LGBT Homeless Youth & Trauma Informed Care

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National Health Care for the Homeless
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Learning Objectives

• Understand the causes of homelessness among LGBT youth
• Describe the impact of homelessness on health outcomes for LGBT youth
• Identify culturally competent, trauma-informed models of care to integrate into clinical healthcare settings
Presentation Overview

I. Level Setting Definitions
II. Describing Homeless LGBT Youth
III. Exploring the Causes of Homelessness
IV. Health Outcomes for LGBT Homeless Youth
V. Barriers to Health for LGBT Homeless Youth
VI. Trauma in LGBT Homeless Youth
VII. Power Analysis
VIII. Culturally Competent TIC
Definitions

LGBTQ+
Youth
   Ages 14-24
Trauma
   Event, Experience, Effect
Homelessness
   Sheltered, Insecurity
Defining LGBT

LGBTQ+
Sexual Orientation and Gender Identity
Sex
Biological traits that society associates with being male or female

Gender
Cultural meanings attached to being masculine & feminine, which influence personal identities
E.g. Man, Woman, Transgender, Intersex, Gender Queer, among others

Sexuality
Sexual attraction, practices & identity which may or may not align with sex and gender
E.g. Heterosexual, Homosexual (Gay or Lesbian), Bisexual, Queer, among others
Defining Youth and Trauma

• Youth
  – Ages 13-24
  – Varies in the Research

• Trauma
  – Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as overwhelming or life-changing and that has profound effects on the individual’s psychological development or well-being, often involving a physiological, social, and/or spiritual impact.


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Defining Homelessness

• Homelessness
  – “Homelessness deprives individuals of...basic needs, exposing them to risky, unpredictable environments. In short, homelessness is more than the absence of physical shelter, it is a stress-filled, dehumanizing, dangerous circumstance in which individuals are at high risk of being witness to or victims of a wide range of violent events”

High Percentages of Homeless in Select States


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### Homelessness Intersects With Race

**EXHIBIT 1.4: Demographic Characteristics of People Experiencing Homelessness 2016**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>All Homeless People</th>
<th>Sheltered People</th>
<th>Unsheltered People</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>549,928</td>
<td>100.0</td>
<td>373,571</td>
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<td><strong>Gender</strong></td>
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<tr>
<td>Female</td>
<td>217,268</td>
<td>39.5</td>
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<tr>
<td>Male</td>
<td>330,890</td>
<td>60.2</td>
<td>206,999</td>
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<td>Transgender</td>
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<td><strong>Ethnicity</strong></td>
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<tr>
<td>Non-Hispanic</td>
<td>428,629</td>
<td>77.9</td>
<td>286,430</td>
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<tr>
<td>Hispanic</td>
<td>121,299</td>
<td>22.1</td>
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<tr>
<td><strong>Race</strong></td>
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<tr>
<td>White</td>
<td>265,660</td>
<td>48.3</td>
<td>163,881</td>
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<tr>
<td>African American</td>
<td>215,177</td>
<td>39.1</td>
<td>168,623</td>
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<tr>
<td>Asian</td>
<td>5,603</td>
<td>1.0</td>
<td>3,476</td>
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<tr>
<td>Native American</td>
<td>15,229</td>
<td>2.8</td>
<td>7,880</td>
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<tr>
<td>Pacific Islander</td>
<td>8,734</td>
<td>1.6</td>
<td>4,499</td>
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<tr>
<td>Multiple Races</td>
<td>39,525</td>
<td>7.2</td>
<td>25,212</td>
</tr>
</tbody>
</table>

Homeless Populations are Youthful

- 31% of all homeless people, are homeless youth.
- Of those who are sheltered, 38% of homeless youth.
- Of those who are unsheltered 16.2% are homeless youth.
Significant LGBT Youth Presence at Homeless Services

• 5-10% of youths are LGBT
• 40% of homeless youth are LGBT

Increase in LGBT Clients Accessing Homeless Services

Biggest Barriers to Improving efforts to Address LGBT Youth Homelessness

ROI for Trauma Informed Care

- Trauma-informed, integrated services are cost effective
- Workforce development represents a relatively low-cost, high-yield investment

Value of Investment in Homeless LGBT Youth

- Higher rates of engagement from the homeless youth community
- Higher retention rates for services from the homeless youth community
- Increased staff retention and decreased burnout rates in clinic/shelter staff
- Overall improved outcomes for homeless youth

Hollywood Homeless Youth Partnership. (2009). 10 Reasons for Integrating Trauma-Informed Approaches in Programs For Runaway and Homeless Youth

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Top Three Causes of LGBT Youth Homelessness

1. Ran away because of family rejection
   1. Forced out by parents after coming out

2. Abuse
   1. Physical
   2. Emotional
   3. Sexual

3. Aged out of the foster care system

Family Rejection
Abuse

Sassafras Lowrey

Hometown: Clackamas, OR
Ran Away at Age 17
LBGT Youth Struggle in Foster Care

- A study by NCLR on LGBT Youth in the New York foster care system in 2006 found the following about LGBT youth in New York’s foster care system:
  - 100% of LGBT youth in group homes reported being verbally abused
  - 70% of LGBT youth in foster care reported physical violence
LBGT Youth Engage State Institutions

- 33% of all homeless LGBT youth will have some kind of contact with the foster care system.
- 42% of all LGBT youth will end up using some kind of social safety net because of either violence or rejection at home.
- 33% of all LGBT youth will have some kind of interaction with the juvenile detention system.


