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Importance of Providing a "Safe Haven" for Lesbian, Gay, Bisexual, Transgendered and Queer Youth

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Importance of Providing a “Safe Haven” for Displaced Lesbian Gay Bisexual Transgendered Queer (LGBTQ) Youth



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Abstract

Lesbian, Gay, Bisexual, Transgendered, and Queer (LGBTQ) adolescent homelessness is a serious issue that plagues America today. Out of the total number of homeless youth, 40% identify as LGBTQ. Many are runaways, or are pushed-out of their home due to their sexuality after suffering from verbal, physical, or sexual abuse. Unlike their homeless heterosexual counterparts, this population of youth face particular factors that affect not only their cognitive and psychosocial development, but their physical health as well. LGBTQ adolescents also have a higher incidence of substance use while homeless. The foregoing reasons illustrate how imperative it is to provide a shelter where LGBTQ adolescents can grow and develop without adding to the adversities that they are already faced with. Anonymous interviews with adults who were former homeless LGBTQ adolescents and employees of LGBTQ organizations, provide additional insight into the importance of providing a “safe haven” for homeless LGBTQ adolescents. Although there are currently shelters in place to aid in this pandemic, the need far outweighs what current organizations are able to accommodate.

Introduction & Background

LGBT is the usual term used by many to collectively refer to anyone who is non-heterosexual. It is an acronym that stands for lesbian, gay, bisexual, and transgendered. However, it doesn't cover the full spectrum of non-heterosexual gender identity. Therefore, in order to recognize all who fall under this category, the letter “Q” has been added for queer individuals who are questioning their sexual identity. Thus, LGBTQ will be used to accurately identify non-heterosexual individuals throughout the project. No matter how one identifies, displacement is an unfortunate issue that plagues the adolescent LGBTQ community.

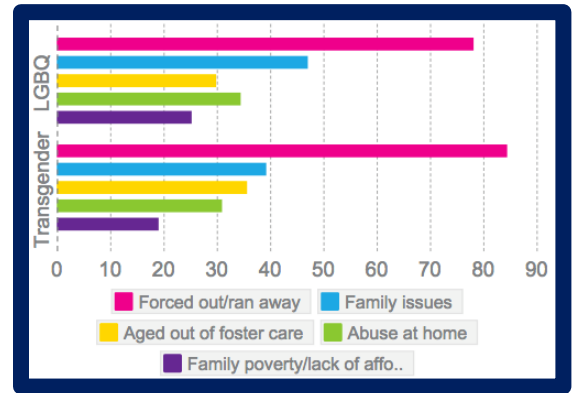
The main reason for adolescent LGBTQ homelessness is due to turbulence in their living environment. Homophobia runs rapid globally, and many parents are the fuel behind this production of shame. Hillier and Harrison (2004) evaluated the presence of homophobia in the households of many LGBTQ adolescents. Of important focus was their struggle with engaging in serious conversation about sexuality with their parents. In doing so, they discovered shame of sexuality encompasses several domains.

Many parents view non-heterosexuality as an illness, an abomination to God, unnatural, and as a mere phase (Hillier & Harrison, 2004). As a result, many adolescents develop an imposed negative image, where their sexual feelings are perverse. Additionally, many are verbally/physically abused because of their sexuality. Many adolescents become very isolated and develop an internalized homophobia. Unfortunately, these adolescents also face the risk of developing physical and mental health difficulties that affect psychosocial development in the long run (Cochran et al., 2002).

Homosexuality has been a taboo part of societal norms for many years, which is why most adolescents oppose coming out for fear of being rejected. However, many more cannot hide their true selves from the world, and find themselves becoming outcasts and subsequent pushouts and runaways with nowhere to go. Therefore, the

primary research question I anticipate answering is:

Why is it important to provide a shelter for displaced LGBTQ youth? Nearly 40% of homeless youth identify as LGBTQ (Durso & Gates, 2012). This is an underserved population that is in serious need of a place



to call home after the one that they’ve called “home” for many years has suddenly abandoned them.

