2020

Gay-Affirmative Social Work Practice with Homeless Lesbian, Gay, Bisexual, and Transgender Youth

Aissa Deloatch-Williams
Walden University

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Aissa Deloatch-Williams

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Yvonne Chase, Committee Chairperson, Social Work Faculty
Dr. Martha Markward, Committee Member, Social Work Faculty
Dr. Cynthia Davis, University Reviewer, Social Work Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2020

Abstract

Gay-Affirmative Social Work Practice with Homeless Lesbian, Gay, Bisexual, and

Transgender Youth

Aissa Deloatch-Williams

Project Submitted in Partial Fulfillment of the Requirements for the

Doctoral Social Work Degree

Walden University

May 2020

Abstract

Lesbian, gay, bisexual and transgender youth are overrepresented in the homeless population and experience higher rates of discrimination and unfair treatment when accessing services and shelter. Research indicates that homeless LGBT youth remain homeless for longer periods of time than their heterosexual peers because of bias and stigmas associated with their gender identity and sexual orientation. The purpose of this qualitative study was to determine if social workers in the city of New Haven, Connecticut, used an affirmative model of intervention when working with homeless LGBT youth. Maslow's self-affirmation theory served as the conceptual framework for this study. The interview questions for this study examined how social workers affirmed homeless LGBT youth in their practices. Data were collected through individual face-to-face semi-structured interviews, telephone interviews and e-mail responses with 7 social workers and agency staff in the city of New Haven, Connecticut, who were recruited through purposeful sampling. Emergent themes in this study indicated that the participants did not make assumptions about sexual identity. The participants also reinforced same gender relationships as being normal, addressed homophobia, and supported their clients. However, the participants lacked education and training about the stages of coming out and how to provide support to LGBT youth who may be experiencing stressors related to discovering or disclosing their sexual identity. The findings of this study may be used by social workers to improve practice to be more affirming and supportive of people who identify as LGBT.

Gay-Affirmative Social Work Practice with Homeless Lesbian, Gay, Bisexual, and

Transgender Youth

Aissa Deloatch-Williams

Project Submitted in Partial Fulfillment of the Requirements for the

Doctoral Social Work Degree

Walden University

May 2020

ACKNOWLEDGMENTS

Table of Contents

Section 1: Foundation of the Study and Literature Review

In 2017, there were approximately 1.6 million homeless youth in the United States, of which an estimated 20%-40% identified as LGBT (Connecticut Coalition to End Homelessness, 2017). Many LGBT youth who become homeless have been abandoned or ejected from their home after they have "come out" to their family (Baptist & Allen, 2008; Ray, 2006; Rosario, Schrimshaw, & Hunter, 2012). Homeless LGBT youth face unique challenges related to their gender identity and sexual orientation that homeless heterosexual youth do not experience (D'Augelli, Grossman & Starks, 2005). Homeless LGBT youth are more likely to experience bias and discrimination when accessing services and shelter because of the rigid cultural norms that mainstream society has about gender roles, gender identity, and gender expression (D'Augelli et al., 2005; Maiorana, Rebchook, Kassie, & Myers, 2013).

LGBT youth experiences of family rejection, abandonment, and abuse can have a devastating impact on their adolescent development resulting in poor outcomes in health, mental health, education, and employment as they transition to their adult lives (Mar, Linden, Torchella, Li, & Krausz, 2014: Pearson & Wilkinson, 2013; Ryan, Huebner, Diaz, & Sanchez, 2009). An understanding by LGBT youth of their identity is developed through social constructs and cultural contexts that are not accepting of people with variant gender identities, which can result in longer periods of homelessness and poorer outcomes when compared to heterosexual homeless youth (Cochran, Stewart, Gizler , & Cauce, 2002; Marshal, Dietz, Friedman, Stall, Smith, McGinley, & Brent, 2011; Ryan et

al., 2009). Moreover, LGBT youth often have higher rates of suicide and suicide attempts than heterosexual youth populations (Gattis, 2013; Marshal et al., 2011).

Victimization of LGBT youth has been identified across multiple social settings, and their experiences of discrimination and stigma associated with their sexual identity or gender identity; if left unaddressed can result in mental instability, social instability and personal instability in a heterosexual dominant society (Friedman, Koeske, Silvestre, Korr, & Sites, 2006; Marshal et al., 2011). Societal attitudes towards LGBT people contributes to bias, discrimination, and rejection that homeless LGBT youth experience when accessing shelter or services (Bidell, 2012). Without family support and access to resources to meet their immediate need for food and shelter, homeless LGBT youth will continue to be at risk for victimization (Bidell, 2012; Kubicek et al., 2013; Luke, & Goodrich, 2012).

Family supports and concrete resources are very important to the development of LGBT youth who are seeking to define their sense of their sexual selves. Research indicates that having concrete resources and access to supports are key factors that help LGBT youth achieve positive outcomes (Ryan et al., 2009). Family support may help to reduce the number of LGBT youth who commit suicide or have suicidal thoughts because of rejection of their sexual identity and or gender identity (D'Augelli, 2002; Ryan et al., 2009).

Many homeless LGBT youth who are abandoned or rejected by the parents after they come out report further experiences of bias and discrimination when they seek shelter or services. Social workers who recognize the sensitive diverse issues related to

the experiences of homeless LGBT youth help influence a change in attitudes and perceptions about LGBT people to be positive. Social workers are equipped to help the youth manage homophobic bias and microaggressions.

My intent with this study was to determine if social workers are using the gay affirmative principles (Crisp & McCave, 2007) in their work with homeless LGBT youth in the city of New Haven, Connecticut. In Section 1, I identify the problem, the purpose, the interview questions, the nature of the doctoral project, theoretical/conceptual framework, and values and ethics, and I present a review of the literature. Section 2 includes a review of the research design, data collection, methodology, participants, instrumentation, data analysis, and ethical procedures. Section 3 covers the presentation of the findings, and data analysis techniques. In Section 4 I discuss the applications to professional practice and implementations, application for professional ethics in social work, recommendations for social practice, and implications for social change.

Problem Statement

In January 2019, there were approximately 3,000 people in the state of Connecticut experiencing homelessness; 529 individuals who were experiencing homelessness were identified in the city of New Haven, Connecticut, of which 337 were youth age 24 and younger and 43 identified as LGBT (Connecticut Coalition to End Homelessness, 2019). In the city of New Haven, Connecticut, there are seven homeless shelters, two of which serve young adults age 14 to age 24; both shelters have limited available beds and services for LGBT youth (United Way of Greater New Haven 211, 2019). The lack of shelter beds and services available to meet the diverse needs LGBT

youth in the city of New Haven, Connecticut, contributes to LGBT youth having longer experiences of homelessness and unresolved issues related to discrimination, rejection, and abuse.

Ferguson and Maccio (2015) indicated the importance of key programs and services specifically designed to focus on the issues related to the experiences of LGBT homeless youth helped to improve outcomes for this population. Despite services and shelters available to help the homeless, LGBT youth report experiences of discrimination and unfair treatment, and may prefer to remain on the streets, with many engaging in high risk behaviors to meet their basic needs for food and shelter (Cochran et al., 2002; Ray, 2006). Crisp and McCave (2007) identified a model of gay affirmative practice that social workers can use in their work with LGBT youth.

Purpose Statement and Research Questions

The purpose of this study was to explore the use of the gay affirmative principles to guide social workers in their practices with homeless LGBT youth in New Haven, Connecticut. Bias and discrimination are two major factors that contribute to LGBT youth becoming homeless and remaining homeless for longer periods of time than homeless heterosexual youth (Bidell, 2012; Cochran et al., 2002). Social workers roles in addressing the barriers that homeless LGBT youth experience are to recognize the barriers, influence attitudes to change about LGBT people, and assist the youth in accessing services (National Association of Social Workers, 2017; Parent, DeBlaere & Moradi, 2013). The interview questions were as follows:

IQ1: Given your belief systems, such as religious and sexual belief systems, what assumptions do you make about the sexual identity of homeless LGBT youth, and what information do you want and need to validate or reject your assumptions?

IQ2: How do you affirm for homeless LGBT youth that same gender sexual drives are normal, and if you do not, what explanation do you have for not affirming those drives, and how could you give these youth the affirmation they need regarding their sexual identity?

IQ3: In what ways do you reinforce the possibility with homeless LGBT youth that same gender identity can be positive?

IQ4: How familiar are you with the stages of "coming out" among LGBT youth in general, and what practice information do you need in order to be more effective in working with this population?

IQ5: Which biases do you have that prevent you from addressing the homophobia that many homeless LGBT youth experience, and is there any way you can overcome those biases?

Definitions of Key Terms

For this study, I used the following key terms that consist of both theoretically and operationally defined terms.

Affirming: To confirm, offer support, encouragement or validation (Crisp & McCave, 2007).

Coming out: Self disclosure of sexual orientation or gender identity (Baptist & Allen, 2008).

Discrimination: Unfair treatment based on sexual orientation or gender identity (Almeida, Johnson, Corliss, Molnar, & Azreal, 2009).

Gender identity: An individual personal sense of a person's own gender, which can differ from their assigned sex (Parent et al., 2013).

Homelessness: the condition of often being unable to secure safe and adequate housing (Connecticut Coalition to End Homelessness, 2017).

Homophobia: Dislike of people who identify as lesbian, gay, bisexual, or transgender (Wickens & Sandlin, 2010).

LGBT: Lesbian, gay, bisexual, and transgender (Ray, 2006).

Sexual Orientation: Romantic or sexual attraction (Elizabeth, 2013).

The focus of this study was about how the application of the gay affirmative practice model can effectively address the diverse needs of the homeless LGBT youth by promoting the youth's self-worth. It may also promote LGBT youth remaining safely at home while their caregivers receive family centered supports (Crisp & McCave, 2007). The data gathered informed the development of recommendations for social workers who practice with LGBT youth to successfully implement strategic treatment modalities that affirm LGBT youth.

Nature of the Doctoral Project

This action research study was a qualitative design that used a purposeful sampling approach to identify social workers who practice with homeless LGBT youth (Palinkas et al., 2015). I conducted the study with the purpose of examining the practice methods used by social workers with homeless LGBT youth in the city of New Haven,

Connecticut. The sample comprised participants who met the following criteria: (a) BSW
and MSW level social work practice with LGBT youth, and (b) consent to be audio
recorded.

