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Homelessness and Health in Adolescents

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Despite an abundance of resources, many of the world's wealthiest nations have a large homeless population. People at all stages of development are affected by this problem, but adolescents who are homeless face a unique set of challenges. In this critical narrative study the authors examined the experiences of homeless adolescents with particular attention to the role of gender and public policy, health experiences and perceptions, and barriers to health care services. Six girls and 7 boys participated in semistructured dialogic interviews. Their stories revealed that living without a home had a substantial impact on their health and wellness. The findings from this study support the need for health care professionals to work in collaboration with homeless youth so that more effective care that is sensitive to their unique health needs can be provided.

Keywords: *adolescence; homelessness; health; critical theory; narrative*

Many of the world's wealthiest nations have a large homeless population despite an abundance of natural and material resources. Because of the inherently transient nature of homelessness and few agreed-on definitions, it is difficult to obtain an accurate picture of those who are living without a home (Panter-Brick, 2002). However, there is evidence that a significant proportion is made up of adolescents (City of Calgary, 2006). The leader of the New Democratic Party of Canada, Jack Layton (2000), observed that the word *homeless* conjures up powerful images of people who have no roof under which to reside or individuals and families who live in "substandard" housing. How the term is defined is rooted in ideology (Ensign, 1998) and can influence who is researched and how the findings are interpreted. For the purposes of this study, homelessness includes individuals who live in the streets, are in the shelter system, or are continuously moving between temporary housing arrangements. Throughout this research the terms *homeless*, *street-involved*, and *living on the streets* are used interchangeably.

The City of Toronto report commissioned by the Mayor's Homelessness Action Task Force (1999) identified youth under the age of 18 as the fastest growing group of users of emergency hostels. Living without a

home, and thus at the margins of society, is thought to create grim consequences for adolescents' health, development, and overall well-being (Panter-Brick, 2002).

Background and Significance

In the past 10 years changes in the national economy, including socioeconomic restructuring in Canada, have had a substantial impact on adolescents nation-wide (Dematteo et al., 1999). The effects of this restructuring are demonstrated through cuts to social programs and supports as well as drastic reductions to welfare and unemployment insurance. These factors have led to an increase in the number of youth living in poverty. Although there are many other factors, including various forms of abuse and neglect, that play a role in the homelessness of adolescents (Martijn & Sharpe, 2005), such structural changes are also thought to contribute to the rise of street-involved youth in Canada. There is, however, little knowledge regarding how these social and political factors influence the experience of being without a home.

The gender stratification of contemporary Western society can be characterized by a devaluing of the lives of girls and women (Neysmith, 1995). Consequently, gender is a powerful shaper of an individual's experiences and can therefore influence how young women and men create different meanings out of similar

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circumstances. Because of their lower position in the social hierarchy, it has been suggested that living without a home places adolescent women at a significant disadvantage (Ensign & Panke, 2002). Little research, however, has been conducted to confirm or refute this idea. In the absence of such knowledge, health care professionals are typically limited in their ability to provide care for this population.

It has been well documented that homeless adolescents experience a variety of health-related concerns (Boivin, Roy, Haley, & du Fort, 2005). Despite this fact, many researchers have found that these youth are the least likely to access the available health care services (Barkin, Balkrishnan, Manuel, Anderson, & Gelberg, 2003; Shiner, 1995). It is therefore crucial for health care providers to better understand the health perceptions and experiences of this group in order that more effective approaches to health care can be provided. More specifically, it is anticipated that the findings from this research can be used to assist in the development and implementation of programs and policies designed to meet the needs of homeless adolescents.

Literature Review

Homeless Youth

There is a widely accepted misconception that youth who reside on the streets are there by choice (City of Toronto, 1999). In fact, numerous reports have identified various forms of abuse, including physical, sexual, or emotional, as main factors that can cause young people to flee their homes (Health Canada, 2005; Russell, 1996). It is thought that a comprehensive understanding of homelessness also requires attention to macrolevel factors such as poverty, support networks, and employment (Boydell, Goering, & Morell-Bellai, 2000; Morrell-Bellai, Goering, & Boydell, 2000). In this section, the literature that relates to the health of adolescents once they become homeless, and the barriers that they face when trying to access health care, will be discussed.