In addressing the epidemic that is LGBTQ adolescent homelessness, the following paper will highlight the issues associated with displacement, and the life altering effects that displacement has had on LGBTQ adolescents. It will also highlight some of the dangerous traps that these adolescents fall in while trying to maintain and survive. Therefore, the primary research question is: Why is it important to provide a shelter for displaced Lesbian, Gay, Bisexual and Transgendered youth? Related questions include: (1) Are there any programs currently that provide shelter for displaced LGBT youth? If so, what are they and their services? (2) To what extent, do these LGBT focused programs nurture the personal development of this population? How can these resources help displaced LGBT youth to become a viable member of society? (3) Who provides the funding for these programs?

The information provided will assist in efforts to change systematic inequities and injustices towards the LGBTQ community. It will also serve as a tool of enlightenment, to manifest the

reality of what happens when LGBT adolescents are demoralized; hopefully eliminating the personal biases of parents who are against their son’s or daughter’s non-Heterosexuality, resulting in a solution to this pandemic situation.

Literature Review

Risk Factors. Many LGBTQ adolescents are particularly at risk for harassment and discrimination. Additionally, many face victimization at school by being bullied, or beaten up (Rosario, Schrimshaw & Hunter, 2012). The school, however, is only a secondary location of victimization. Many LGBTQ adolescents are victimized in the home in the form of parental physical, verbal, and/or sexual abuse (Rew et al., 2005). As a result, these adolescents develop mental health and behavioral problems long before the onset of homelessness.

Unable to resolve conflicts stemming from their parents' disapproval of their sexual orientation, many LGBTQ adolescents become displaced because they have been kicked out or left home. In fact, LGBTQ youths were more likely to leave as a result of physical abuse in the home (Cochran et al., 2002). The average age of LGBTQ adolescents when they were first on their own was 13.4 years old (Whitbeck et al., 2004). At this age, cognitive development is still taking place in adolescence as the frontal lobe, the area of the brain that controls reasoning, coordinated thought, action, and behavior, is still maturing. This would explain the variety of poor psychosocial outcomes LGBTQ adolescents are faced with.

Those who have become displaced continue to be at risk once they are on their own. Substance abuse, suicide, earlier sexual encounters, higher rates of sexual abuse, high-risk sexual behaviors, an increase in sexual partners, and less consistent use of contraceptives, continue to be trends that homeless LGBTQ adolescents follow (Whitbeck et al., 2004). Moreover, the

likelihood of these risks increase the longer an LGBTQ adolescent is on the street rather than in a shelter.

Mental Health. Homelessness in itself is an important stressor that affect various aspects of mental health for LGBTQ adolescents. The process of becoming homeless may produce symptoms of psychological distress (Whitbeck et al., 2004). The loss of familiar routines, everyday contact with friends and relatives, and the fear of adapting to life on the street, are all factors contributing to the psychological distress of homeless LGBTQ adolescents.

Homelessness and psychiatric symptoms is a problematic combination when met with stressful life events. This can have a negative effect on social relationships, resulting in a lack of social support from their friends. As a result, LGBTQ homeless adolescents are more likely to engage in self-harm and suicide attempts, major depressive episodes, and suffer from posttraumatic stress disorder (Keuroghlian, Shtasel & Bassuk 2014).

In analyzing the mental health of homeless LGBTQ adolescents, one must consider the subsequent internalizing and externalizing symptoms. Externalizing symptoms include negative social relationships and conduct problems. In fact, Rosario, Schrimshaw, and Hunter (2012) stated that LGBTQ homeless adolescents who had low levels of friend support, displayed higher levels of conduct problems. Internalizing symptoms such as anxiety and depression adds to the development of negative interpersonal relationships when put in social situations. These symptoms can have long lasting psychological effects for LGBTQ adolescents long after individual homelessness has ended. This population of adolescents also exhibits higher rates of psychopathology, and more problem behaviors (Cochran et al., 2002).

As noted earlier, homeless LGBTQ adolescents encounter higher levels of stressful situations resulting in major depressive episodes, posttraumatic stress disorders, and conduct disorder.