I recruited seven participants who met the criteria for inclusion to participate in
the study. I conducted interviews with the participants to elicit information about a wide
range of experiences and shared knowledge regarding issues that impact people who
identify as LGBT, including their personal bias, religious beliefs, and self-awareness.
Each taped interview consisted of asking the participants five questions about the
affirmation of homeless LGBT youth; the interviews lasted between 20 and 40 minutes
(Crisp & McCave, 2007).

Significance of the Study

This action research project has implications for improving outcomes for
homeless LGBT youth. Parental rejection, bias, and discrimination are three major reason
for LGBT youth becoming homeless (McNiff & Whitehead, 2011; Stringer, 2013). Social
work practice that is affirming can influence attitude changes, increase tolerance, and
provide support LGBT for youth to remain at home; it may also result in an opportunity
for others to return home (Crisp & McCave, 2007). This study also puts forth how
essential it is for social workers to understand and respond to the needs of homeless
LGBT youth. Social workers who are aware of their personal biases and of the societal
rejection of homosexuals are better prepared to implementation the gay affirmative
practice model to enhance the capacity of service delivery systems that support homeless
LGBT youth and help them to overcome challenges brought on by their experience of

bias and discrimination (Crisp & McCave, 200). Ridge & Ziebland (2012) found that overcoming challenges of bias and discrimination improves outcomes for this population who are at a higher risk for experiencing poor outcomes. By emphasizing gay affirmation in their practices, social workers can help homeless LGBT youth acquire a sense of self-worth and self-affirmation (Asakura & Craig, 2014; Ferguson & Maccio, 2015; Gattis, 2013; Ray, 2006).

The National Association of Social Workers (2017) Code of Ethics identifies the importance of culturally competent work with diverse populations. Social workers have a key role in helping people who are marginalized and should avoid bias and discriminatory practices when addressing the needs of homeless LGBT youth (Ridge & Ziebland, 2012). Social workers who are aware of their own personal biases and are educated on issues that impact the quality of life for people who are marginalized can also influence attitudes and perceptions about LGBT people to be more positive. Social workers at the bachelor's and master's levels who are in private practice or are employed by an agency are required to provide services to diverse populations with the intent to improve conditions and circumstances for the individual or group (Council on Social Work Education, 2001).

Future research with this population is necessary. Additional research on homeless LGBT youth improve practice and result in enhanced services and an increase in positive outcomes for homeless LGBT youth. Agencies and programs that focus on the needs of homeless LGBT youth can improve outcomes for this population by incorporating affirmative practice methods and using language and terminology that is

more inclusive of nonbinary gender identifying clients. To accomplish this, these

agencies and programs must address heteronormative practices and policies.

Theoretical /Conceptual Framework

Based in humanism (Maslow, 1943) self-affirmation theory suggests that all

individuals are motivated to have meaning and worth in their lives (Krems, Kenrick, &

Neel, 2017). Individual self-worth and sense of integrity are important in coping with

threatening situations. In this context, homeless LGBT youth, when compared to LGBT

youth who are not homeless, may be threatened in becoming homeless. Youth who

identify as a sexual minority may not be able to recognize or affirm their own self-worth

and/or promote their overall well-being (Crisp & McCave, 2007). When homeless LGBT

youth's sense of self is reduced to only their sexual identity, they are at risk of

experiencing negative perceptions of themselves. Without support from others, those self-

perceptions often result in poor outcomes for LGBT youth who become homeless

(Simon, 2016).

In this context, the gay affirmation practice model identifies six specific principles

for the clinician addressing the sexual identity of clients. These principles are: (a) no

assumption that a client is heterosexual, (b) belief that homophobia is the problem rather

than sexual orientation, (c) acceptance of the sexual identity of an individual is a positive

outcome of the helping process, (d) decreased internalized homophobia that allows for a

positive identity as a gay or lesbian person, (e) knowledge about theories of sexual

identity acquisition is attained, and (f) identification by the clinician identifying of their

own biases. Crisp (2006) contended that in using this model of practice clinicians can impact positively the sexual identify of LGBT individuals.

In particular, the model is applicable to various social work settings. As such, social workers using the model will likely accomplish the task of helping LGBT people acquire a sense of self-worth needed to recognize and cope with discrimination, bias, stigmas, and threatening situations. Moreover, this model is especially valid for use in practices with homeless LGBT youth, especially to assess their needs and how their experience of homelessness influence outcomes throughout their lives (Crisp & McCave, 2007; Ryan et al., 2009). Unfortunately, there is little information about how social workers affirm the sexual identity of LGBT youth who are homeless.

Values and Ethics

This action research study aligns with the National Association of Social Workers (2017) Code of Ethics for social workers to advocate on behalf of oppressed and marginalized populations, and to treat each person with respect and dignity. This study was developed using an evidence-based approach to contribute to social work research and followed guidelines and standards of social work research (National Association of Social Workers, 2017). Participants in this study were social workers or counselors who were currently treating homeless LGBT youth or had treated them in the past. Each participant was made aware of that their participation in the study was voluntary. The participants were provided a copy of the confidentiality and privacy agreement and informed consent form (see National Association of Social Work, 2017).

Review of Professional and Academic Literature

Continued experiences of bias, discrimination, and stigmas can lead to detrimental consequences for homeless LGBT youth and have negative impact on their social and emotional development even after many years and even decades (Bidell 2012; Ray, 2006).The review of literature for this study was focused on comparison of the experiences of homeless heterosexual youth and homeless LGBT youth to understand issues that result in homeless LGBT youth remaining homeless for longer periods of time, using drugs and engaging in sexual favors for money, becoming involved with the juvenile justice system, and experiencing disparities in education and employment at higher rates than their peers (Bidell, 2012; Crisp & McCave, 2007; Ridge and Ziebland, 2012).

I collected the literature for this study through the use of the Walden University library, the Southern Connecticut State University Library, and the Fordham University Library. I used the following search engines to examine articles published within the past 5 years: OneSearch Discovery, E-Journals ad E-Books Portal, Social Work Databases, and EBSCO information services, and ProQuest. I used the following key terms to identify articles relevant to the study population: *homelessness, youth, LGBT, transgender, youth homelessness, homelessness impact on LGBT youth, homophobia, heteronormative , social work with LGBT youth, social work with homeless LGBT youth, long term impact of homelessness on youth,* and *disparities and unfair treatment of LGBT people.*

Discrimination Against Homeless LGBT Youth

Negative attitudes, beliefs, and perceptions about LGBT people as perverse, pitiful, or immoral creates aversion that results in many homeless LGBT remaining homeless over longer periods of time when compared to homeless heterosexual youth (Allen, Ruiz & O'Rourke, 2016; Kubicek et al., 2013). Existing services that use gay affirmative principles in their practice with LGBT youth report experiences of positive outcomes for the youth (Bidell, 2012; Ray, 2006). Social workers and shelter staff who affirm homeless LGBT youth and offer supports that help to improve the youth's sense of self-worth. LGBT youth who report positive interactions with social workers were more likely to use the services in the future (Bidell, 2012; Crisp & McCave, 2007; Luke & Goodrich, 2012; Ray, 2006). LGBT youth who have affirming and emotionally supportive adults in their lives are more often able to achieve positive outcomes, embrace independence, and overcome their experiences of bias and discrimination.

Discrimination and unfair treatment of LGBT people continues despite an increased level of tolerance by society. Societal attitudes about LGBT people still often foster unfair treatment, discrimination, prejudice, and harassment across multiple contexts (Hunter, 1990; Ray, 2006). LGBT youth often hesitate to seek support to help them manage the challenges they experience because of their gender identity and sexual orientation (Williams, Connolly, Pepler, & Craig, 2005). Homelessness as a consequence for coming out is a reality for many LGBT youth (Heinzea, Hernandez, Toroc & Bluea, 2012; Ray, 2006).

Coming Out and Homelessness Among LGBT Youth

Coming out is a decision made by individuals to disclose their sexual identity to family, friends, coworkers and the larger society (Ali & Barden, 2015). Individuals who decide to come out as LGBT report experiences of shame, guilt, confusion, anger, fear, vulnerability, depression, and suicidal thoughts (Ali & Barden, 2015). The experiences of emotional turmoil experienced by many LGBT people could result in suicide and or substance use (Ali & Barden, 2015).

Coming out during adolescence can be an emotionally challenging event and the fear of rejection is a common reaction (Baptist & Allen, 2008; Green, 2002). Research indicates that many parents have negative reactions to their child's disclosure about their sexual identity, and this can result in verbal threats, physical assault, and ejection from the home. Youth who are abandoned by their parents experience devastating psychological impairments that increase their risk for depression and suicide (D'Augelli et al., 2005; Moskowitz, Stein & Lightfoot, 2013). Social workers who offer services to help improve parents' attitudes about their LGBT child have been shown to be effective over time in helping to preserve the parent/child bond (Ryan et al., 2010). Likewise, practices that focus on family cohesion and help to identify strategies for making the relationships stronger can reduce the numbers of LGBT youth who become homeless because of parental rejection. Clinical interventions such as counseling, individual therapy, and family therapy for youth and their families are also important in repairing relationships between the youth and parents by focusing on the importance of building the parent/child relationship skills that influence the parent's attitudes regarding their

child's sexual identity (D'Augelli et al.,2005 Israel et al., 2008). Exposure to information about issues affecting people who identify as LGBT also contribute to improved parental acceptance (Katz-Wise, Rosario, & Tsappis, 2015).

Many LGBT youth struggle to hide their sexual identity from their parents out of fear of rejection (Bidell, 2012; Ridge & Ziebland, 2012). Parental support is a key component of healthy adolescent development, and social work practice that affirms the youth sexual identity and acknowledges their diverse needs contribute to improving attitudes and perceptions that parents, providers, and mainstream society have about people who identify as LGBT (Crisp & McCave, 2007; DiGiovanni & Koenig, 2011; Ryan, Russell, Huebner, Diaz & Sanchez, 2010). Moreover, research indicates that a high number of homeless LGBT youth are more likely to engage in high-risk behaviors because of the unfair treatment they experience that prevents them from using resources that heterosexual homeless youth find to be beneficial (Corliss Goodenow, Nichols, & Austin, 2011; D'Augelli et al., 2005; Marshal et al., 2011). Social work practice that validates the parent's values and offers education to help increase the parent's knowledge about how to support their LGBT child may lead to lower rates of homelessness for the child.