Health Sequelae Associated With Homelessness

Many adolescents who are homeless experience a range of physical and emotional health problems (Panter-Brick, 2004). Several quantitative studies have shown that this population has a high rate of suicide ideation (Leslie, Stein, & Rotheram-Borus, 2002; Rew, Taylor-Seehafer, & Fitzgerald, 2001). It is thought that this risk is amplified among gay, lesbian, bisexual, and

transgendered youths (Cochran, Stewart, Ginzler, & Cauce, 2002; Noell & Ochs, 2001). Homeless youth have a high prevalence of depression and other psychiatric disorders, which is associated with elevated rates of intravenous drug use (Rhode, Noell, Ochs, & Seeley, 2001). Substance abuse often contributes either directly or indirectly to the homelessness of adolescents (Mallett, Rosenthal, & Keys, 2005). Homeless youth also suffer from an increased rate of acute and chronic respiratory diseases (Clatts, Davis, Sotern, & Attilasoy, 1998; Hwang, 2001). The increase in respiratory disease might be related to exposure to tuberculosis and influenza (O'Connell, 2004), which can result from staying in crowded quarters such as emergency shelters or squats.

In addition to being at risk for various physical and emotional problems, homeless adolescents are often forced to engage in "survival sex," whereby sexual activity is traded for money, drugs, or shelter (Rew, Chambers, & Kulkarni, 2002). As a result, these adolescents might have more sexual partners than the adolescent population in general (Anderson et al., 1996; Clatts et al., 1998). They are also likely to be involved in some form of high-risk sexual activity, such as inconsistent condom use and prostitution (Johnson, Aschkenasy, Herbers, & Gillenwater, 1996).

Several large quantitative studies conducted in urban centers in North America have shown that homeless adolescents are at high risk for contracting HIV infection (Dematteo et al., 1999; Walters, 1999). It has been estimated that these youth are 6 to 12 times more likely to become infected with HIV than any other group of youth (Rotheram-Borus et al., 2003) and are more likely to contract chlamydia (Shields et al., 2004).

Many researchers have observed that homeless adolescents are more likely to become victims of many forms of violence than those who are not homeless (Kipke, Simon, Montgomery, Unger, & Iversen, 1997; Whitbeck, Hoyt, & Ackley, 1997). Street involvement has also been found to increase the risk of mortality by 8 to 11 times that of the general population (Hwang, 2000; Roy et al., 2004).

A number of researchers have examined the experience of adolescent homelessness (Kidd, 2004; Paradise & Cauce, 2002). In a study with street youth in Brazil, experiences of homelessness varied according to the local context and circumstances (Raffaelli et al., 2000). This finding is important because it highlights the problems inherent in attempts to generalize the experiences of street-involved youth across diverse settings and cultures. The illness experiences

of urban homeless youth have also been examined (Ensign & Bell, 2004). Of particular interest, Ensign and Bell concluded that health-seeking behaviors differed by gender. Female youth sought care more often and typically preferred to be accompanied by a friend. Another finding of interest was that females reported more safety concerns while ill and living on the streets than their male counterparts.

Barriers to Care

Although homeless adolescents experience a variety of health-related concerns, they rarely access health care services (Barkin et al., 2003; Shiner, 1995). Some barriers they encounter are fears that they will experience discriminatory attitudes (Gerber, 1997) and be negatively judged by health providers (Ensign, 2001; Reid, Berman, & Forchuk, 2005).

There is evidence that these concerns among homeless youth might be warranted. In research with medical students, more negative attitudes toward homeless people were found at the end of their courses than at the beginning (Masson & Lester, 2003). Among nursing students care has been declined to homeless clients in certain situations (Zrinyi & Balogh, 2004). It is possible that health professionals' negative attitudes regarding homeless individuals dissuade this population from accessing needed health care and, in turn, contribute to their poorer level of health.

Unique Challenges Faced by Homeless Adolescent Women

Several investigators have examined the unique challenges faced by homeless female adolescents and have concluded that they are the most vulnerable subculture within the homeless population (Ensign & Panke, 2002). In this section, the research related to young women's risks for sexual victimization and health problems more broadly will be examined.

Sexual Victimization

There is some evidence that the nature of victimization while residing on the streets differs for women and men. More specifically, several researchers have observed that women and girls are significantly more likely to be sexually assaulted than are men and boys (Kipke et al., 1997; Rew, Taylor-Seehafer, et al., 2001; Tyler, Hoyt, Whitbeck, & Les, 2001). The detrimental effects that result from such violence have been described to include fear, anger, hostility, depression, anxiety, and humiliation (Fontaine & Fletcher, 1999;

Hall, 2000; Nehls & Sallmann, 2005). Sexualized violence can also increase the risk of contracting HIV, a problem that is well documented among this subpopulation (Clements, Gleghorn, Garcia, Katz, & Marx, 1997; O'Connor, 1998).