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HEALTH OUTCOMES FOR LGBT YOUTH
Overall Health of LGBT Clients Worse Than Other Homeless Youth

Higher Rates of Substance Use in the LGBT Homeless Population

- 42% of LGBT homeless youth will abuse alcohol compared to 27% of their heterosexual counterparts
- 53% of LGBT homeless youth will suffer from substance abuse


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High Rates of Depression, PTSD, and Suicide

• 41% of LGBT homeless youth will suffer from major depressive disorder
• 47% of LGBT homeless youth will suffer from PTSD
• 73% of LGBT homeless youth with suffer from suicidal ideation
  – 57.1% of LGBT homeless youth will make at least one suicide attempt

Violence Towards the LGBT Community

- 33% of all homeless LGBT youth reported being victims of hate crimes
- 22% of LGBT youth reported being sexually assaulted or raped
- 28% of homeless LGBT youth reported being physically assaulted
- Lifetime Interpersonal Violence experiences among lesbians (43.8%), bisexual women (61.1%), and bisexual men (37.3%) and gay men (26%) – compared to heterosexual women (35.0%) and heterosexual men (29%).

Sexual Health Risks Among LGBT Youth

• Youths ages 13-24 accounted for 22% new HIV infections in 2015.
• CDC estimates that under the current trend 1 in 2 gay and bisexual Black men will be diagnosed with HIV in their lifetime and 1 in 4 gay and bisexual Latino men.
• Chronically homeless youth have greater knowledge about HIV, but still more likely to engage in risky sexual behaviors
• Less likely to use condoms
• More likely to engage in survival sex


National Association of Social Workers. (2002). HIV/AIDS and Adolescents and Young Adults. National Association of Social Workers
Adverse Events Lead to an Early Death

BARRIERS TO HEALTH FOR LGBT YOUTH
Barriers to Accessing Healthcare

- Transportation
- Address requirements
- Financial resources
- Health insurance;
- Awareness
- Privacy concerns
- Parental consent
- Coordinated services and outreach
- Day-to-day survival issues.

LGBT Homeless Youth Face Double the Discrimination of Heterosexual Counterparts

- 62% of LGBT homeless youth will experience discrimination compared to only 30% of heterosexual homeless youth

Schools Unsafe for LGBT Youth

- 63.5% of LGBT students reported feeling unsafe at school because of their sexual orientation, while 43.9% felt unsafe because of their gender expression.
- LGBT youth are half as likely to finish high school or pursue a higher degree.

Transgender People Encounter Discrimination in Housing

• 19% of all transgendered people have reported being homeless at some point in their life

• 55% of those who tried to get some kind of housing were harassed and 29% were rejected all together

LBGT Youth Rely on Survival Sex

Survival sex is defined as the exchange of sex for food, money, shelter, drugs and other needs or wants

• 41% of all LGBT youth reported having survival sex at some point while they were homeless

• Transgender homeless youth are 8x more likely to engage in survival sex and LGB youth are 7x as likely

Homeless LGBT Youth are at a Higher Risk for Trauma

LGBTQ street youth experience greater levels of, sexual assault, domestic violence, dating violence, stalking violence, HIV infection, mental health issues and substance abuse than their heterosexual counterparts in the homeless youth population. All of these experiences put LGBT youth at a higher risk for trauma.

Health Consequences of Trauma

• Depression, trouble sleeping, difficulty concentrating
• Feeling chronically tired
• Chest pain, difficulty breathing
• Substance use
• Stomachaches, headaches and general pain with no apparent cause
Trauma Leads to Increased Risk of HIV

• Trauma history leads to low adherence with medical and self-care
• Trauma increases risk of co-occurring medical conditions
• Trauma negatively impacts disease progression
• Trauma can lead to increase risk-taking behaviors, and
• Recent trauma is a significant predictor of antiretroviral (ART) failure (Machtinger, Haberer, Wilson, & Weiss, 2012)


Case Study: Homeless Youth In Hollywood

• In Hollywood ¼ of homeless LGBT youth reported spending the previous night somewhere that was not safe for humans to sleep (i.e. the curb or an alley)

