear Nolan's trying to keep him from running into things. But unfortunately, the man is tugging on him and must be scolding him - his tail's between his legs.

The Conditions and Risks of being homeless

Roger approached me as I was exiting a McDonalds on Cleveland's near west-side. He was white, in his mid-fifties, around 5'6, horse-shoe balding and had an 8 inch very poorly sutured laceration to the top of his skull. The laceration was what initially caught my eye - as the worst suturing I'd ever seen, a non-approximated wound, closed with X's in some spots with huge thread. I can only hope a friend sewed him up. I asked about his cut - he said a couple guys attacked him with a bat while he was sleeping, one week earlier.

I'm directed to New Hampshire and 9th, told I'll need $350/month and proof I have a job to get an apartment, advises Carl – a delivery guy who's befriended the homeless out here. As I've been loitering, I've seen him interacting with a number of people, with some women walking up to him and his car, getting in, talking for a while then getting out. He's not appeared to behave inappropriately with anyone. I've been sitting on some cement blocks writing. Carl's been parked and looking on, awaiting a call? He called me over to his car. I stay on the curb (people are all around) and give him a questioning look. He says I may not want to sit there. (I'd seen people sitting here, noticed there were a couple holes in the dirt behind me, and figured the holes were from moles or gophers like in my flowerbeds at home). He says he called me over because "there are a couple rats this big (hands spread about 8 inches) popping their heads up behind you. You don't know what they'll do... [you're kidding!] I'm not kidding. These homeless people toss food everywhere. There are rats all over the place here, and they're *big*. [really?] yeah, do you see these holes – rats." [thank you, I don't think I'll be sitting here again]. He proceeds to tell me about different shelters – if

I need one. I tell him I'm set, have got a place to stay. He doesn't seem to believe me, but says "I'm usually around here if you need anything". I thank him and he drives off. I ask an older homeless guy nearby – I tell him what Carl said about rats in those holes, pointing. He chuckles and says "there sure are. There are holes all up and down this block". [Are there any in the shelter?] "No, a couple small mice, but no rats. The rats are only about this big – shows about 6 inches with his hands. You're all right." He grins at me and moves on. Either the homeless guys who saw me there thought I was tough or ignorant. Thankfully Carl took me for ignorant!

A homeless adult I meet tells me he's staying out by the tracks. "A lot of people have left stuff there before – so I've got to watch for rats. They'll chew on you. You hear rustling you've got to watch out. Rats or raccoons."

Speaking of other homeless people, a homeless adult tells me "Now the old timers, those guys who've been out there 15 years or so – they're a different story. They've left the world behind. They don't fit in with society anymore. They don't want any part of it. Their whole world is survival, or that next drink is their survival. And you may be the means to their survival. You want to stay away from them."

An AA man in his mid-40's sits down at my table. His stories lead me to believe he's an ex-con no longer on probation. He tells me and the 40-something AA man next to me that five cops came to wake up their encampment last night. He refers to guys sleeping on the street as "camping out". Well the police woke him up, then "kicked an old guy" to wake him up. Telling them they all needed to pack-up and move – *now*. He says where they were sleeping was a place "Homeless guys have been sleeping for the last ten years". He got up, began to pack his blanket, but they didn't think he was moving fast enough- so he was arrested and charged with Public Intoxication (PI). They woke him up from a dead sleep and charged him with PI… "They started cussing me – so I told them to kiss my black ass". He shows us a ticket for $50 charging him with PI. "I'm leaving on a Greyhound tomorrow". "Let them come and drag my ass back to Indiana – I'll take the three square meals and bed for 30 days. They're not gonna spend the money to come get me."

Mental Illness

Mental illness was evident among some of the homeless people I met. As a staff member at one shelter noted "Most of these guys have some sort of disability – the thing we don't know is which came first, the disability/mental illness or homelessness – which is the result?"