Combined with the additional stressor of street victimization, LGBTQ adolescents are more likely to engage in alcohol and drug abuse. They are also more likely to develop suicidal tendencies. In fact, Walls, Laser, Nickels, and Wisneski (2010) state that homeless LGBTQ adolescents are nearly three times as likely as their heterosexual counterparts to engage in self-cutting behavior. Gay males in particular are more likely to develop major depressive episodes (Whitebeck et al., 2004).

Substance Use. Homeless LGBTQ adolescents begin substance use as a way of coping with the mental health issues previously discussed, and the stressors inflicted upon them due to their living situation. These stressors include the varying forms of street victimization they encounter such as physical and sexual abuse (Cochran et al., 2002). Homelessness itself is a stressful event that can have a long lasting effects on the adolescents, years after its onset (Rosario et al., 2012). Research by Keuroghlian, Shtasel, and Bassuk (2014) shows us that there are preferences in the substances that LGBTQ homeless adolescents abuse; cocaine, crack, crack mixed with amphetamines, and speed/crystal methamphetamines. Coupled with the still developing prefrontal cortex, the abuse of substances can lead to permanent defects that induce internalizing and externalizing behaviors such as social problems, delinquency, aggression, and depressive symptoms (Keuroghlian, Shtasel & Bassuk 2014).

Survival Strategies. Homeless LGBTQ adolescents face the obstacle of survival on the streets. Many of which often resort to the use of sexual and non-sexual street subsistence strategies. Non-sexual subsistence strategies includes asking for spare change for money or food, stealing things from a store or house, sold drugs for money, and shoplifting "dumpster diving" for food (Whitbeck et al., 2004). Sexual subsistence strategies consist of trading sex for food,

shelter, drugs, or money. Many homeless LGBTQ adolescents engage in these types of survival strategies because they feel that they have no other option of survival.

There is also an association between gender and the use of subsistence strategies. Whitbeck et al. (2004) reports that homeless lesbian adolescents are more likely to engage in non-sexual subsistence strategies. In the same study, gay males were more likely than their heterosexual counterparts to engage in survival sex. Thus, their risk for contracting various STIs, including chlamydia, gonorrhea, syphilis, are greater. Additionally, the likelihood of gay males engaging in survival sex increased 1.5 times every year (Whitbeck et al., 2004). These high risk sexual behaviors however, makes it easier for gay males to succumb to being sexually or physically victimized while living on the streets (Keuroghlian, Shtasel & Bassuk, 2014).

Sexual Health. LGBTQ youth are more prone to contracting sexually transmitted infections (STIs), including the human immunodeficiency virus (HIV). The aforementioned section discussed how mental development is still occurring during adolescence and how the developing prefrontal cortex is responsible for reasoning and impulsive behaviors. There is a significant association between this developmental period and STI and HIV infection in LGBTQ homeless adolescents. The age of first intercourse for many homeless LGBTQ adolescents was thirteen (13) years old (Ganagamma et al., 2008). As a result, many have more lifetime sexual partners and reported high rates of unprotected sexual intercourse (Cochran et al., 2002).

Homeless LGBTQ adolescents reported higher incidence rates for all infections, and in particular, for gonorrhea (Whitbeck et al., 2004). Additionally, Rew et al. (2005) found that LGBTQ homeless adolescents reported being tested and treated for HIV more than heterosexual youth. Consequently, using survival sex as a subsistence strategy encourages LGBTQ homeless adolescents to engage in behaviors that put them at risk for HIV infection (Ganagamma et al.,

2008). In particular, gay males participate in high risk HIV behaviors while engaging in survival sex. Also, “emerging findings indicate an association between depression and increased HIV risk among young MSM (men who have sex with men)” (Perdue et al., 2003, as cited in Gangamma et al., 2008, p.462).

In terms of healthcare, there is a system of inequality in place when addressing the needs of homeless LGBTQ adolescents. McBride (2012) state that many medical students focus on the sexual behaviors of patients infected with HIV itself, rather than other health related issues this population faces. LGBTQ homeless adolescent patients are more isolated and have higher rates of diabetes and high blood pressure (McBride, 2012).