• Half of Hollywood’s homeless population reported spending the night in an area like the one described above in the last thirty days
TRAUMA AND SOCIAL DETERMINATES OF HEALTH
Defining Trauma

**Acute Trauma** - follows a single traumatic event that causes extreme physical or emotional distress.

**Chronic/Complex Trauma** - Resulting from an ongoing traumatic event
“Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as overwhelming or life-changing and that has profound effects on the individual’s psychological development or well-being, often involving a physiological, social, and/or spiritual impact.”
Trauma-Informed vs. Traditional

**Trauma-Informed**
- Problem symptoms are inter-related responses or coping mechanisms to deal with trauma.
- Power is shared and hierarchy decreased.
- Client behaviors are viewed as adaptations/ways to get needs met.
- LGBT people are active experts and partners with service providers.
- It is understood that providing choice, autonomy, and control is central to healing.

**Traditional**
- Problem symptoms are discrete and separate.
- Care is hierarchical.
- The client’s behavior is viewed as ‘manipulative’ or ‘working the system’.
- People providing services are the experts.
- The client is seen as broken, vulnerable and needing protection
Determinants of Traumatic Response

- Severity, duration and frequency of the event
- How recently the event(s) occurred
- Whether or not the survivor is believed
- Whether the survivor received support and validation or blame and rejection
- The survivors mental capacity and ability to understand what has happened to them
- Cultural norms, rituals and/or values towards abuse
Trauma & Social Determinates of Health

• Race/class/employment
• Family history and social support network
• Access to affirming care and gender affirming treatment
• Mental health history and family history
• Legal protections available
• History of previous trauma
Power Analysis

Community Assets

- People
- Transportation
- Government
- Human Services
- Physical
- Institutional
- Economy
TRAUMA INFORMED CARE AND CLINICAL SETTINGS
Trauma-Informed Approaches in Clinical Settings Can:

- minimize reactions to triggers,
- improve provider/patient relationships,
- improve non-adherence to HIV and other treatment,
- improve entry into and retention in care,
- reduce overuse of services,
- help people understand how trauma impacts their current health, and
- connect people with appropriate resources.

**Trauma-Informed Care is Now the Expectation, NOT the Exception**
Principles of Trauma-Informed Care

- Safety
- Trustworthiness and transparency
- Peer support and mutual self-help
- Collaboration and mutuality
- Empowerment, Voice and Choice
- Respect for culture, historical perspective, gender, and gender identity

Triggers in Health Care Settings

**Definition:** An external event that causes internal discomfort or distress such as:

- **Sounds** - dental drill, ambulance sirens, chaos in environment
- **Sights** - white lab coats, medical equipment, restraints, X-ray bib, room temperature, and
- **Smells** - rubbing alcohol, antiseptic odors, latex gloves
Why Medical Settings May be Distressing for People with Trauma Histories

• Invasive procedures
• Removal of clothing
• Physical touch
• Personal questions that may be distressing
• Power dynamics of relationship
• Vulnerable physical position
• Loss of and lack of privacy, and
• Overt or covert stigma and discrimination
Key Implications for Clinical and Non-Clinical Providers

- Routine screening for abuse and other trauma exposure
- Screening for substance abuse, mental health, suicide and other physical health problems
- Written materials related to trauma and specific needs of LGBT youth available in waiting rooms
ELEMENTS OF EFFECTIVE TRAUMA INFORMED CARE
Peer-Based Services

Integration of peers who identify as LGBT is key to success of trauma-informed service delivery

- Program staff
- Project committee members
- Trainers
- Sources of support
- Volunteers
- Board members
Respect For Culture, Historical Perspective, and Gender
Cultural Humility

• Method to understand and develop a process-oriented approach to competency.

• Conceptualizes cultural humility as the “ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]”


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Factors Guiding Cultural Humility

Three factors guide a person toward cultural humility:

1. lifelong commitment to self-evaluation and self-critique,
2. desire to fix power imbalances where none ought to exist, and
3. aspiring to develop partnerships with people and groups who advocate for others.


The Importance of Our Attitudes and Beliefs

WHAT HURTS?
• Asking questions that convey the idea that “there is something wrong with the person”
• Assumptions about sexual behaviors based on disclosure
• Judgments and prejudices based on cultural ignorance
• Regarding a person’s difficulties only as symptoms of a mental health, substance use, or medical problem

WHAT HELPS?
• Asking questions for the purpose of understanding what harmful events may contribute to current problems
• Listening to the individual’s story in a nonjudgmental way
• Understanding the role of culture in trauma response
• Recognizing that symptoms are often a person’s way of coping with trauma or are adaptations

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Reinforce Organizational Commitment

The program should budget for trauma care education for staff and consumers with a focus on developing wider reaching programs that incorporate evidence based best practices.

Emphasis on trauma recovery as a primary goal as well as adequate training for all staff.