Health

Several investigators (Chen, Tyler, Whitbeck, & Hoyt, 2004; Harrison, Fulkerson, & Beebe, 1997) have found that a history of childhood sexual abuse increases the risk of substance abuse among homeless youth. As girls are sexually abused with much greater frequency than are boys (Trocmé & Wolfe, 2001), homeless adolescent women are thought to be at considerable risk for substance abuse. There are reports that a relationship between substance abuse and prostitution among homeless female adolescents exists, which are thought to have adverse consequences for the women's physical and emotional health (Weber, Boivin, Blais, Haley, & Roy, 2004). Finally, there is some evidence that suicide is more prevalent among adolescent homeless women than it is among their male counterparts (Leslie et al., 2002; Molnar, Shade, Kral, Booth, & Watters, 1998). Collectively, these research findings offer compelling documentation that homeless young women are at a substantial health disadvantage.

Summary and Critique of the Literature

Much of the current research related to homeless adolescents focuses on the rates at which disease and violence occur and the barriers faced when trying to access care. With regard to gender, several researchers have brought attention to the sexual victimization and ensuing health problems suffered by young homeless women. Missing from this body of work, however, is consideration of the youths' perceptions about homelessness. As well, there are few studies that explore the experiences of homeless adolescents, or the ways in which gender and public policy influence their experiences. Many researchers have tended to characterize this population as a homogeneous group. In effect, this depiction negates the importance of gender, race, ability, or other social locations and identities. To present a comprehensive analysis, a brief commentary regarding current policy that affects homeless youth is presented.

The Contemporary Policy Context

Over the past 10 years the Canadian federal government has dissolved its responsibility for homelessness by forcing the funding and implementation of most

affordable housing programs onto the provinces and territories, which have, in some cases, directed the issue onto the municipalities. Each level of government has its own perspective on the issue of homelessness, with little consensus as to possible solutions. Consequently, millions of allocated social housing dollars have been left unspent (Federation of Canadian Municipalities, 2006). With lack of federal leadership, there are limits to what can be accomplished. Failure of the Canadian government to work as a cohesive whole contributes to an inability to meet the unique housing needs of homeless individuals, including adolescents.

Among the scant social housing programs, only a few have addressed youth as a subpopulation of the homeless, and even fewer have addressed young women in particular. Historically, the Youth Homeless Strategy, which was part of the National Housing Initiative (NHI) established in 1999 by the Liberal government, narrowly focused on adolescents' job training (Government of Canada, 2004). Although employment status contributes to a person's ability to find and maintain housing, this program overlooked major factors that contribute to their homelessness such as poor levels of well-being and lack of affordable housing. All NHI programs have since been dissolved. Currently, there are few remaining policies that relate to housing needs for youth. Of these, the federal government's Shelter Enhancement Program focuses solely on emergency and second-stage housing (Canada Mortgage and Housing Corporation [CMHC], 2007b). Although this type of shelter is needed to initially help those fleeing violent situations, this program fails to address the long-term housing needs of individuals with histories of abuse. Also, individuals who access this program are expected to contribute financially to the operating costs (CMHC, 2007b). With a few exceptions, such as the First Nations Market Housing Fund (CMHC, 2007a), the current government's housing policies fail to consider how a multitude of factors such as poverty, age, ability, race, and gender influence the housing needs of homeless individuals.

Ontario Works Act

The Ontario Works Act is provincial legislation that provides either employment or financial assistance to those "in need" (Government of Ontario, 2006). Although it varies slightly between municipalities, in most regions it is mandatory for individuals under the age of 18 to be enrolled full time in school or an alternative learning program to be eligible. To have mandatory enrolment in the school system could be viewed as

encouraging adolescents to continue their education. It does not, however, consider a variety of factors that might keep youths from attending school, such as homelessness or a variety of health concerns.

Purpose of the Study and Research Questions

The overall purpose of this study was to explore the experience of homelessness among adolescents. More specifically, the research questions that guided this investigation are

1. How is homelessness experienced by adolescents?
2. How does gender shape these experiences?
3. How is health perceived and experienced by homeless adolescents, and what are the barriers they encounter with respect to the health care system? and
4. How does current Canadian policy shape these experiences?

Method

Design

The selected research design was a critical narrative analysis. This approach integrates key ideas from critical social theory and narrative inquiry. Critical theory builds on Marxist thought to consider that multiple, often overlapping forms of oppression exist. From an epistemological perspective, knowledge within a critical theory framework is historically constructed and socially situated. Thus, characteristics such as social class, race, age, ability, and gender are considered to be social constructions that afford different access to power and privilege within our society (Browne, 2000). Depending on one's social location, or identity, individuals and groups have unequal ability to fully participate in society. One aim of research that is informed by critical theory is to examine individual experiences but to simultaneously consider how these are shaped by broader social, political, and historical contexts.