Methods and Procedures

Participants

There was only three (3) willing participants for this study. Two were (2) African-American males who identified as gay and whose ages were twenty-three (23) and twenty-six (26). The third and final participant was a twenty-eight (28) year old African-American transgendered woman. All participants were recruited through colleagues of the researcher. For anonymity purposes, the participants asked to withhold their identity. Therefore, they were referred to as interviewee 1 (23 year old gay African-American male), interviewee 2 (26 year old gay African-American male), and interviewee 3 (28 year old African-American transgendered woman).

Measures and Procedure

The interviews were conducted as if the interviewees were telling their own personal story of LGBTQ homelessness in autobiographical fashion. However, feeder questions (see Appendix A) were provided to facilitate the interview as any given stall points. Participants were encouraged to be as detailed as possible in describing the events that led to the initial onset of homelessness,

and what or if any survival tactics were used. Each interviewee was also asked to describe how did homelessness end for them, and if there was any advice they could give other LGBTQ adolescents who find themselves in the shoes they once walked in.

Results

Mental Health. Consistent with previous research, all participants acknowledged suffering from either depression and/or anxiety. However, only one admitted to attempting suicide at least once.

“All I had was the love of my family and friends. Growing up in a Christian household, homosexuality was taboo, so I know I had to keep my feelings under wraps. Because of that, I already used to be depressed ‘cuz I always had to hide that part of me. When I became homeless, that backbone I once had was lost, and I had no one. I remember one time when things got really bad for me, I ran into my dad on the street and we made eye contact for a lil minute before he quickly turned and looked away. That was all it took for me to go on a downward spiral of depression, which led to me trying to kill myself” (Interviewee 1, personal communication, November 19, 2015).

Survival Strategies. All participants acknowledged using both sexual and non-sexual subsistence strategies. In regards to non-sexual subsistence strategies, the common theme between all three interviewees was that they all used to sell parts of their food stamps for cash, and switch price tags on clothing items so that they can purchase the item for cheaper than it was. Interviewees 1 and 3 used to dumpster dive for food when their CalFresh benefits ran out however, interviewee 2 often panhandled or robbed people to make ends meet. As a sexual subsistence strategy, all interviewees used sex in exchange for money, food, or a place to stay for the night. They all used gay apps, sex sites, and Craigslist as media to facilitate these sexual subsistence strategies.

“Yeah, I used to have sex with strangers to make sure I had somewhere to stay that night and take a shower. I couldn’t always stay over at friends’ houses because their parents were cautious about letting a minor stay with them for fear of kidnapping charges. So, I used what I had, my assets, to survive. I would go to the library or Starbucks to use the Wi-Fi, and set things up. Sometimes I would get off and a place to sleep, and sometimes I would get all that plus money on the side. It was the only thing going for me to survive” (Interviewee 3, personal communication, November 21, 2015).

Substance Use. All participants acknowledged an increase in substance use (particularly coke and meth) after the onset of homelessness. Access to these drugs were rather easy for all three participants due to having friends in the ballroom scene of the gay lifestyle or through friendships they’ve made through using sexual subsistence strategies. At first, use was a way of coping with their homeless situation, however it soon became a part of their normal daily routines. Additionally, all admitted to using marijuana consistently, but didn’t consider it to be a hard drug.

“Before I became homeless, I used to smoke weed with the homies after school or on the weekends. But after I became homeless, I didn’t have access to weed anymore and was introduced to coke by a homeless man I used to sleep near on Skid Row in downtown L.A. It used to numb the emotional pain I felt as a homeless gay teen. I used to walk the streets and cry for long nights, but that all stopped once I found comfort in drugs” (Interviewee 2, personal communication, November 19, 2015).

Sexual Health. All participants acknowledged participating in risky sexual behaviors as a result of homelessness and contracting various STIs (chlamydia, gonorrhea, syphilis). However, only one acknowledged contracting HIV through engaging in high risk behavior during survival sex.

“I was unaware of the sexual health risks I was exposing myself to as a teen. I liked sex, it felt good, and I was getting paid for it at times. I would work the corner of Santa Monica and Highland as a male prostitute doing whatever my clients wanted to. Safety wasn’t a concern back then because I just wanted to survive. Little did I know though, I was slowly killing myself. Sad to say, but I became HIV positive at the age of 16 years old” (Interviewee 1, personal communication, November 19, 2015).