Include LGBT Programming in Annual Board meetings and Budgets.

Advertising, emphasizing, and creating environments that are LGBT inclusive for Staff and Consumers.

Providing paid opportunities for staff and peer educators to receive training on Trauma Informed Care focused on LGBT communities.

Clear harassment and discrimination policies.
<table>
<thead>
<tr>
<th>Use Evidence-Based Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrating trauma based services according to evidence and emerging best practices</td>
</tr>
<tr>
<td>Incorporate routine trauma screenings</td>
</tr>
<tr>
<td>Incorporate two-step gender identity questions and sexual orientation questions during intake</td>
</tr>
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</table>
Minimize Re-Traumatization

Recognition of vicarious trauma and staff self-care

Provide opportunities for staff de-briefs and retreats

Creating an atmosphere of emotional and physical safety through respect and acceptance with an emphasis on clear and consistent boundaries

Provide services including safe spaces or quite rooms for staff in clinics

Train and support staff to create appropriate boundaries

Address clients by their preferred names and pronouns
Facilitate Authentic Relationships

Ensuring there are trusting respectful and non-judgmental relationships being formed in your organization between staff and patients as well as between your staff

Respect the client as multidimensional and complex

Respect client’s orientation and identity

Respect and remember the clients’ and staffs’ lived experience
Prioritize Cultural Competency

Trauma policies and services that respect culture, race, ethnicity, gender, age, sexual orientation, disability and socioeconomic status, focusing in on cultural competence.

Require staff to be trained in LGBT cultural competency and TIC

Provide opportunities for clients to share grievances and implement procedures to address them.
Empower Your Clients

Maximize patient choice, control, autonomy and voice in the process

Empower clients to set therapeutic goals, settings, and strategies.

Highlight consumer strengths, adaptation and resilience while promoting healing and instilling hope.

Celebrate client’s history of survival, without judgment

Encourage the client to explore positive new coping mechanisms
Build Community

Encourage empowerment and growth while avoiding provocation and power assertion

Organization should incorporate shared power, governance, design and evaluation between staff and patients

Provide opportunities and encourage clients to support clinical and therapeutic operations

Advertise opportunities for community engagement

Have LGBT people on your boards and planning committees

Incorporate routine feedback on clinic performance in LGBT cultural competency
Summary

I. Homeless LGBT Youth
   I. Major populations centers
   II. Racial and Ethnic Minorities
II. Exploring the Causes of Homelessness
   I. Rejection, Abuse, Aging Out
III. Health Outcomes for LGBT Homeless Youth
   I. Depression, Suicide, STDs, Substance Use
IV. Barriers to Health for LGBT Homeless Youth
   I. Insurance, Discrimination, Survival Sex, Trauma
V. Trauma in LGBT Homeless Youth
   I. Higher Instances of Traumatic events
VI. Power Analysis
VII. Culturally Competent TIC
   I. Screenings, Pronouns, Triggers, Peers, Power

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Thank you!

Questions?
LGBT Health Training Program

- Free professional development program with CME
- Designed for clinical and allied healthcare providers
- Cultivates new skills and knowledge
- Enhances delivery of quality, culturally competent care to LGBT individuals
- Register at healthlgbt.org
Introduction: HealthHIV’s HIV Primary Care Training and Certificate Program

WHAT IS THE PROGRAM BASED ON?
HealthHIV’s STEP (Staged Training to Engage Providers) Model for HIV Primary Care Integration
Fiscal Health
FROM SYSTEMS TO SUSTAINABILITY

Training and Technical Assistance for Healthcare Nonprofits

HealthHIV
www.healthhiv.org

www.HealthLGBT.org
Fiscal Training and Technical Assistance

HealthHIV provides intensive technical assistance and group-level training for healthcare nonprofits to enhance financial management capacity and improve organizational sustainability. Popular training topics include:

- Managing 340B Pharmacy Programs
- Budgeting and Projecting Program Income
- Uniform Guidance for Federal Grants
- Budgeting for the Non-Financial Manager
- Responding to Audit/Site Visit Findings
- Implementing Sliding Fee Scales and Caps on Charges
- HRSA/HAB Fiscal Monitoring Standards
- Income Diversification
- Third-Party Billing
- Fundamentals of Federal Grants Management
Fiscal Health
FROM SYSTEMS TO SUSTAINABILITY

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www.HealthHIV.org

www.HealthLGBT.org
The National Conference for HIV, HCV, and LGBT Health

April 2018
Washington, DC

Interested in speaking at or helping plan SYNC 2018?
Contact Terrence Calhoun at terrence@healthhiv.org or 202.507.4723.
Join the Coalition!

- Join the Coalition at healthlgbt.org.
- Follow us on Facebook and Twitter (@healthlgbt)
- National LGBT Health Awareness Week 2018 – March 26 – 30, 2018
- Contact

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