As selected study participants were from a group who are often in the margins of society, this research created a "space" for the voices and perspectives of homeless adolescents to be heard. At the same time, their individual, subjective experiences were analyzed with particular attention to the manner by which those experiences are shaped by gender and by public policy.

Narrative inquiry is a research method that is highly compatible with critical social theory.

Narrative inquiry involves using language as the medium that reflects meanings, which are understood as the groundwork of reality (Riessman, 1993). The participants' stories are rooted in time, place, and personal experience (Lieblich, Tuval-Mashiach, & Zilber, 1998; Riessman, 1993), which provide insight into social patterns as they are seen through the lens of an individual (Patton, 2002; Riessman, 1993). In this research the social patterns and culture that were revealed through the individual's stories can be used to better understand the experiences of living without a home.

Sample

After ethics approval was obtained through the University of Western Ontario's research ethics board, the study participants were recruited from a community center that works with adolescents who are homeless. This center is located in the downtown area of a southwestern city in Ontario. Information about the study was provided to the agency staff, who assisted with recruitment by allowing discussion about the study during various youth group meetings. The youth who were interested in participating were asked to contact the researcher by phone or e-mail or in person during a visit to the centre. After meeting the adolescent, the researcher provided a letter of information. The main points of the letter were reviewed at the beginning of the interview, and any questions the participants had were addressed. Informed consent was obtained verbally and in writing at the time of the interview.

All male and female participants had self-identified as being homeless, were able to speak and understand English, and, with one exception, ranged in age from 14 to 19 years. The rationale for the lower age limit is that 14 is the legal age at which individuals can agree to participate in research without parental consent. In recognition of the diversity within the homeless adolescent population, efforts were made to recruit youth from a variety of backgrounds and ethnicities. One Black male participant who was 6 months above the specified age range was granted acceptance to participate. All other youth were White.

The total sample consisted of 6 female and 7 male participants. All participants were given the choice of taking part in group or individual interviews. Five young women and 4 young men opted to be interviewed individually. Two group interviews were conducted, one consisting of 2 adolescent boys and another consisting of 1 adolescent boy and 1 adolescent woman participant. In both of these interviews

the two participants knew one another and considered each other friends. The final decision regarding sample size was determined during the course of the research according to the criterion of saturation (Patton, 2002). In essence, sampling was discontinued when no new themes emerged from the data.

Data Collection Procedures

The individual and group interviews followed a semi-structured format and were dialogic and interactive in nature. Critical theory assumes that the standards of truth are always social (Campbell & Bunting, 1991). Thus, new knowledge is coconstructed between the nurse researcher and the participants. Field notes were taken after the interviews, which assisted the nurse researcher in revising the interview guide as the study progressed as well as assisting in data analysis (Patton, 2002).

Data Analysis

All interviews were audio-recorded and transcribed verbatim as soon as possible following the interview. Transcripts were reviewed by the interviewer for accuracy. Once transcription was completed, a narrative style of analysis was conducted with the assistance of Atlas-Ti, a qualitative software program. This process involved several readings of the transcripts to capture initial impressions (Lieblich et al., 1998). More focused codes were then developed as ideas surfaced from the narratives. The code list was continuously revised to accommodate new perspectives and to collapse overlapping categories. The focused code list guided the analysis, and more abstract themes evolved from the transcribed stories. Attention was paid to both the content of the story and the way in which it was told (Lieblich et al., 1998).

Zimmerman and West (1987) have argued that society "invisibly" guides people to behave socially within the dichotomous norms of femininity and masculinity. It is therefore thought that gender is embedded in our everyday experiences (Zimmerman & West, 1987), which influence how youth create different meanings out of similar circumstances. Social understandings of gender and their influence on the narratives were therefore considered throughout the analysis. Ideas that emerged from the transcripts that did not fit the evolving code list were recognized as important and considered throughout the analysis. In all cases except for the one boy/girl group interview, young women's and young men's transcripts were

initially analyzed separately. Finally, dominant themes were identified, and conclusions were made.

Findings

All participants appeared eager to share their stories and did so in an insightful way. From their narratives five themes emerged: (a) the realities of exiting street life, (b) negotiating dangerous terrain, (c) rethinking family, (d) the hazards of being female, and (e) the elusive nature of health and the health care system. Because critical research invites reflection into the contextual factors that shape and influence a person's experience, a separate analysis of current Canadian policy was completed. These findings will be addressed in relation to the participants' stories.