Homeless LGBT youth who come out to their families and were rejected face challenges that many homeless heterosexual youths do not experience (Bidell, 2012). Family rejection and abandonment can have lifelong negative implications on the quality of life for LGBT youth (Bidell, 2012; Mar et al., 2014; Whitbeck & Hoyt, 1999). Homeless LGBT youth who are without guidance from accepting families and accepting

communities may experience repeated negative life events and risk unforeseen constraints of their sense of self and identity (Elizabeth, 2013; Lolai, 2015; Schwartz, Côté and Arnett, 2005).

Family support is a protective factor that improves outcomes for LGBT youth (Baptist & Allen, 2008; Simons, Schrager, Clark, Belzer & Olsen, 2013). LGBT youth who have the support of family are more likely to remain in school and earn a high school diploma, pursue postsecondary education, have lower rates of suicide and suicidal ideation, seek medical and mental health services more frequently, and have low rates of involvement with the juvenile justice system (McConnell, Birkett, & Mustanski, 2016; Ray, 2006).

Homelessness for LGBT Youth and Heterosexual Youth

In January 2019, a count of the homeless youth in the state of Connecticut identified 9,303 youth under age 25 experiencing homeless (Connecticut Coalition to End Homelessness, 2019). On January 22, 2019, in the city of New Haven, Connecticut, 503 people were experiencing homelessness of which 98 were children; the report did not provide information about the number of LGBT, which complicates the process of obtaining accurate numbers of homeless LGBT youth in the city (Connecticut Coalition to End Homelessness, 2019). The counts were conducted in shelters and many homeless LGBT report not disclosing their gender identities out of fear of harassment, rejection, or assault (Ray, 2006). Homeless LGBT youth have reported being turned away from shelters because of lack of space or the shelter was unable to keep them safe (Cochran et al., 2002; Ray, 2006). A significant difference between the experiences of homeless

LGBT youth and homeless heterosexual youth is that sexual identity is often the primary cause for homeless LGBT youth remaining homeless for longer periods of time (Ray, 2006; Ridge & Ziebland, 2012).

LGBT youth who are forced to leave their homes are likely to not be prepared to be on their own, and they lack the skills they need to transition to independence and to assume the full responsibility of caring for themselves (Kattari, Barman-Adhikari, DeChantis & Rice, 2017; Ridge & Ziebland, 2012). Resources that are affirmative and focus on providing guidance and supports to homeless LGBT youth to teach them skills to properly care for themselves are important to their wellbeing (Bidell, 2012). In trying to cope with stressors related to their homeless status, LGBT youth may rely upon other homeless youth who may have maladaptive functioning skills, which may further compromise their safety, increase their risk of victimization, and complicate other problems they might encounter (Bidell, 2012; Ray, 2006).

Despite the struggles of homelessness, LGBT youth reported having positive interactions with adults who helped them learn to navigate systems, were supportive, maintained positive attitudes with the youth, and connected them with services and supports to help address their mental and emotional needs (Baptist & Allen, 2008; Jones & Skogrand, 2014). Social workers who give attention to the how a youth's functioning is impacted by separation from family and peer networks can help to improve the youth's overall life satisfaction with the implementation of the gay affirmative principles (Crisp & McCave, 2007; Walters, Clerk, McLaughin, Simon & Moody, 2018). Furthermore, LGBT youth who have the support of their family and are able to maintain connections

with their peers and appropriate adults are better prepared to manage stressors and related

issues that contribute to poor decision making (Ryan et al., 2010).

Juvenile Justice System and Homeless LGBT Youth

Allen et al. (2016) described the high rates of homeless LGBT youth involved

with the juvenile justice system and how those experiences resulted in unfair treatment

during incarceration. Ironically, the experience of discrimination is one of the primary

reasons homeless LGBT youth are more likely to engage in sexual acts to earn money in

order to pay for food, to have a place to sleep, or to pay for other basic necessities (Klein,

Holtby, Cook, & Travers, 2015; Kubicek et al., 2013). The experiences of discrimination

and unequal treatment and lack of accommodations for homeless LGBT youth sends the

message that their needs are not important. The numbers of LGBT youth in the juvenile

justice system is imprecise due to lack of data collection systems that focus on this

population (Irvine, 2010). Improved attitudes and perceptions about this population could

result in improved conditions for LGBT youth who are involved with the juvenile justice

system and could also act as a protective factor against adverse mental health outcomes,

such as depression and suicide ideation (Ryan et al., 2010).

Homeless LGBT Youth and Mental/Physical Health

Discrimination has a devastating impact on the psychological well-being of

LGBT youth (D'Augelli, 2002). Rejected by their parents and left on their own with

limited supports to help them manage the negative attitudes and assumptions that society

has about their sexual identity, many LGBT youth are more likely to develop mental

health issues (Bober, Suing & Shepler, 2016). Homeless LGBT youth are also more

likely to have untreated mental illness, suffer from depression, misuse substances, and engage in high-risk behaviors at a higher rate than homeless heterosexual youth (Haas et al., 2010; Ray, 2006). Untreated mental health issues have resulted in a higher number of homeless LGBT youth reporting feelings of low self-worth, increased suicide attempts, and engagement in high-risk behaviors (Bober et al., 2016; Krems et al., 2017; Moskowitz et al., 2013).

Homeless LGBT youth are more likely to not seek medical care for health problems (Ray, 2006). LGBT youth are at a higher risk for sexually transmitted diseases and viruses, cancers, obesity, and high blood pressure compared to heterosexual youth (Goodenow Netherland, & Szalacha, 2002; Ray, 2006). Health disparities for homeless LGBT youth are often a result of barriers to accessing health services, bias and discrimination, a lack of medical insurance, and poor treatment from health care providers (Lim, Brown, & Kim, 2014).

Over time, the experiences of bias and discrimination in various social settings can have adverse impact on LGBT youth mental and medical health if left unaddressed (Hudson et al., 2010). Many homeless LGBT youth engage in sex to earn money for food and to pay for a hotel room as an option rather than seeking shelter and experiencing further rejection, bias, discrimination, and harassment by staff and other youth (Almeida et al, 2009; Cochran et al., 2002; Walls & Bell, 2011). Substance use is a maladaptive coping strategy that many LGBT youth use to mask their experiences of emotional distress (Ray, 2006).

Homeless LGBT Youth and Substance Use

All homeless youth, regardless of their sexual identity, are deserving of services that help to improve their circumstances. Many LGBT youth do not have the option of returning home to benefit from the emotional and financial support they need. LGBT youth are more likely than heterosexual homeless youth to misuse substances as a coping strategy (Kubicek et al., 2013). Homeless youth who remain on the streets for longer periods of time are at a higher risk for exposure to drugs and alcohol and without appropriate guidance and support. Homeless LGBT youth may use more substances more frequently than heterosexual homeless youth to cope with their experiences of homelessness (Walls & Bell, 2011). Unaddressed substance use among homeless LGBT youth has implications on their future and could pose as a barrier to employment, mental health stability, physical health, and education.

Disparities in Education and Employment

Homeless LGBT youth have the right to a fair and equal education (Ray, 2006). The McKinney-Vento Homeless Assistance Act of 1987 signed into law by former president Ronald Reagan on July 22, 1987 identified guidelines for states to ensure children have access to free and appropriate public education (Miller, 2009). Homeless LGBT youth who do not have the necessary documents such as immunizations records, birth certificates, lack a proof of residence, and do not have a parental figure to sign necessary paperwork, are more likely to not continue their education because they are unfamiliar with their rights and provisions provided under the law. Without an education

many homeless LGBT youth will not gain employment, which can result in additional social integration issues.

LGBT youth who are successfully enrolled in school report experiences of bullying in the form of verbal harassment and physical assaults. Some do not have access to clean clothes or supplies and fear further social ostracism (Ray, 2006). An unsupportive school atmosphere can contribute to decreased achievement and lowered academic performance (Fetner et al., 2012). However, schools that have designated safe places for LGBT youth and incorporate appropriate responses by school personnel when they become knowledgeable of LGBT youth being harassed or experiencing unfair treatment, help to increase tolerance levels and acceptance of sexual minorities (Bidell, 2014; Ray, 2006). The mistreatment of homeless LGBT youth, in the school setting, has negative consequences on their mental health and socialization that impacts other areas of their lives. Biases against people who identify as LGBT results in higher levels of psychological distress, and when left unaddressed has the potential to have detrimental impact on the individual's quality of life (Ng, Schweitzer & Lyons, 2012).

Homeless LGBT youth are more likely to lack skills and/or the experience necessary to gain employment and job retention rates for many LGBT youth are low. Limited number of states have laws to protect the rights of sexual minorities in the workplace, and as a result many LGBT people who report having experienced mistreatment in the workplace are more likely to leave their jobs prematurely (Krehely, 2009; Pizer, Sears, Mallory & Hunter, 2011). The development of programs to assist LGBT youth to learn interviewing skills and to help them manage stressors they might

encounter while working in a can help to improve job retention (Lenz-Rashid, 2006). Homeless LGBT youth who do not earn a high school diploma are more likely to be confined to low wage employment or experience homelessness multiple times throughout their lives (Whitbeck & Hoyt, 1999). Without the resources they need homeless LGBT youth may experience barriers as they transition to their adult lives.

Resources for Homeless LGBT Youth

Four causes of homeless in the United States are lack of affordable housing, poverty, mental illness, and unemployment (National Alliance to End Homelessness, 2019). Many LGBT youth become homeless because of family rejection and abandonment (Nagoshi, Adams, Terrell, Hill, Brzuzy & Nagoshi, 2008; Ray, 2006). The unresponsiveness to the needs of homeless LGBT youth may add to their inability to cope and may result in an unhealthy dependency on other homeless youth to learn skills to survive on the streets (Centers for Disease Control and Prevention, 2014; Saewyc, 2011). Some LGBT youth prefer to remain living on the streets or seeking temporary shelter with friends to avoid discrimination and unfair treatment when seeking services and shelter at agencies that lack affirmative practice (Ray, 2006).