I meet Ivan (a white man in his mid-40's) beneath a bridge near downtown. He has a shopping cart beside him. I offer him a water bottle and some snacks. He begins talking with me and following me toward downtown. He says he's been homeless for 12 years and lives under the bridge parallel to the river (the one we're walking on), in an "encampment". He continues "I love to be there when they have the concerts, I have my beer, I'm dancing. And it feels like I'm that close (showing me approximately 12 inches with his hands)." He reports he's a

one star General (fought in the Gulf War) and is now "Sergeant at Arms of Nashville". He says he's CIA but is linked with the Nashville Police. He notes he was able to avert Nashville from being hit with the 9/11 attacks. Details are sketchy but he saved Nashville. When asked about the VA, he says they've been good to him and "I'm getting better all the time". I reply that it takes time to heal. I thank him for talking to me and we part ways.

Community- Collective Survival

I ask an Indy homeless adult I'm talking to: How do you know where it's safe to sleep?- "You want low visibility from the street. It's better when the trees bud. You get yourself what you can and set up a shelter, plywood, a tarp. If you can get carpet it can make it a little softer to lay on. You want to have 2 of you. So if someone walks up on you while you're sleeping they'll think twice – can I really jump two of them?".

A middle-aged man talking about his encampment in Nashville "we don't let just anyone join our camp. People try all the time, but we don't know if they'll rob us or something else".

I met Ralph in a gay-run coffee-shop in Las Vegas. He tells me he was 21yo when he first became homeless (he's now 42yo). His first episode of homelessness was preceded by the death of his whole family. Ralph tells me single guys can't get into the shelters – he reports you need to have a wife or kids that are counting on you to get help in Vegas. So he sleeps on the stoop of an office building. He and a friend stay together for safety – "we watch each others backs". Ralph reports the owner of the building lets him stay, under the agreement, Ralph and his buddy help protect the building from vandalism and burglary.

I'm sitting on the sidewalk against a wall on skid row, loitering. There are a good 100 people out here. Unfortunately the young guys are not interested in talking so far. Part of the problem may be some of the guys out here just exposed an undercover cop not far from me. Patrol cars were there within seconds. Almost immediately after I sit down, a couple young guys walk up to me and tell me – "you can't sit there, they sell crack there". An old guy walks up and concurs. He helps me up and I move a little down the street and across it to sit on the grass in the park. The setup is incredible: the number of homeless people. There's a homeless community here. There are even porta-potties set up out here – four just in this tiny park. The park is the size of my back yard (approx. 1/4 acre). There are porta-potties on the street corners. People sit on the sidewalks, leaning up against buildings all over, some lie with tarps strung from their shopping carts overhead. All businesses have bars on their windows, and grates that slide down from above. There's trash, and people everywhere.

A Hispanic guy named Mark introduces himself and starts talking to me in the park. He talks about life – he's been out here one day, since fighting with his wife. He says he's been out here before. He's interacting with me like he's my big brother: he says guys across the street and to my left are dealing crack (where I'd been sitting), directly across the street weed, and a block down heroin. I asked

Mark about the SRO's (Single residence occupancy hotels)– they surround 2 sides of the park and are across the street. He says if one gets on General Assistance (welfare), then you get food stamps and $200/ month. General Assistance also gets you an SRO room, or on a waiting list for one. Men in expensive sports cars and black Escalades keep coming by the park, stopping and talking to people – drug dealers. Drug dealers are actually sitting in their illegally parked cars with their doors open, facing the crowd, counting their rolls of money in front of nearly a hundred witnesses, two blocks from a police station. Right in front of me and everyone else. And they got away with it.