“You’re Just Stuck”: The Realities of Exiting Street Life

Several participants expressed the belief that they were unable to change their current situation and obtain stable housing. Seeing few options, many participants stated that they felt “stuck.” As one youth who was living at a shelter at the time of the interview explained,

Um like the fact that I’m just like stuck in my life, there’s nothing really I could do right now . . . well just like stuck in a shelter. I can’t really—I don’t talk to my dad so I don’t really want to live with him. I don’t really want to live with my mom, plus where she lives it’s too crowded anyway.

One male participant had received assistance from the Children’s Aid Society (CAS) and noted that without their involvement, “then you’re just stuck. You got no one to help you out pretty much.” Thus, feeling stuck meant perceiving few options and little or no support. It was clear, however, that the youths were dissatisfied with their homeless status and aspired to something better. Often, the participants described a strong determination to reach their goals. Throughout their stories, positive images of the future were shared, including their hope that living without a home “does not last a long time.” One youth talked about his desire to follow in his brother’s footsteps and “try and get college done” and maybe “join the [army] Reserves.” Recognizing that this would not be easy, he also asserted that he was determined to get himself “off the streets.”

Although many comments reflected a desire to bring about change, it was acknowledged that achieving personal goals would be extremely difficult. Many

spoke about the desire to get off the streets but described various barriers that kept them from doing so. The inability to obtain stable employment, education, or training was commonly mentioned. In one group interview, participants shared that being judged negatively by potential employers because of residing in a shelter could impede finding employment. Another participant, who suffered from chronic fatigue syndrome, explained how her health condition prevented her from finding employment:

I’d like to have a job, you know. I’d like to be able to be more independent, but I can’t um because society doesn’t really understand um where—they don’t understand chronic fatigue. And I mean a job can’t be based around how the employee is feeling, you know, they’ve got to be you know—if they book you in there, you have to be there, right? And so it’s hard. That’s tough to deal with.

Feeling misunderstood, judged, and unsupported while attempting to overcome barriers contributed to a belief among many of the youths that they could rely only on themselves and that reversing their homeless status would be extremely difficult.

In summary, many of the participants explained that they felt stuck, and meaningful strategies to end their homelessness seemed elusive. They believed that their efforts were thwarted by barriers over which they had little or no control. They described feeling unsupported and judged and ultimately began to rely only on themselves to bring about change.

“I Can’t Really Feel Safe”: Negotiating Dangerous Terrain

Several of the participants discussed the desire to have a place for themselves that was safe and comfortable, a place they could call “home.” The living circumstances for the homeless youth in this research varied but included couch surfing, staying in shelters, and sleeping in parks, stairwells, or abandoned cars. Residing in public spaces often left the youth exposed to violence, which further threatened their sense of safety. Living in a shelter at the time of the interview, one participant commented,

I don’t know because I can’t really feel safe because I’m out here in this world . . . you can’t really feel safe because you don’t know what’s going to happen next. You don’t know if this drunk is going to come up and punch you in the face for no reason just because he’s drunk or if this guy’s going to start something with you, and you can’t really feel safe there.

Several youths explained that they had been robbed, threatened, and ridiculed or forced to witness physical fights. After being beaten to the point of hospitalization by three older men in a back alley, a male participant commented that he “can’t feel safe anymore.”

Being exposed to constant threats of violence with no safe place to go, the youth’s daily focus was on meeting their urgent safety and physical needs. Many of the youth chose to tell stories that portrayed them as survivors. The fact that they were living on the streets and still alive was something that they were proud of. The participants told about creative strategies they used in an attempt to feel safe. These included being part of a group, which served as a form of protection while sleeping outside. This peer group would also “help you out” in the event of a fight. Others talked about feeling safer when they were a “one-man army” or when they wore neutral colors so as not to be affiliated with a gang. Carrying a weapon such as a knife and using humor to distract a potential “enemy” were also described as ways to create a sense of safety. Although staying within the confines of the shelter afforded some protection, safety seemed to be an unattainable goal when lacking places of their own.

“They’re in the Same Situation as You”: Rethinking Family

A multitude of complex factors combined to contribute to the homelessness among the study participants. Most of the participants had grown up in poverty. Several described various forms of violence, including sexual, emotional, and physical abuse by one or more parent or step-parent that occurred during their childhoods. Others told of emotional abuse by a sibling. Some of the participants explained that problems experienced by their parents, including substance abuse, mental health problems, or unresolved grief, led to neglect of them as children. One youth had a cognitively impaired sibling who needed full-time care at home, requiring the full attention of her mother.

A few participants described their efforts to seek help for the abuse, confiding in an adult or youth pastor. According to them, their concerns were either perceived to be untrue or trivialized. These responses resulted in feelings of abandonment and betrayal. A young female participant who had fled from her home because of emotional abuse by her parents and sister commented, “I just um—I find that—I mean I have parents but in many ways I feel like an orphan.”