Are there any programs currently that provides shelter for displaced LGBTQ youth? If so, what are they and their services?

There are currently several organizations that provide services to homeless LGBTQ adolescents. One organization, The True Colors Fund (TCF), does just that by emphasizing the needs of LGBTQ homeless youth. Created by singer Cyndi Lauper, TCF builds networks to provide advocacy for homeless LGBTQ adolescents (Anft, 2012). The organization uses the majority of its budget to promote family acceptance of LGBTQ children and educate the public about LGBTQ adolescent homelessness. However, in addressing the issue that is LGBTQ homelessness, only two spearhead the initiative. They are the Los Angeles LGBT Center, and the Ali Forney Center.

Los Angeles LGBT Center

The Los Angeles LGBT Center was established in 1969 to care for and celebrate the LGBTQ community. Their mission is “building a world where LGBT people thrive as healthy, equal and complete members of society”



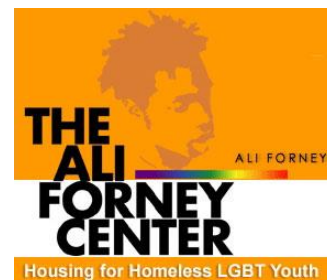
(Los Angeles LGBT Center [LALGBT], 2015, p.1). They were founded on principles that value respect, excellence, inclusiveness, innovation, and integrity. As such, they provide a number of

services ranging from social services and housing, to programs promoting education, leadership and advocacy. They also produce live performances and exhibits that highlights the diversity of the LGBGTQ community. Through these experiences, do they hope to inform and enrich people, while promoting networking opportunities (LALGBT, 2015).

The organization has seven locations in the greater Los Angeles area to service the needs of the LGBTQ community, however it is their Youth Center that provides shelter for homeless LGBTQ adolescents. Open three hundred sixty-five (365) days a year, the Youth Center offers a place to stay for up to thirty-six (36) nights including three meals per day. Acknowledging that many of these youths become homeless with minimal possessions or just the shirts on their backs, the Los Angeles LGBT center provides clothing and laundry services at no cost, to nullify the effects of homelessness. Unfortunately, the organization cannot provide shelter for all the youth who comes by on a daily basis, but these youth are able to take advantage of the services offered to residents including taking a shower. The center also offers support groups, HIV testing and counseling, and multiple comprehensive programs aimed towards getting LGBTQ homeless adolescents off the streets and living a normal, productive life (LALGBT, 2015).

Ali Forney Center (AFC)

The Ali Forney Center (AFC) is located in New York. It was established in 2002 and named after a non-heterosexual teen who was killed in 1997. Prior to his death, Ali was in the foster care system and eventually ran away due to physical abuse.



While homeless, Ali advocated on behalf of LGBTQ homeless youth, helping them in any way that he could. In honoring his legacy, the mission of the foundation is “to protect LGBTQ

youths from the harms of homelessness and empower them with the tools needed to live independently” (Ali Forney Center [AFC], 2015, p.1).

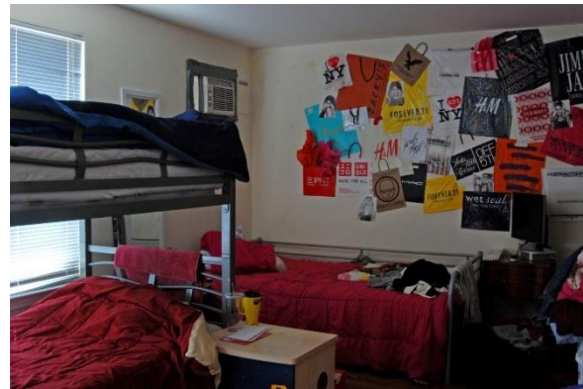
Since opening its doors, AFC has become the largest organization specifically dedicated to helping LGBTQ homeless adolescents. AFC (2015) states that LGBTQ adolescents comprise a disproportionate number of the homeless population and are eight times more likely to experience homelessness. More than eighty percent (80%) of their clients are displaced due to their sexuality, while the others are runaways due to abuse or neglect (AFC, 2015). In addressing the need, AFC provides several comprehensive services including case management, medical services, career and educational programs, and emergency and transitional housing.