Homeless LGBT youth remain on the streets for longer periods of time, and as a result they are more likely to encounter further discrimination and be physically assaulted (Chamberlain & Johnson, 2013; Klein et al., 2015). Left alone to survive on the streets, homeless LGBT youth commit crimes and perform sexual acts to earn money as a means of meeting their basic needs for food and temporary shelter (Klein et al., 2015). Without supports homeless LGBT youth are left to cope with adult responsibilities and have to

provide for themselves sooner than many of their peers who are not homeless. Having very little or no access to cash or other means to meet their basic daily needs many homeless LGBT youth will engage in survival sex and other criminal acts, which increases their risk of becoming victims of physical assaults, sexual assaults, and involvement with the criminal justice system (Asakura & Craig, 2014; Kubicek et al., 2013). The multiple challenges and needs experienced by homeless LGBT youth are a reason that advocacy for the allocation of funding and changes in program policy to support specific services that address disparities in services for homeless LGBT youth.

The Runaway Youth Act, enacted in 1974, allocated funding accessible to programs and agencies to address the needs of homeless youth (Ray, 2006). While faith-based organizations also utilize the funding, many such agencies and programs operate on a belief system that does not value the rights of sexual minorities (Ray, 2006). Many of the employees and staff at Faith-based shelters operate on a belief system that when encountering LGBT youth often offer religious advice for reformation and often mistreat LGBT youth who seek services (Administration for Children and Families, 2014). However, specific funding for LGBT youth is not a requirement for agencies and programs that receive federal funding (Administration for Children and Families, 2014; Ridge & Ziebland, 2012).

In fact, several researchers have noted that homeless LGBT youth have better outcomes when they can rely upon family, resources, and access to services that provide them with support to manage their experiences of discrimination and to advocate for their needs (Fetner et al., 2012; Klein et al., 2015; Marshal et al., 2011; Williams & Sheehan,

2015). Some LGBT youth are homeless because of a variety of reasons not related to their gender or sexual identity but interventions that specifically focus on the unique needs of LGBT youth and can result in lowering risk factors such as substance use, suicidal behaviors, unmet mental health and medical needs (Allen et al., 2016; Asakura & Craig, 2014; Gattis, 2013; Sherriff et al., 2011). Training and education of social workers, teachers, medical providers and other professionals on the experiences of homeless could lessen the gaps in the disparities in education, mental and health, and physical needs.

Summary

Section 1 included a discussion of the background for the study highlighted the research problem, research question, the purpose, nature, relevant literature, and significance of the study. A review of the gay affirmative practice theory provided the context for the study. With homeless LGBT youth who are aware of societal perceptions and view of their non-conforming gender identity and sexual orientation as immoral, social workers can help these youth by affirming that same gender sexual desires as normal and validating the self-worth of the youth (Friedman et al., 2006; Luke & Goodrich, 2012).

In the process of working with social workers who affirm, for homeless LGBT youth, that same gender sexual desires are normal, be self-advocates and learn how to manage stressors related to their experiences of bias and discrimination (Walters et al., 2018). Lastly, a review of the professional and academic research demonstrates the extent to which social work practices are warranted to address the many needs of homeless LGBT youth who experience abandonment and rejection by their family and

discrimination and bias when seeking services and supports (Dworsky & Hall, 2013).

Section 2 will be a discussion of the research design and data collection, methodology,

participant recruitment, instrumentation, data analysis and ethical procedures.

Section 2: Research Design and Data Collection

The purpose of this study was to explore the attitudes, challenges and experiences

of social work practitioners when providing services to homeless LGBT youth. The

interview questions were as follows:

IQ1: Given your belief systems, such as religious and sexual belief systems, what

assumptions do you make about the sexual identity of homeless LGBT youth, and

what information do you want and need to validate or reject your assumptions?

IQ2: How do you affirm for homeless LGBT youth that same gender sexual

drives are normal, and if you do not, what explanation do you have for not

affirming those drives, and how could you give these youth the affirmation they

need regarding their sexual identity?

IQ3: In what ways do you reinforce the possibility with homeless LGBT youth

that same gender identity can be positive?

IQ4: How familiar are you with the stages of "coming out" among LGBT youth in

general, and what practice information do you need in order to be more effective

in working with this population?

IQ5: Which biases do you have that prevent you from addressing the homophobia

that many homeless LGBT youth experience, and is there any way you can

overcome those biases?

In Section 2, I discuss the research design, methodology, participant selection, data collection, data analysis, and ethical considerations.

Research Design

This action research study was conducted with the purpose to gain knowledge about the practice methods used by social workers in their work experiences with homeless LGBT youth in the city of New Haven, Connecticut (see McNiff & Whitehead, 2011). Crisp and McCave (2007) identified a model of gay affirmative practice that social workers can use in work with gay youth to reinforce their self-worth. The principles of this model are: (a) make no assumptions about a client's sexuality, (b) accept same gender sexual desires as normal, (c) reinforce that an LGBT identity can be a positive sexual identity (d) know that the stages of "coming out" are needed, (e) be self-aware of biases, and (f) be prepared to reduce the internalized homophobia that a gay youth might be experiencing. Despite the possibility that this model might have special utility in social work practice with gay youth, little is known about gay affirmative principles that social workers emphasize in their practices with homeless LGBT youth in New Haven, Connecticut.

Methodology

Prospective Data

The data for this study was collected through semistructured face-to-face interviews, telephone interviews, and e-mail responses. The semistructured face-to-face interviews were audio recorded and lasted approximately 45 minutes. The telephone interviews were audio recorded, and the e-mail responses were returned within 5 days.

During the face to face and telephone interviews, I reviewed the purpose of the study, the confidentiality agreement, the informed consent, and participant agreement to be audio recorded. The demographic background questionnaire was completed prior to the interviews being conducted. All the respondents were asked the same five questions.

Participants

I recruited social workers using a purposeful sampling approach (Suri, 2011), and received referrals of other social workers to participate in the study. Purposeful sampling allows data to be gathered from participants with the greatest experience with and knowledge on the topic (Palinkas et al., 2015; Suri, 2011). To participate, social workers had to be employed at a homeless shelter or other similar program that provides services to the LGBT youth population in New Haven, Connecticut. I recruited participants for this study by a formal e-mail invitation to participate in a telephone interview. With a commitment to participate, each participant signed an informed consent and confidential agreement form. The interviews were audio recorded, transcribed, and analyzed into themes (see McNiff & Whitehead, 2011).

Purposive sampling was the most appropriate method to recruit social workers who because of their work experiences were able to provide the information about gay affirmative practice in their work with LGBT youth (see Palinkas et al., 2015; Suri, 2011).I asked the social workers who volunteered to participate in the interview to refer other social workers to participate in the study.

Instrumentation

I used face-to-face interviews, telephone interviews, and e-mail messages to collect the data. Two respondents participated in face-to-face interviews conducted in a private office at the community agency where they were employed. Prior to participating in the interview, each respondent reviewed and signed the informed consent form.

Three telephone interviews were audio recorded and conducted in my private office. The respondents were e-mailed a copy of the informed consent form, which was returned signed prior to their individual interview being conducted. The respondents confirmed they were alone.

Two of the respondents participated by e-mail. They were provided the five questions and the informed consent form by e-mail. The respondents confirmed a secure e-mail was used to receive and return their responses. The respondents returned an e-mail with responses to the questions and submitted an e-signed informed consent form.

The seven respondents who participated in the study received an informed consent form, which was reviewed signed. The informed consent agreement highlighted the purpose of the study, procedures for gathering data, permission to audio record the interview session, and a voluntary participation clause. Compensation was not offered to the participants.

The respondents were asked five open-ended questions to gauge their experiences of practice with homeless LGBT youth, their familiarity with the stages of coming out, their own biases and beliefs about people who identify as LGBT, and the use of affirmation in their practices. Additionally, respondents were asked to provide

demographic information that included their age, gender/gender pronouns, race, work history with LGBT youth, type of social work degree, licensure status, and current employment before the start of the interview. I shared the transcribed interviews with the respondents for review to determine their accuracy. The research questions were designed to capture the practice experiences that social workers have with homeless LGBT youth.

Data Analysis

On February 9, 2019, this study was approved by the Walden University Institutional Review Board (approval number 02-07-19-0536043). The respondents in this study were social workers with bachelor's and master's degrees. Four of the respondents were clinical licensed social workers and three respondents were employed at one agency; all respondents worked with LGBT youth in the city of New Haven, Connecticut. I mailed invitations to 12 social workers inviting them to volunteer to participate in the study. I selected seven of the social workers who met the criteria for participation. The two face-to-face interviews were semistructured and were audio-recorded with a handheld audio recorder. They lasted approximately 45 minutes. The interviews were held over a 6-week period from April 12, 2019, to May 20, 2019, and were conducted in my private office or in a private office at the agency were the respondents were employed. Each respondent was e-mailed copy of the open-ended questions, and a copy of the informed consent form. Two of the social workers submitted their responses to the research questions via e-mail. Each respondent was made aware that they would not receive compensation for participating in the study. The interviews were audio recorded and transcribed, and the emergent themes were coded, categorized,

and grouped by similarities and organized into clusters. The audio device was in proper working order, and I asked the questions one at a time and repeated them if necessary in sequence. During each face-to-face interview, I maintained a neutral tone and a neutral affect (see Turner, 2010). I employed constant comparison in reviewing each participant's responses, analyzed the data, and interpreted the meaning of the data (see Onwuegbuzie, Dickinson, & Leech, 2009). The interview responses were transcribed into patterns and themes related to the principles of affirmation in the practices social workers use in working with homeless LGBT youth, using a qualitative data analysis system (see Richards & Richards, 1991).