In addition to feeling betrayed and abandoned by their families, several participants also felt similarly

disconnected from their peers. Many youths explained that they felt like an outcast, “being on the bottom of the list,” or “the most made fun of person at school.” One youth was forced to quit high school while he was homeless because the only shelters were downtown and he could not afford the necessary bus tokens. He commented,

I don’t really talk to anybody from my high school any more. Things went sour with a lot of them too though, eh, because they found out I was living on the streets. If you know anything about high school kids gossiping and like that are talking behind your back, it kind of starts, “Oh (participant’s name) is homeless,” blah, blah, blah, and they all have this, you know, impression of homelessness that um—that has stuck with them, I guess. It’s not exactly the cool thing to be, the homeless guy in high school, you know what I mean? They like you more if you’re the captain of the football team, I think.

Prior to becoming homeless, he had been well liked by his peers but subsequently felt like an outcast.

The sense of betrayal and abandonment at both the family and the peer levels led to deeper connections with individuals who shared similar experiences. While living on the streets, all of the participants developed meaningful relationships in which they felt supported, cared for, and protected. Some youth found these relationships to be more “real,” as they could empathize with one another and talk about their situations without feeling that they were being judged negatively. After living on the streets, one participant was able to establish meaningful relationships with other homeless youth because, as he stated, “they’re in the same situation as you.”

Often, street culture provided the youth with the “family” that they felt they never had. Close friends were the people in their lives that could be trusted and on whom they could rely. It was stated that friends would not “blow me off like my family did.” After being dropped off at a shelter because her father and stepmother couldn’t “deal with her,” one female participant commented,

And when you’re homeless too, like you kind of—like because nobody that’s living in a shelter really has like close family. It’s like everyone kind of like connects and you find your own group and like your own family within that.

Meaningful relationships were desired by all participants. Sharing similar experiences often allowed

the youths to feel connected and supported after being abandoned and betrayed by family and peers.

“More Things Can Happen to You”: The Hazards of Being Female

Although all of the participants had discussed being exposed to various types of violence while homeless, vulnerability to gender-based violence was particularly pronounced among the female participants. Some told of physical and financial abuse, and one participant was forced to return to living in a shelter after she fled her verbally abusive boyfriend. Other females told about harassment while living on the streets, which is captured in the following comment: “I just feel like if you’re a girl like a lot of the older, sort of weird guys at places like that may hit on you and make you feel strange about yourself.” It was also shared that women are more likely to sell their bodies as a means to meet their various needs, one of which was a place to sleep.

Being female meant having more complex health concerns. Money was needed for feminine hygiene products and birth control. Fears of getting pregnant were expressed by several young women. One female participant commented,

With a girl, with me being a girl there’s maybe a biased thing just because I am a girl. But there are more things that can happen to you. Like if you’re living on the streets you have to afford feminine hygiene products. You’ve got to afford like everything that there is to do with that. You’ve got to worry about if you get pregnant . . . and guys don’t have to worry about getting pregnant, they don’t have to worry about getting their period. They don’t have to worry about getting raped in the middle of the night because usually guys—especially guys who live on the street are tough enough to take care of themselves. There are some girls who can; there are a lot of girls I know who can’t.

There was a common perception that young women living on the streets are unable to take care of themselves:

I think that sometimes like living in the street especially females need to be a little bit more tough . . . because guys think that we’re not that tough so if we stand up for ourselves and show them we are, then like they’re not going to mess with you or whatever.

As a result of this perception, some of the young women felt forced to prove otherwise. To one female

participant, it was important that she “not back down when called on to fight,” even if the opponent was male and much larger than she. Developing a reputation of being tough, in some cases, helped a woman feel safer.

In summary, young female adolescents had a multitude of concerns while living on the streets. They experienced a variety of forms of violence, had complex health concerns, and were viewed as unable to care for them themselves. For one participant, being female and homeless equated to feeling “more used than you are appreciated.”

“It Takes a Toll on You”: The Elusive Nature of Health and the Health Care System

Many youth spoke about the energy and effort that being homeless demands. A young male participant, who fled from a violent home where he was ridiculed and physically abused for being gay, stated that he was “very fatigued all the time, like not tired but fatigued I think is the right word. I don’t know, like not really tired to go to bed but you’re just like exhausted by the littlest thing.” Another youth spoke about how fatigue prevented him from “getting stuff accomplished.” A few participants felt that no one wanted to talk to them. Many others were depressed, lonely, and ashamed to tell people of their current situation. Describing how he feels about himself, one participant stated,

Really like insecure and like I didn’t have like very health—like high self-esteem and like I’d always think that like people thought I was like a bad person and didn’t want to like hang out with me because of who I was. And like I’d just sort of like get really depressed and like start thinking that everybody hates you, and really they don’t. And like scared to talk to people because you think that they’re not going to want to like interact with you, or whatever.