Their Emergency Housing Program provides shelter and consistent support to LGBTQ adolescents to introduce them to the idea of a place of their own. Unfortunately due to the high demand, the wait time for a bed varies from two weeks up to six months (AFC, 2015). Once in the program, clients will stay there between one and six month with the hopes that at the end, they will progress into the Transitional Living Program. This program is the final phase in preparation them for living in a place of their own.

To What Extent Do These LGBTQ Focused Programs Nurture The Personal Development of This Population? How Can These Resources Help Displaced LGBTQ Youth To Become A Viable Member Of Society?

AFC has several programs dedicated to the personal growth and development of displaced LGBT adolescents. The center has a job readiness program for homeless and at-risk homeless LGBTQ adolescents. The Learning, Education, Advancement and Placement (LEAP) program is a six month multi-dimensional job and educational prep course. It was designed to help LGBTQ adolescents develop skills that will transform them into independent

adults (AFC, 2015). There is also a service learning component that allows the youth to volunteer in community organizations, giving them the practical skills needed in employment. Through partnerships with AFC’s corporate partners, the adolescents are



then placed into paid internships and graduate from LEAP once employed.

As previously mentioned, AFC has a Transitional Housing Program that prepares LGBTQ adolescents for moving into their own home. As a resident, adolescents are required to create a two year plan outlining their steps to independence. Additionally, they must continue their education, remain employed and open a savings account. If these requirements are met, LGBTQ adolescents can remain in the Transitional Housing Program for up to two years (AFC, 2015). To ensure that these adolescents stay on path, each one is paired with a Learning Independence for Empowerment (LIFE) coach, thus

reinforcing AFC’s commitment to fully rehabilitate this disproportionate population of youth.

The Los Angeles LGBT Center also has a multitude of programs aimed towards nurturing the personal development of LGBTQ homeless adolescents. In addition, the resources provided helps displaced LGBTQ youth to become viable members of society. In their Transitional Living Program, clients are provided with a place to live for up to 18 months. As a resident is the program, the staff is fully committed to helping the displaced to develop the skills and experience needed to make it on their own. Help includes finding and maintaining a job, enrolling in school, and managing a savings account (LALGBT, 2015).

In order to foster the academic growth of homeless LGBTQ adolescents, the LA LGBT Center has their own charter school. Partnered with Opportunities for Learning, the school is an independent learning program where diversity and acceptance is a part of the campus culture. Many homeless LGBTQ adolescents do not feel safe or welcomed in traditional high school settings. Therefore, the LA LGBT Center provides an environment where this population of youth is able to obtain their GED on a campus free from prejudice and violence (LALGBT, 2015). Here, all students are free to openly and honestly express themselves.

The school has an open enrollment policy. However, the only requirement is that all students must be nineteen (19) years of age or younger. Students can start the program at any time of the year, and are expected to attend classes twice a week. Going on Tuesdays and Thursdays, the students are in class for three hours each time. During this time, the faculty provides lesson plans and whatever tutoring is needed to ensure students earn their diplomas at the graduation ceremony (LALGBT, 2015).

The Los Angeles LGBT Center also has a youth education and employment program. Their free program offers personalized tutoring that is self-paced, allowing students to move as fast or slow as they see fit. The youth education program also provides financial assistance towards the cost of taking GED tests and assistance with applying for college and financial aid for those who plan to further their education (LALGBT, 2015). Through the employment program, participants receive help on developing resumes and essential skills needed in interviews. If needed, LGBTQ homeless adolescents are provided with the appropriate clothes for a job interview and are even connected with LGBTQ-friendly employers (LALGBT, 2015).

Who Provides The Funding For These Programs?

For some programs, funding can be the toughest opponent when addressing LGBTQ homelessness. Due to the complexity of the services required to accurately serve this unique group of adolescents, grant makers rarely fund services that don't align with traditional foundation priorities (Anft, 2012). Nevertheless, there is a philanthropic community that provides the financial support to continue battling the inequalities that the LGBTQ community faces on a daily basis.