The bias or delimitation in using social workers who practice with homeless LGBT youth in this study was important to elicit information about the principle of gay affirmation in their practices. However, a limitation in this study was the lack of reliability in self-reports versus observations of interactions between the social work practitioner and the homeless LGBT youth (see Chenail, 2011). Another bias in this study was the extent to which results can be applied to other groups or in other geographical areas (see Chenail, 2011).

Ethical Procedures

I informed the social workers about the social action research and the goals of the study. I treated each respondent with respect for their time and an appreciation for their knowledge. The respondents' privacy was guaranteed, and necessary releases were provided clearly outlining the use and intent of the audio recordings and the recordings and data storage, and the informed consent and statement of confidentiality forms were

gathered. To further ensure privacy, the respondent's names and contact information were not included in the findings of this study. I addressed the ethical values of the National Association of Social Workers (2017) Code of Ethics by adhering to the principles and guidelines for addressing social issues and increasing competencies in social work. I obtained confidentiality agreements, and the names and contact information, audio recordings, and data will remain for 5 years in a locked cabinet in my office and will then be destroyed.

Summary

Section 2 includes a review of the research design, data collection, and the importance of social work interventions specific to addressing issues of discrimination and bias, which could influence attitudes and perceptions and help to improve outcomes for homeless LGBT youth. This section was a review of my role as a researcher, informed consent, participant recruitment, data collection, the methodology, ethical considerations, and validity. The methods discussed were appropriate for gathering data. In Section 3, the study findings, limitations, and validity are presented.

Section 3: Presentation of the Findings

The purpose of this study was to explore the use of the gay affirmative principles that guide social workers in their practices with homeless LGBT youth in New Haven, Connecticut. I asked the following five interview questions either in person, by phone, or in e-mail messages:

RIQ1: Given your belief systems, such as religious and sexual belief systems, what assumptions do you make about the sexual identity of homeless LGBT

youth, and what information do you want and need to validate or reject your assumptions?

IQ2: How do you affirm for homeless LGBT youth that same gender sexual drives are normal, and if you do not, what explanation do you have for not affirming those drives, and how could you give these youth the affirmation they need regarding their sexual identity?

IQ3: In ways do you reinforce the possibility with homeless LGBT youth that same gender identity can be positive?

IQ4: How familiar are you with the stages of "coming out" among LGBT youth in general, and what practice information do you need in order to be more effective in working with this population of youth?

IQ5: Which biases do you have that prevent you from addressing the homophobia that many homeless LGBT youth experience, and is there is any way you can overcome those biases?

The data collection included e-mails, telephone interviews, and semistructured face-to-face interviews. Two respondents e-mailed their responses, three respondents were interviewed by telephone, and two respondents were interviewed face-to-face. The face-to-face interviews were conducted in a private office at the agency where the respondents are employed, and the telephone interviews were conducted in my private office. Each interview was conducted with the respondent's permission. The respondents received the questions through a secure e-mail address, and their responses were

submitted through a secure e-mail. This section includes a review of the data analysis

techniques and findings.

Data Analysis Techniques

To establish triangulation, the interview questions were the same for all seven

participants to check the validity (see Carter, Bryant-Lukosius, DiCenso, Blythe, &

Neville, 2014). I used the method of initial coding to identify emergent themes and

categories and focused coding to identify the participants' experiences related to their

contact with homeless LGBT youth. I used coding, categorizing, and concept mapping to

analyze the responses. I used an Excel spreadsheet to manually code the data. The data

was kept protected on a password protected laptop that was only accessible to me. Public

computers and flash drives were not used to gather or store any information for this

study.

The delimitation of using social workers who practice with homeless gay youth in

this study was in important to elicit information about the principle of gay affirmation in

their practices. However, a limitation in this study was the lack of reliability in self-

reports versus observations of interactions between the social work practitioner and the

homeless LGBT youth (see Chenail, 2011). Another bias in this study was the extent to

which results can be applied to other groups or in other geographical areas (see Chenail,

2011).

Findings

This study was conducted to was to explore how social workers affirm the sexual

identity of LGBT youth who are homeless in the city of New Haven, Connecticut. The

findings indicated a need for education and training on how the principles of gay affirmative practice improve outcomes for homeless LGBT youth. Social workers who participated in the study were not familiar with the stages of coming out and could benefit from training on the stages of coming out. Increased awareness about this process could improve practice with this population (Ali and Barden, 2015; Ginicola, Filmore & Smith, 2017). It is important for social workers to be prepared to effectively identify interventions and provide supports to LGBT clients. The respondents to this study were not familiar with the five stages of coming out and were provided a copy of a document describing the stages of coming out and how to assist a LGBT person during this process (Ali & Barden, 2015).

There were seven respondents who volunteered to participant in this study. All respondents graduated from an accredited college or university. I collected the demographic information was collected through a questionnaire, which asked participants to report their age, race, gender/gender pronouns, type of education degree, work history with LGBT youth, licensure status, and current employment status. The participants were the following. The names used here are pseudonyms.

Sheryl, age 32 is a White female. She has a master's degree in social work. She is a licensed clinical social worker. She has 8 years of experience working with youth, and many of her clients are LGBT youth.

- Mark, age 28, is a White male. He has a master's degree in social work. He is a licensed clinical social worker and has been practicing for 6 years. He has several youth clients who identify as LGBT.

- Anthony, age 38, is a White male. He has a master's degree in social work, and he is a licensed clinical social worker.

- Monica, age 58, is a Black transgender female to male who uses the pronouns she and her. She has a master's degree in human services. She is a counselor at a community program that provides services to people who have been diagnosed with HIV/AIDS. Monica's clients identify as LGBT, and many are homeless.

- Mary, age 29, is White female. She has a bachelor's degree in social work. She has approximately 5 years' experience working minority populations in a nonprofit community program. Her specialty is youth outreach and case management.

- Paul, age 42, is a White male. He has a bachelor's degree in social work. He is employed as a residential manager at a youth program that offers housing to homeless youth and youth who are in transitional foster care. Paul has 12 years' experience working with homeless and transitioning youth.

- April, age 39, is a Black female. She has a master's degree in social work. She has 12 years' experience in Child Protective Services, college level teaching experience, and is as a licensed clinical social worker. She has experience with LGBT youth in her role as a clinician and in her former employment as a Child Protective Services worker.

Several themes emerged from the data collection that were directly connected to the research questions. Those themes were: (a) recognition of beliefs and assumptions,

(b) affirmation of same gender sex drives as normal, (c) reinforcing LGBT identity as positive, (d) familiarity with and understanding the significance of the stages of coming out, and (e) awareness of biases and how to overcome bias to support LGBT youth. Six respondents denied making assumptions and judgments about the sexual identity of homeless LGBT youth. Six of the seven respondents reported practicing a religion and shared a level of awareness about the potential for conflict when considering their religious beliefs and their own bias. They reported knowing the benefit of keeping their religious values and beliefs separate from their work with LGBT people. They agreed that engagement and rapport building required the ability to keep religious beliefs personal and separate from their work, and the decision to explore religion is left up to the client. One respondent did not affiliate with any religion and shared not making assumptions about anyone. This respondent emphasized their belief that each person has a unique identity, and it is up to that person to decide how they want to live their life, and they should be able to do so without judgment from others.

The seven respondents agreed that affirmation is very important for homeless LGBT youth, and it is important that they understand their lives can be meaningful despite societal rejection. Emphasis was placed on the need for LGBT people to know that they have support and that their experiences, although unique to them, are not uncommon in a more general sense.

A common theme amongst the seven respondents in regards to the reinforcement of LGBT identity as positive was their beliefs that it was their role and responsibility as social workers and counselors to support their clients to be the best individual they could

be, and if a client identified as lesbian, gay, bisexual, transgender, or questioning their sexual identify, it was their responsibility to help that client figure out what they wanted to do with their life. They were not in a position to make a determination about their client's sexual identity being bad or good, just as long as that person was not harming themselves or anyone in the process; it was their duty as counselors to help their clients make progress towards self-actualization.

Six of the respondents were not familiar with the stages of coming out. They did however have a level of awareness about the significance of coming out and how the lives of the individual changes following coming out, often for the worse. They felt unprepared to address the stages of coming out and the importance of support during this process which includes (a) a personal awareness of their identity as LGBT, (b) assessment or analysis of the appropriateness of disclosing this to others, and (c) the decision to disclose or to not disclose. They expressed an interest in participating in trainings and educational forums to be better informed and prepared to assist their clients who identify as LGBT and who are going through this process.

The one respondent who was familiar with the stages of coming out identified as a transgender female and shared her experiences of coming out, which involved shaming by her parents and resulted in her homeless experience that lasted several years. She shared that many LGBT youth become homeless after coming out and/or they no longer have the resources and supports they once had to navigate the world. Left alone to survive without guidance and support, many youth resort to engaging in sexual acts and other favors to have a place to sleep. This statement was profound in that it captured the

essence of the research regarding one of the major issues that impacts the lives of homeless LGBT youth who engage in high risk behaviors to get their needs met.

The participants agreed that they might not always be aware of when they are engaging in implicit bias, but they do make an attempt to focus on the principles of social work and engage clients based on their individual needs. The respondents all agreed that it is the responsibility of the social worker or professional to build rapport and establish a therapeutic relationship with their clients that is validating and affirming, as a critical component in helping homeless LGBT youth navigate social environments and manage the challenges of bias and discrimination.

Social workers are trained professionals that are held with a task of learning about the experiences of homeless LGBT youth in order to provide them with the support they need as they transition to interdependence. Ideally the therapeutic relationship between the social worker and homeless LGBT youth is conducive to helping the youth navigate resources, services, relationships, and validation of their gender identity and sexuality as normal. A major part of the social workers engagement with their clients is to help the youth to create a supportive and concrete social network as they navigate societal conceptions that marginalize their sexual identity.

Heterosexual privilege and discrimination towards same sex relationships are associated with lower levels of competency among professionals (Bidell, 2012). This study may be used as a guide by social workers to increase their awareness about how to affirm and support LGBT youth. As young people develop their sexual identities, family support and affirmation of their self -worth and concrete support LGBT youth, may help

the youth experience shorter terms of homelessness (Crisp & McCave, 2007; Baptist & Allen, 2008).