I'm loitering in the courtyard outside the Hollywood/Vine metro station (a place homeless youth had tipped me off to). A young guy with a back pack and headphones is dancing spastically and frantically, in the courtyard. Using crack? Well, the dancing man's "fried his brains from too many drugs" (per the other youth) – he's one of the homeless kids. Approached three teens and one had been at the drop-in center and recognized me. I spend the evening hanging out with around ten of them. The two girls are keeping their eyes open for potential participants for me. Both girls are under 20 and 8 and 9mo pregnant. They're now living with relatives one with her sister, and one with her "crackhead mom" (staying there vs. the street due to the pregnancy). As we're talking another girl walks up – and turns out to be trans – she passes well (Caren). She's a sex worker. She consents to be interviewed. She dropped out of school in the 7th grade but is the fastest I've had anyone complete the instruments. A very fast reader with comprehension, and I tell her so as we finish the interview. Although this isn't Action Research, I'm sure gonna build these kids up if I can. As we're finishing up the interview we hear a commotion back behind us. Five *Bloods* (a gang) are rolling someone. In less than 45 seconds it's over and the guy runs away. The Bloods just saunter away, goofing, not a care in the world. And their colors are so obvious even *I* knew immediately they were Bloods. The other kids say a guy walked up to them and started mouthing off. The two girls I originally started talking to – it turns out they're also Bloods. One's convinced those guys were "posers" because they didn't also roll the guy who'd been dancing earlier (decked out in a blue football jersey). Let me tell you I was grateful for that blog advising not to wear red or blue in LA. The girls tell me the only other real gang color is black with LA insignia – the 18th St. Gang. And that my hotel's in their territory.

The next day and I'm back out again at Hollywood and Vine – the youth are here. A young AA guy, Warrick, strikes up a conversation with me as we're (he and I both) loitering at the metro stop. He's a 26yo ex-con who runs with a local gang. He says he's currently living on the streets, by choice. He grew up in an orphanage a couple blocks over. He served his time for drug possession/use. "If they released everyone in jail for drug-related charges, the place would be almost empty." But he's currently trying to figure out how to run a cell phone scam – explaining how he thinks it will work. He's trying to activate hot cell phones for free minutes. A couple of guys walk up to Warrick to hang – he refers them to me for the study: 2 interviews. Warrick and I talk gangs a bit. He brings up Caren and tells me she has a hit out on her by one of the local gangs. (Caren the trans sex worker I interviewed the day before). He says she knows about the hit. She used to be in the gang scene in Echo Park and witnessed a gang execution. She's kept quiet, but they're worried she'll eventually talk. Gang

members sympathetic to Caren who are part of the gang with the hit, tipped her off.

A couple young girls walk by telling the hot-dog vendor (who's friendly with the homeless youth – paying one or two to help him setup and shutdown for the day) some guy's in the parking lot behind us with a big knife. People ask if he hurt them – he didn't, so everyone goes back about their business (guys with knives are apparently not cause for concern). I'm sitting there with a book, keeping an eye open for potential participants as three homeless musicians sit down near me, guitars in hand, just talking. All of a sudden two police cars zoom up, lights flashing. I look over to see a 30-something Hispanic guy 50 ft away swinging a machete around at no one in particular. They order him to drop it, get on his knees, then cuff him, and toss him in a car. Not even five minutes conversation is spent on the incident – maybe it's commonplace. Shortly afterward the musicians take out their guitars and start playing and singing together. A pretty cool sight – three middle-aged homeless guys, me, and half a dozen homeless teenagers, with another half dozen 50 ft away: Sitting, talking, listening to these guys play and sing on the street, late at night, outside a metro station. The oldest guy said he'd been stabbed twice last night, while downtown – likely Skid Row. His right arm's in a sling. He doesn't say much more than that, and no one asks.

Am out at the metro station for a last run, and to give away the rest of my bus tokens. I figure they should go to the youth who helped me. But I'm surprised to see none of the kids are here. I recognize a handful of homeless adults, but no kids. Hung out until 2230, but no youth. So headed back to the metro. Gave some of my tokens to a homeless guy lying by a pillar in the metro station. He offered me some candy bars someone had given him. The code of the homeless at play again – even if you have little, you share what you have.

It was kind of sad leaving. The kids and adult homeless felt like a community here. And I felt like they'd let me in.

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