When hurt or feeling ill, several participants indicated that, if necessary, they would access traditional forms of health care, such as emergency rooms and clinics. However, many described obstacles that kept them from doing so. No longer covered by his father’s health insurance, one participant was left feeling as though he would have to pay to use Canada’s public system. Others noted their inability to afford expensive prescriptions or eye exams. Another youth commented that she “will do anything and everything to stay out of going to a hospital” after she experienced what she considered insensitive care while being hospitalized following the death of her newborn daughter.

Whereas some participants described barriers to care, others claimed there was inadequate support available for them to feel healthy. Feeling healthy involved having access to resources such as a place to have a shower and a safe place to live. Others described health as eating each day, living a low-stress life, and being able to support themselves. It was perceived that there was a tendency for some homeless people to “give up” because they were not initially supported. This idea was captured in the following statement:

Yeah, but the way that happened is because no one would help them in the first place. People that need support and they don't have, if they would just have that support they could like make a whole world of a difference from turning someone from committing suicide and someone turning into a good citizen and having a job, just because they never had support. And they didn't know where to turn, or what to do and they got in with the wrong crowd. They needed money for a place to stay, so they started prostituting themselves or selling drugs and end up in jail or whatever, end up robbing houses, blah-blah-blah, and go down the wrong road all because they didn't know where to turn. They had no help.

According to the participants, lack of support contributed to a more complex situation than they had faced prior to becoming homeless.

A perception among other participants was that homelessness is hidden from society, a perception that made it difficult to access services. It was explained that before becoming homeless, a male participant viewed the shelter system as a service used by “just old people, like old guys.” Similarly, a few other participants said that when initially homeless, they were unaware that there were even shelters available, let alone ones that are primarily for youth or women. This lack of knowledge about available services led them to sleep outside, sometimes in the middle of winter. During one pair interview, participants shared that health services were not publicly advertised because of the negative image it would have on the government.

Several of the participants spoke about the lack of specific health care services. When reflecting back on her time in a group home, a young female participant commented that the counselors to whom she had access were not trained “to deal with a lot of stuff.” She also noted that she “would have liked to have more actual counseling, like on a weekly basis to deal with a lot of my stuff.” Recognizing that she needed someone to whom she could talk, this young woman observed that there were not appropriate health care

services available to her. Another participant had a similar experience. Trying to come to terms with her history of sibling abuse, she found that the violence that she endured was often dismissed as sibling rivalry. She said there were no resources to help her because the seriousness of sibling violence was not recognized. Dealing with her history was described as being “really hard.”

Homelessness and the Public Policy Context

Public policy regarding housing shaped the lives of homeless youth in subtle and direct ways. Not having the education or the proper training kept many youth from finding employment. Chronic health problems and feelings of being judged negatively also prevented the youth from being able to obtain work. As a result, poverty was a central context in the lives of virtually all of the participants. Some youth noted that small amounts of money were fairly easy to come by, but having enough money for rent and other necessities was much more difficult. According to one, it was “just that large amounts of money where you could, you know, go get your own place and stuff like that, that's you know, that's kind of a bit harder to get.” Having this “jump start” was seen as a way to get out of their situation.

Several youth spoke about the difficulties of continuing their education while homeless. Not knowing where they were going to sleep at night, feeling insecure, and having no income with which to buy food made regular school attendance extremely difficult. Recently discharged from jail to a shelter, a male participant commented on his frustration of not being able to receive Ontario Works:

No, not really because like there's not much you can really do when you're 17 at all. Like if you're 18 you can get on Welfare, like no big deal but when you're 17 you have to have like—the only way you can get on Welfare is like Student Welfare and it's like too late. . . . It's too late in like the semester to even start school right now.

Not being able to continue their schooling meant that many of the participants were not eligible for Ontario Works.