This study was specific to social work practice in the city of New Haven, Connecticut and therefore cannot be generalized. However, this study seeks to fill the gaps in the literature by simultaneously exploring social work practice techniques with homeless LGBT youth and their experiences in the contexts of identity formation. The social workers who participated in this study had approximately 25 years of combined practice with LGBT youth. Seven respondents participated in this study, 4 were female, and 3 were male. Among the 7 respondents, 3 identified as African American/Black, and 4 identified as Caucasian/White.

In this study, I focused on social work practice techniques that were affirming of LGBT sexual drives as normal. Data collection for this qualitative study consisted of face to face semi-structured interviews, telephone interviews, and e-mail responses (Galetta, 2013). The sample size consisted of 7 social workers who practice or provide service to people who identify as LGBT in New Haven, Connecticut. The sample size for this study is small, however it is my hope that the information and data gathered from the respondents can be deemed valuable by other social worker practitioners or staff who provide service to homeless LGBT youth.

There were limitations to this study, including the small purposeful sample (N=7). Self-reported data could be biased; for instance, participants could have responded to questions by the way they believe they should as social workers. The participants also

could have been uncomfortable answering the questions based on the sensitivity of the topics.

Summary

Social work practice interventions are important to addressing the needs of homeless LGBT youth and are necessary to help counter the impact of discrimination and bias has on the physical health and mental health of LGBT youth (Bidell, 2012, Crisp & McCave, 2007; Ridge & Ziebland, 2012). Overall, LGBT homeless youth experiences are uniquely different from other homeless youth. Homeless LGBT youth face greater obstacles when seeking shelter and services. LGBT homeless youth have reported experiences of bias and discrimination when seeking shelter or services, unfair treatment reinforces the belief that LGBT youth are underserving of being provided relief from their circumstances and sends a message that their lives are unimportant. Social work practices that focus on the individual well-being of homeless LGBT youth while addressing discrimination, and stigmas supports the values and principle of social work (National Association of Social Workers, 2017). More specifically, social workers who work directly with homeless youth have important roles in helping to influence change in the lives of LGBT youth through advocacy, empowerment, and education (Israel, Gorcheva, Walther, Sulnzer & Cohen, 2008; National Association of Social Workers, 2017).

A key component to helping LGBT youth is for social workers to be aware of their own biases and beliefs about LGBT people and to increase their knowledge about the issues that impact the lives of client population they serve.

.The themes that emerged from the semistructured interviews highlighted the social workers experiences and perspectives about challenges working with homeless LGBT youth in the city of New Haven, Connecticut, particularly in an environment that largely acts as a hindrance to acquiring basic necessities often trumped by a concerted focus on gender identity or sexual orientation. However, social work practice that strategically affirmed same gender attraction as normal increased positive outcomes and improved coping abilities to overcome identity related challenges (Walters et al., 2018). In Section 4, I will review the application of professional ethics in social work practice, implications for social change, recommendation for social work practice, and a summary of research study.

Section 4: Application to Professional Practice and Implications for Social Change

The purpose of this qualitative study was to explore how social workers affirm the sexual identity of LGBT youth who are homeless. I used a purposeful sampling of social worker practitioners and shelter staff who provide supports and service to LGBT clients in the city of New Haven, Connecticut. The interview questions were designed to gather data on practice methods and interventions used in practice with homeless LGBT youth. This study supports the National Association of Social Workers (2017) Code of Ethics, promotes social justice, and challenges social workers to pursue social change particularly with and on behalf of vulnerable and oppressed populations.

Application for Professional Ethics in Social Work Practice

This research study supports and promotes advocacy and improved social work practices with clients. The National Association of Social Workers (2017) Code of Ethics

identifies principles and values related to addressing social issues and helping individuals by addressing their needs and improving their self-worth. Social worker practice with homeless LGBT youth that is strength based and focuses on the needs of the individual aligns with the principles of the National Association of Social Workers Code of Ethics. This study's findings may help to inform practice with homeless LGBT youth and increase positive outcomes for this population.

Recommendations for Social Work Practice

This study was intended to increase awareness and inform social workers so they may effectively address the needs of homeless LGBT youth. Social workers have an important role in helping meet the needs of LGBT youth and need to be knowledgeable of competencies to engage the LGBT youth from a strengths-based perspective. Social workers who aware of their own personal bias and views of gender identity and sexual orientation are better prepared to engage clients with respect and maintain a nonjudgmental approach.

Social work best practice dictates that workers advocate for attitudes towards LGBT people to be more accepting. It is important for LGBT youth to be accepted and treated with dignity and have access to the resources that are intended to help improve the quality of their lives. Research has highlighted the importance of social acceptance in LGBT young people's lives, and how acceptance, or lack thereof, of a person's sexual and/or gender identity can directly negatively impact their overall well-being and functioning (McConnell, Birkett, & Mustanski, 2016). Social work competency, education, and knowledge of the issues and experiences of homeless LGBT youth is key

to addressing the needs of this population (Council on Social Work Education, 2001). As youth develop their sexual identities, family support and affirmation of their self-worth is important (McConnell et al., 2016). A high priority of need for homeless LGBT youth is access to preventive services and family centered treatment that will support LGBT youth remaining at home (Katz-Wise et al, 2015).

Research indicates that LGBT youth experience disproportionate levels of bias, discrimination, and verbal harassment in varying social settings. LGBT homeless youth experiences of bias and discrimination are significantly exacerbated by their gender identity and sexual orientation. Social work practice that is affirming of same gender sexual attraction as normal could further contribute to the stability of LGBT youth. Further research about the experiences of homeless LGBT youth could offer additional insight into the issues this population face because of bias and discrimination. This study's findings could be used to develop a training curriculum with competencies and objectives that promote increased awareness and improved practice with homeless LGBT youth.

This study was specific to social work practice in the city of New Haven, Connecticut, and therefore cannot be generalized. However, this study seeks to fill the gaps in the literature by simultaneously exploring social work practice techniques with homeless LGBT youth and their experiences in the context of identity formation. The social workers who participated in this study had approximately 25 years of combined practice experience with LGBT youth. There were seven participants in this study, four females and three males. Among the seven participants, three identified as African

American/Black and four participants identified as European American/White. The respondents ranged from age 28 to age 58.

The limitations of this study are due to the small purposeful sample of seven and may not be generalized to all social work practices with homeless LGBT youth. The criteria for social work licensure in the state of Connecticut may be different for other states, and therefore the outcomes for duplication of this study may vary.

Implications for Social Change

Social workers who participated in this study were educated and trained to address trauma, housing issues, medical needs, and mental health needs, and to assist with education and vocational needs. However, the principle of the gay affirmative practice model was not considered as a practice model to address issues related to gender and sexual orientation. Crisp and McCave (2007) identified the core values of the gay affirmative practice model that values LGBT self-worth, addresses the impact that family rejection and abandonment, discrimination, and bias has on homeless LGBT youth. The respondents shared their experiences interacting with and understanding the complex and unique needs of LGBT youth and how the social context of interpersonal and community deeply influenced how LGBT youth experienced homelessness. The respondents conceptualized experience of homeless LGBT youth as deeply rooted in the environment and influenced by attitudes and perceptions about LGBT people. Social work education and training on the stages of coming out and the implications that coming out has on the development of LGBT youth is important and could help improve the quality of life for LGBT youth as they transition to their adult lives.

Finally, social work practice with homeless LGBT youth is often focused on their needs rather than identity. One challenge of affirmative social work practice with homeless LGBT youth is to create a safe social environment that is inclusive of all genders and eliminating the negative experiences that emerge and remain during adult life experiences. This study will be shared with the participants by e-mail or U.S. mail. I will also develop a training curriculum with competencies and objectives that promote increased self-awareness and improved practices with homeless LGBT youth. I will also seek opportunities to present the findings of this study during social work learning forums at the city and state levels.

Summary

Homelessness acts as a hindrance to identity formation for LGBT youth who are without concrete supports to overcome barriers shaped by a social context that is unaccepting of their gender identity and sexual orientation. Homeless LGBT youth are more likely to engage in high risk behaviors and are at a greater risk for negative outcomes due to their gender identity and sexual orientation. This study highlights the use of gay affirmative social work practice with homeless LGBT youth to normalize their sexual drives, which is critical to improving outcomes for this population. The social workers who participated in this study also identified the importance of helping their LGBT clients assess the value of concrete supports and important relationships as they navigate their lives in a heteronormative society.

References

Administration for Children & Families (2014). *Runaway & homeless youth.*

Washington, DC: Department of Health and Human Services.

Allen, S., Ruiz, M., & O'Rourke, A. (2016). Differences in the prevalence of risk

behaviors between heterosexual and lesbian, gay, bisexual, and questioning

(LGBQ) female adolescents in the juvenile justice system. *Journal of Gay &*

Lesbian Social Services, 28(2), 171-175.

https://doi.org/10.1080/10538720.2016.1158137

Ali, S., & Barden, S. (2015. Considering the cycle of coming out: Sexual Minority

Identity Development. *Professional Counselor, 5*(4), 501-515.

https://doi.org/10.15241/sa.5.4.501

Almedia, J., Johnson, R., Corliss, H., Molnar. B., & Azreal, D. (2009). Emotional distress

among LGBT youth: The influence of perceived discrimination based on sexual

orientation. *Journal of Youth and Adolescence, 38*(7), 1001-1014.

https://doi.org/10.1007/s10964-009-9397-9

Asakura, K., & Craig, S. (2014). "It gets better": but how? Exploiting resilience

development in the accounts of LGBTQ adults. *Journal of Human Behavior in the*

Social Environment, 24, 253–266. https://doi.org/10.1080/10911359.2013.808971

Baptist, J., & Allen, K. (2008). A family's coming out process: Systemic change and

multiple realities. *Contemporary Family Therapy: An International Journal,*

30(2), 92-110. https://doi.org/10.1007/s10591-008-9057-3

Bidell, M. (2012). Examining school counseling students' multicultural and sexual orientation competencies through a cross-specialization comparison. *Journal of Counseling & Development, 90*(2), 200–207. https://doi.org/10.1111/j.1556-6676.2012.00025.x

Bidell, M. (2014). Is there an emotional cost of completing high school? Ecological factors and psychological distress among LGBT homeless youth. *Journal of Homosexuality, 61*(3), 366-381. https://doi.org/10.1080/00918369.2013.842426

Bober, C., Suing, K., & Shepler, D., (2016). Correlates of satisfaction with life for people who identify as transgender and sexual minority. *Journal of Social, Behavioral, and Health Sciences, 10*(1), 93-111. https://doi.org/10.5590/JSBHS.2016.10.1.10

Carter, N., Bryant-Lukosius, D., DiCenso, A., Blythe, J., & Neville A. (2014). The use of triangulation in qualitative research. *Oncology Nurses Forum,* 41(5) 545-547. Doi:10.1188/14.ONF.