The Los Angeles LGBT Center and AFC receives funding from a variety of sources. These sources include generous contributions from corporate partners such as Toyota Financial Services, Wells Fargo, Citibank, and American Airlines. Foundations like The Annenberg Foundation, the South Wind Foundation, and the Elton John AIDS Foundation, also provides funding for the programs offered by the center. There are also a host of donations and named endowments that collectively adds to the millions of dollars that these organizations receive. AFC collects around \$7.7 million annually, whereas the Los Angeles LGBT Center generates

nearly \$84 million annually, making it the leading organization providing services to the LGBTQ community, young and old (LALGBT, 2015; AFC, n.d.).

Discussion

It is important to note that the number one complaint from the participants was that they were unaware of resources available to LGBTQ homeless adolescents. They knew where to go to receive benefits from the government such as CalFresh benefits and emergency hotel vouchers good for two weeks at a time. However, these same resources were unable to direct them to additional resources specific to their population. If more awareness was brought to light on LGBTQ adolescent homelessness, then information would be readily available for this disproportionate population of youth.

Problems and Limitations

The major problems encountered in the study was the availability of participants to interview. I contacted several agencies geared towards helping LGBTQ homeless adolescents, however they were unwilling or unavailable to participate in the study. Instead, I was referred to their annual reports on their websites. Additionally, possible participants I did come across wanted some sort of payment or incentive for their participation. Without grants or funding, I was unable to meet their demands, and thus ended up with only three (3) adult participants who were former homeless LGBTQ adolescents.

Recommendations

Future research should try and incorporate viewpoints from various ethnic diversities and backgrounds. The viewpoints from the three candidates offer insights into their experiences as homeless LGBTQ adolescents, but it doesn't share the collective vision of homeless LGBTQ adolescents of a different race. However, it is safe to assume that the LGBTQ community as a

whole face disparities that the otherwise “normal” population wouldn’t. Additionally, future research should be conducted in a time manner conducive enough to gather the perspectives of employees who aid in ending LGBTQ adolescent homelessness.

Conclusion

Why is it important to provide a shelter for displaced Lesbian, Gay, Bisexual, Transgendered, and Queer youth?

LGBTQ homeless adolescents face a variety of risk factors that their heterosexual counterparts do not. The study conducted provided evidence consistent with past research that support such claims. LGBTQ homeless adolescents are cognitively inept to deal with the vast amounts of mental health trauma and physical and sexual victimization they face on the streets. Family rejection is the leading cause of homelessness amongst LGBTQ youth. Therefore, early intervention is recommended in trying to get to families before the breach between parent and child widens. Understanding why families reject their LGBTQ children is the first step in developing intervention strategies that might keep them together. Until that happens, it is important to provide a place where LGBTQ homeless adolescents can grow and develop into model citizens.

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Appendix A

Feeder Questions for Former Displaced Adolescents

1. At what age were you ejected from your home due to your sexuality?
2. How did it happen?
3. What did you do in that moment?
4. Where did you go?
5. Did you know of any organizations that specialized in housing for homeless LGBTQ youth?
6. What did you do to survive?
7. Have you ever used any types of substances or drugs as a result of being displaced? If so, at what age did you begin substance use?
8. Do you believe that your life would've turned out different had you had a stable to live during your adolescent years?
9. As an adult and given your personal experience as a former displaced LGBTQ adolescent, how important is it to you that shelters are provided for youth who are currently in your past situation?
10. Any advice or words of encouragement you could give to LGBTQ adolescents who have been disowned by their family due to their sexuality?

Appendix B

Questions for Employees of LGBTQ Organizations

1. How long have you worked for this organization?
2. From your experience, how many adolescents have you come across that were homeless due to their sexuality?
3. Why is it important to provide a shelter for displaced Lesbian, Gay, Bisexual, Transgendered and Queer youth?
4. Are there any programs currently that provide shelter for displaced LGBTQ youth? If so, what are they and their services?
5. Who provides the funding for these programs?
6. How important is it for the LGBTQ programs to provide services to this population?
7. How do the LGBTQ youth perceive the programs that currently serve them?
8. How do they feel about the importance of these programs?
9. To what extent do these LGBTQ focused programs nurture the personal development of this population?
10. How can these resources help displaced LGBTQ youth to become a viable member of society?