Discussion

All of the participants created stories that included ideas and issues that were current in their lives. They

discussed the desire for a situation that was “better” than the one they currently had. Although their narratives revealed a sense of determination, the youth encountered many barriers, such as social policies that were not sensitive to their situations, chronic health issues, and perceived judgment of others. These obstacles prevented them from reaching their goals. This analysis shifts the sole blame of a person’s homelessness from the individual and captures how public policy contributes to their lack of options. This research challenges the socially accepted idea that homeless youth are “lazy” and cannot be “bothered” to find a job. Exposure to various forms of violence and being forced to focus on their daily survival had detrimental effects on the adolescents’ perceptions of their health and well-being. As they observed, having a safe and secure place of their own would allow them to redirect their energies to the fulfillment of other goals, such as completion of their education or finding employment. This brings attention to the fundamental role that affordable housing plays in the well-being of youth. In addition, in this study gender was clearly an important context to homelessness, with homeless adolescent females particularly vulnerable to distinct forms of violence. Although many described a range of physical and emotional health problems, the participants generally perceived little available material or emotional support. The accessibility gap that exists between homeless youth and needed health-related services emerged as an important feature in their lives.

Implications

Based on the findings from this research, several important implications might be suggested. Of particular importance, this study highlighted the agency of adolescents experiencing homelessness. Health care professionals working with homeless youth have ample opportunity to facilitate group discussions that address their circumstances. Through discussion, health care professionals and the youths can collaboratively identify solutions to their situations. All care providers can invite homeless youth to join them in their lobbying of local governments as a way to initiate change. In addition, health professionals can encourage adolescents to participate in community-based programs that help raise awareness regarding the issue of homelessness. Public health professionals can facilitate peer-led support groups for those who have experienced violence as well as advocate for affordable long-term counseling

services. They can also work with homeless youth to increase the visibility of homelessness in the school system. This awareness will ultimately help link youth in the process of becoming homeless to the needed health-related services.

This study makes it clear that adolescent females have complex health needs while homeless. To promote the health of young homeless women, all health care providers should consider the fact that being female places homeless adolescents in a position where they are likely to experience various forms of violence such as sexual assault and harassment. For supportive and effective care to be provided, it is crucial to be able to recognize that these events have detrimental effects on the health and well-being of homeless adolescents. Creating “safe spaces” where homeless youth can talk with one another about the challenges they face, and about violence in particular, is a possible avenue for a health promotion intervention.

With respect to education, inclusion of nursing, medical, and social work curriculum related to the needs and challenges of homeless youth is essential. Offering clinical practice opportunities that would afford exposure to this population, and to street culture more broadly, increases the likelihood that health services can be provided in a compassionate and non-judgmental manner.

More research is needed that will examine the perceptions of homeless youth. To understand how youth perceive their health, more effective care programs can be developed and implemented. This study noted an accessibility gap between health care services and those who need them. Research that explores the nature of where adolescents are receiving health-related information would be helpful to better develop care programs. Because the health of lesbian, gay, bisexual, and transgendered individuals is generally considered to be poorer than that of other homeless youth (Cochran et al., 2002; Noell & Ochs, 2001), research that considers their perspectives on health is needed to provide effective health care programs. In addition, more research that attempts to create a deeper understanding of how ability and race influence the health and well-being of homeless youth is needed.

Social policies that influence an adolescent’s homeless situation extend beyond the urgent need to expand our current affordable housing initiatives. Living on the streets often forces adolescents to focus on daily survival, making it difficult to stay enrolled in school or to maintain a job. It is essential that all social policies consider homeless youths’ situations

so that those who choose to exit street life have the ability and the resources to do so. Changes to the eligibility criteria for Ontario Works so that homeless youth would be able to receive support under this initiative is an important policy direction.

Limitations

There are several limitations with regard to this study. First, despite the researchers' efforts, only one community service was used to recruit the participants. Because critical research examines a variety of contextual factors, such as race, gender, and socioeconomic status, lack of a diverse sample inhibits an understanding of homelessness among these groups. Second, in this study gender was examined as a binary concept. To do so limits the involvement of youth who do not self-identify as either one of the two dominantly accepted gender identities, female and male. This further limited the ability to understand how various factors such as gender orientation shape the perceptions and experiences of homeless adolescents. The third limitation of this study was the inability to share emerging findings with many of the participants. Because of the transient nature of homeless adolescents' lifestyle, it was difficult to locate many of the youth following the initial interview. Finally, the findings of this research suggest that adolescent boys do not experience sexualized violence. As there is stigma surrounding this issue, some of the male participants might have chosen not to disclose such information.

Conclusion

The findings of this study highlight the experiences of homeless youth and offer insights into the complex nature of homelessness. Pulling the issue beyond the individual allows for the consideration of how contextual factors influence the experiences of homeless adolescents. This study draws attention to the fundamental roles that affordable housing policies and gender play in shaping the health of homeless adolescents. The findings from this research can be used to help create more effective social housing policies and care programs for adolescents who are homeless. To recognize an accessibility gap between the current health care services and those who need them, health care professionals can also use the knowledge from this investigation to provide more culturally meaningful and sensitive care to homeless adolescents.

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