Centers for Disease Control and Prevention (CDC) (2014). *HIV among gay and bisexual men.* Atlanta, GA: Author. Retrieved from https//:www.cdc.gov/hiv/risk/gender/msm

Chamberlain, C., & Johnson, G. (2013). Pathways into adult homelessness. *Journal of Sociology, 49*(1), 60-77. https://doi.org/10.1177/1440783311422458

Chenail, R. (2011). Interviewing the investigator: Strategies for addressing instrumentation and researcher bias concerns in qualitative research. *Qualitative Report, 16*(1), 255.

Cochran, B., Stewart, A., Ginzler, J., & Cauce, A. (2002). Challenges faced by homeless

    sexual minorities: Comparison of gay, lesbian, bisexual, and transgender

    homeless adolescents with their heterosexual counterparts. *American Journal of*

    Public Health, 92(5), 773-77. https://doi.org/10.2105/ajph.92.5.773

Connecticut Coalition to End Homelessness (2017). Report of homelessness in

    Connecticut. www.cceh.org

Corliss, H., Goodenow, C., Nichols, L., & Austin, S. (2011). High burden of

    homelessness among sexual-minority adolescents: findings from a representative

    Massachusetts high school sample. *American Journal of Public Health, 101*(9),

    1683-1689. https://doi.org/10.2105/ajph.2011.300155

Council on Social Work Education. (2001). *Education policy and accreditation*

    standards. Alexandria, VA: Author.

Crisp, C. (2006). The gay affirmative practice scale (GAP): A new measure for assessing

    cultural competency with gay and lesbian clients. *Social Work, 51*(2), 115–126.

    https://doi.org/10.1093/sw/51.2.115

Crisp, C., & McCave, E. (2007). Gay affirmative practice: A model for social work

    practice with gay, lesbian, and bisexual youth. *Child and Adolescent Social Work*

    Journal, 24(4), 403-421. https://doi.org/10.1007/s10560-007-0091-z

D'Augelli, A. R. (2002). Mental health problems among lesbian, gay, and bisexual

    youths ages 14 to 21. *Clinical Child Psychology and Psychiatry, 7,* 433–456.

    https://doi.org/10.1177/1359104502007003039

D'Augelli, A., Grossman, A., & Starks, M. (2005) Parents' awareness of lesbian, gay, and bisexual youths' sexual orientation. *Journal of Marriage & Family, 67*(2), 474-482. https://doi.org/10.1111/j.0022-2445.2005.00129.x

Dworsky, A., & Hall, C. (2013). *The economic wellbeing of lesbian, gay, and bisexual youth transitioning out of foster care.* Princeton, NJ: Mathematica Policy Research.

Elizabeth, A. (2013). Challenging the binary: Sexual identity that is not duality. *Journal of Bisexuality, 13*(3), 329-337. https://doi.org/10.1080/15299716.2013.813421

Ferguson, K., Bender, K., Thompson, S., Maccio, E., & Pollio, D. (2012). Employment status and income generation among homeless young adults: results from a five-city, mixed methods study. *Youth & Society, 44*(3), 385-407. https://doi.org/10.1177/0044118x11402851

Ferguson, K., & Maccio E. (2015). Promising programs for lesbian, gay, bisexual, transgender, and queer/questioning runaway and homeless youth. *Journal of Social Service Research,* 41(5), 659–683. https://doi.org/10.1080/01488376.2015.1058879

Fetner, T., Elafros, A., Bortolin, S., & Dreschsler, C. (2012). Safe spaces: Gay-straight alliances in high schools. *Canadian Review of Sociology, 49*(2), 188–207. https://doi.org/10.1111/j.1755-618X.2011.01290.x

Friedman, M., Koeske, G., Silvestre, A., Korr, W., & Sites, E. (2006). The impact of gender-role nonconformity behavior, bullying, and social support on suicidality

among gay male youth. *Journal of Adolescent Health, 38*(5), 621-623.

https://doi.org/10.1016/j.jadohealth.2005.04.014

Gattis, M. (2013). An ecological systems comparison between homeless sexual minority

youths and homeless heterosexual youths. *Journal of Social Service Research,*

39(1), 38–49. https://doi.org/10.1080/01488376.2011.633814

Ginicola, M., Filmore, J., & Smith, C. (2017). Developing competence in working with

LGBTQI+ communities: awareness, knowledge, skills, and action. In *Affirmative*

Counseling with LGBTQI+ People (pp. 5-9). Alexandria, VA: American

Counseling Association. https://doi.org/10.1002/9781119375517.ch1

Goodenow, Netherland, & Szalacha. (2002). AIDS-related risk among adolescent males

who have sex with males, females or both: Evidence from a statewide survey.

American Journal of Public Health, 92, 203-210.

https://doi.org/10.2105/ajph.92.2.203

Green, A. I. (2002). Gay but not queer: Toward a post-queer study of sexuality. *Theory*

and Society, 31(4), 521-545.

Haas, A., Eliason, M., Mays, V., Mathy, R., Cochran, S., D'Augelli, A., & Russell, S.

(2010). Suicide and suicide risk in lesbian, gay, bisexual, and transgender

populations: Review and recommendations. *Journal of Homosexuality,* 58(1), 10-

51.

Heinzea, H., Hernandez, D., Toroc, P., & Bluea, L. (2012). Reasons for homelessness; an

empirical typology. *Vulnerable Children & Youth Studies, 7*(1). 88-101.

https://doi.org/10.1080/17450128.2011.643832

Hudson, A. Nyamathi, A., Greengold, B., Slagle, A., Koniak-Griffin, D., Khalilifard, F.,

    & Getzoff, D. (2010). Health-seeking challenges among homeless youth. *Nursing*

    Research, 59(3), 212–218. https://doi.org/10.1097/nnr.0b013e3181d1a8a9

Hunter, J. (1990). Violence against lesbian and gay male youths. *Journal of Interpersonal*

    Violence, 5(3), 295-300. https://doi.org/10.1177/088626090005003004

Irvine, A. (2010). "We've had three of them": Addressing the invisibility of lesbian, gay,

    bi-sexual, and gender nonconforming youths in the juvenile justice system.

    Columbia Journal of Gender and Law, 19(10), 675-702.

Israel, T., Gorcheva, R., Walther, W., Sulnzer, J. & Cohen, J. (2008). Therapist' helpful

    and unhelpful situations with LGBT clients: An exploratory study. *Professional*

    Psychology: Research and Practice, 39(3), 361–368.

    https://doi.org/10.1037/0735-7028.39.3.361

Jones, D., & Skogrand, L. (2014). Positive youth development as shared among cultures.

    Reclaiming Children & Youth, 23(3), 26-29.

Jones, M. M., (2015). Creating a science of homelessness during the Reagan era. *Milbank*

    Quarterly, 93(1), 139-178. https://doi.org/10.1111/1468-0009.12108

Katz-Wise, S., Rosario, M., & Tsappis, M. (2016). Lesbian, gay, bisexual, and

    transgender youth and family acceptance. Pediatrics Clinic of North America,

    63(6), 101-1025.DOI:10.1016/jpcl.2016.07.005.

Kattari, S., Barman-Adhikari, A., DeChants, J., & Rice, E. (2017). Social networks and

    sexual risk factor differences between cisgender heterosexual and cisgender

LGBQ homeless youths. *Journal of Gay & Lesbian Social Services, 29*(2), 182-200. https://doi.org/10.1080/10538720.2017.1296800

Klein, K., Holtby, A., Cook, K., & Travers, R. (2015). Complicating the coming out narrative: becoming oneself in a heterosexist and cissexist world. Journal of Homosexuality, 62(3), 297-326.

Krehely, J. (2009, December). How to close the LGBT health disparities gap. Retrieved from the Center for American Progress website: https://www.americanprogress.org/issues/lgbtq-rights/reports/2009/12/21/7048/how-to-close-the-lgbt-health-disparities-gap/

Krems, J., Kenrick, D., & Neel, R. (2017). Individual perceptions of self-actualization: what functional motives are linked to fulfilling one's full potential? *Personality and Social Psychology Bulletin, 43*(9), 1337-1352. https://doi.org/10.1177/0146167217713191

Kubicek, K., Beyer, W., McNeely, M., Weiss, G. Omni, L… & Kipke, M. (2013). Community–engaged research to identify house parent perspectives on support and risk within the house and ball scene. *Journal* of *Sex Research, 50*(2), 178–189. https://doi.org/10.1080/00224499.2011.637248

Lenz-Rashid, S. (2006). Employment experiences of homeless young adults: Are they different for youth with a history of foster care? *Children and Youth Services Review,* 28(3), 235-259.

Lim, F., Brown, D., & Kim S. (2014). Addressing health care disparities in the LGB and
Transgender population: A review of best practices. *American Journal of Nursing,
114*(6), 24-34.

Lolai, D., (2015). "You're going to be straight or you're not going to live here": child
support for LGBT homeless youth. *Law & Sexuality: A Review of Lesbian, Gay,
Bi-sexual & Transgender Legal Issues, 24,* 35-98.

Luke, M., & Goodrich, K. (2012). LGBTQ responsive school counseling supervision.
Clinical Supervisor, 31(1), 81–102.
https://doi.org/10.1080/07325223.2012.672391

Maiorana, A., Rebchook, G., Kassie, N., & Myers, J. (2013). On being gay in Barbados:
"Bullers" and "Battyboys" and their HIV risk in a societal context of stigma.
Journal of Homosexuality, 60(7), 984–1010.
https://doi.org/10.1080/00918369.2013.774877

Mar, M., Linden, I., Torchalla, I., Li, K., & Krausz, M. (2014). Are childhood abuse and
neglect related to age of first homelessness episode among currently homeless
adults? *Violence & Victims, 29*(6), 999-1013. https://doi.org/10.1891/0886-
6708.vv-d-13-00025.

Marshall, M., Dietz, L., Friedman, M., Stall, R., Smith, H., McGinley, J….Brent, D.
(2011). Suicidality and depression disparities between sexual minority and heterosexual
youth: a meta-analytic review. *Journal of Adolescent Health, 49*(2), 115-123.
https://doi.org/10.1016/j.jadohealth.2011.02.005

Martin, J.I., Messinger, L., Kull, R., Holmes, J., Bermudez, F., & Sommer, S. (2009). *Study of LGBT Issues in social work.* Alexandria, Virginia: Council on Social Work Education and New York: Lambda Legal.

McConnell, E., Birkett, M., & Mustanski, B. (2016). Families matter: Social support and mental health trajectories among lesbian, gay, bisexual and transgender youth. *Journal of Adolescent Health, 59*(6), 674-680. https://doi.org/10.1016/j.jadohealth.2016.07.026

McNiff, J., & Whitehead, J. (2011). *All you need to know about action research.* Thousand Oaks, CA: Sage Publications.

Miller , P. (2009). An examination of the McKinney-Vento Act and its influence on the homeless education situation. *Journal of School Public Relations,* 25(30) 424-450. https://doi.org/10.11710895904809351692

Moskowitz, A., Stein, J., & Lightfoot, M. (2013). The mediating roles of stress and maladaptive behaviors on self-harm and suicide attempts among runaway and homeless youth. *Journal of Youth & Adolescence, 42*(7), 1015-1027. https://doi.org/10.1007/s10964-012-9793-4

Nagoshi, J., Adams, K., Terrell, H., Hill, E., Brzuzy, S., & Nagoshi, C., (2008). Gender differences in correlates of homophobia and transphobia. *Sex Roles, 59*(7-8), 521–531. https://doi.org/10.1007/s11199-008-9458-7.

Onwuegbuzie, A., Dickinson, W., Leech, N., & Zoran, A. (2009). A qualitative framework for collecting and analyzing data in focus group research. *International Journal of Qualitative Methods,* 8(3), 1-21.

Palinkas, L., Horwitz, S., Green, C., Wisdom, J., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration Policy Mental Health, 42*(5), 533-544. https://doi.org/10.1007/s10488-013-0528-y

Parent, M., DeBlaere, C., & Moradi, B. (2013). Approaches to research on intersectionality: perspectives on gender, LGBT, and racial /ethnic identifies. *Sex Roles, 68*(11-12), 639-645. https://doi.org/10.1007/s11199-013-0283-2

Pearson, J. & Wilkinson, L. (2013). Family relationships and adolescent well-being: Are families equally protective for same sex attracted youth? *Journal of Youth and Adolescence, 42*(3), 376-393. https://doi.org/10.1007/s10964-012-9865-5

Perry, Jr., W.G. (1999). *Forms of intellectual and ethical development in the college years: A scheme.* San Francisco, CA: Jossey- Bass Publishers.

Ray, N. (2006). *Lesbian, gay, bisexual and transgender youth: An epidemic of homelessness.* New York, NY: National Gay and Lesbian Task Force Policy Institute and the National Coalition for the Homeless.

Richards, T., and Richards, L. (1991). The NUDIST qualitative data analysis system. *Qualitative Sociology, 14*(4), 307-324. https://doi.org/10.1007/bf00989643

Ridge, D., and Ziebland, S. (2012). Understanding depression through a 'coming out' framework. *Sociology of Health & Illness, 34*(5), 730–745. https://doi.org/10.1111/j.1467-9566.2011.01409.x

Rosario, M., Schrimshaw, E., & Hunter, J. (2012). Homelessness among lesbian, gay, and bisexual youth: Implications for subsequent internalizing and externalizing symptoms. *Journal of Youth and Adolescence, 41*(5), 544-560. https://doi.org/10.1007/s10964-011-9681-3

Ryan, C., Huebner, D., Diaz, R., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, bisexual young adults. *Pediatrics, 123*(1), 346-352. https://doi.org/10.1542/peds.2007-3524

Ryan, C., Russell, S., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing, 23*(4), 205-213. https://doi.org/10.1111/j.1744-6171.2010.00246.x

Saewyc, E. (2011). Research on adolescent sexual orientation: Development, health disparities, stigma, and resilience. *Journal of Research on Adolescence, 21,* 256–272.

Schwartz, S., Côté, J., & Arnett, J., (2005). Identity and agency in emerging adulthood: Two developmental routes in the individualization process. *Youth & Society, 37,* 201-229. https://doi.org/10.1177/0044118x05275965

Sherriff, N., Hamilton, W., Wigmore, S., & Giambrone, B. (2011). "What do you say to them?" Investigating and supporting the needs of lesbian, gay, bisexual, trans, and

questioning (LGTBQ) young people. *Journal of Community Psychology, 39*(8), 939–955.

Simon, R. (2016). The conflict paradigm in sociology and the study of social inequality: paradox and possibility. *Theory in Action, 9*(1). 1-31. ttps://doi.org/10.3798/tia.1937-0237.16001

Simons, L., Schrager, S., Clark, L., Belzer, M., & Olson, J. (2013). Parental support and mental health among transgender adolescents. *Journal of Adolescent Health, 53*(60, 791-793. https://doi.org/10.1016/j.jadohealth.2013.07.019

Stringer, E. (2013). *Action research* (4th ed.). Thousand Oaks, CA. Sage Publications.

Suri, H. (2011). Purposeful sampling in qualitative research synthesis. *Qualitative Research Journal,* 11(2), 63-75. https://doi.org/10.3316/qrj1102063

Turner, D. (2010). Qualitative interview design: A practical guide for novice investigators. *Qualitative Report,* 15(3), 754-760

United Way of Greater New Haven 211 (2019). www.https://unwgnh.org

Walls, E., & Bell, S. (2011). Correlates of engaging in survival sex among homeless youth and young adults. *Journal of Sex Research, 48*(5), 423-436. https://doi.org/10.1080/00224499.2010.501916

Walters, C., Clark, C. McLaughlin, W., Simon, S., & Moody, B. (2018). Gay affirmative practice: A model for counseling LGBT youth. *Cross-Cultural Counseling and Education Conference for Research, Action, and Change, 12*. Retrieved from https://digitalcommons.georgiasouthern.edu/ccec/2018/2018/12/

Whitbeck, L., & Hoyt, D., (1999). *Nowhere to grow: Homeless and runaway adolescents and their families.* New York, NY. Walter de Gruyter.

Whitbeck, L., Hoyt, D., & Huck, S., (1994). Early family relationships intergenerational solidarity, and support provided to parents by their adult children. *Journal of Gerontology, 49,* S85-S94. https://doi.org/10.1093/geronj/49.2.s85

Wickens, C., & Sandlin, J. (2010). Homophobia and heterosexism in college education: A culture of fear, a culture of silence. *International Journal of Qualitative Studies in Education, 23*(6), 651-670. https://doi.org/10.1080/09518390903551035

Williams, A., & Sheehan, R. (2105). Emerging adulthood in time and space: the geographic context of homelessness. Journal of Family Theory & Review , 7(2), 126-143. https:doi.org/10.111/jftr.12076.

Williams, T., Connolly, J, Pepler, D., & Craig, W. (2005). Peer victimization, social support, and psychological adjustment of sexual minority adolescents. *Journal of Youth and Adolescents,* 34(5), 471-482. DOI:10.1007/s10964-005-7264-x.

Workers, N.A. (2017). NASW Code of Ethics Guide to Ethical Standards, *Social Workers Ethical Responsibilities to the Broader Society*; 6.01, *Social Welfare.* Washington, DC:NASW.

Workers, N.A. (2017). NASW Code of Ethics Guide to Ethical Standards, *Social Workers Ethical Responsibilities to the Broader Society; 6.*04, *Social and Political Action.* Washington, DC:NASW.

Workers, N.A. (2017). NASW Code of Ethics Guide to Ethical Standards, *Social Workers Ethical Responsibilities to Clients*;1.03, *Informed Consent.* Washington, DC:NASW.

Workers, N.A. (2017). NASW Code of Ethics Guide to Ethical Standards, *Social Workers Ethical Responsibilities to Clients*;1.05, *Cultural Competence and Social Diversity.* Washington, DC:NASW.

Workers, N.A. (2017). NASW Code of Ethics Guide to Ethical Standards, *Social Workers Ethical Responsibilities to Clients*;1.03, *Informed Consent.* Washington, DC:NASW.

Workers, N.A.. (2019).

Youth Continuum. (2019) Serving our most vulnerable youth since 1966. Retrieved from www.youthcontinuum.org.

Appendix A: Applicant Demographic Questionnaire

This information is for the sole purpose of ensuring that the volunteers in this study meet the qualifications for participation. All information will be confidential.

Name: _____

Age: _____

Race: _____

Gender/Gender Pronouns: _____

Education: (type of degree and level of degree): _____

Social Work Licensure Type: _____

Are you currently practicing with LGBT clients? _____

Years of Work Experience with LGBT youth age 14-25: _____

Current Work Title: _____

Are you in private practice: _____

Appendix B: Interview Questions

IQ1: Given your belief systems, such as religious and sexual belief systems, what assumptions do you make about the sexual identity of homeless LGBT youth, and what information do you want and need to validate or reject your assumptions?

IQ 2: How do you affirm for homeless LGBT youth that same gender sexual drives are normal, and if you do not, what explanation do you have for not affirming those drives, and how could you give these youth the affirmation they need regarding their sexual identity?

IQ3: In ways do you reinforce the possibility with homeless LGBT youth that same gender identity can be positive?

IQ4: How familiar are you with the stages of "coming out" among LGBT youth in general, and what practice information do you need in order to be more effective in working with this population of youth?

IQ5: Which biases do you have that prevent you from addressing the homophobia that many homeless LGBT youth experience, and is there is any way you can overcome those biases?