

Finding Home

Policy Options for Addressing
Homelessness in Canada

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 E-book

Chapter 3.5

Social Stigma and Homeless Youth

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The family histories of most homeless youth are troubled, often consisting of disrupted and abusive home environments. High rates of drug and alcohol abuse are found among the parents of street youth, as is parental criminality (Hagan & McCarthy, 1997; Maclean et al., 1999). Additionally, a high percentage of the families are on social assistance (Ringwalt et al., 1998), and disrupted families are common, with few homeless youth reporting having lived with both biological parents (Hagan & McCarthy, 1997). Also common are reports of marital discord (Dadds, et al., 1993), domestic violence, and household moves involving frequent changes of school (Buckner & Bassuk, 1997).

The majority of the research into the backgrounds of street youth has focused on physical and sexual abuse, rates of which are consistently high (MacLean et al., 1999; Molnar et al., 1998; Ringwalt et al., 1998). Histories of emotional abuse (Ringwalt et al., 1998) and neglect (Dadds et al., 1993) are also frequently reported. These negative home experiences are associated with a host of other problems, including poor performance in school, conflict with teachers, and conduct problems (Feitel et al., 1992; Hagan & McCarthy, 1997; Rotheram-Borus, 1993).

All of these phenomena are understood to be different or deviate from the ideals of the “social norm,” and having such experiences has

the effect of placing the individual outside of the cultural models of “normalcy.” This is supported by a vast literature on the topic of child abuse, neglect and other dysfunctional backgrounds indicating that children who have suffered in these ways feel isolated and ostracized, and perceive others as dangerous and rejecting – see Wagner (1997) and Kendall-Tackett, Williams, and Finkelhor (1993). Having such abusive and disrupted childhoods initiates a process of stigmatization in which children are identified and labelled as different, and as their opportunities, social and otherwise, narrow due to the beliefs and actions of others (Tomlin, 1991). For many homeless youth, having these types of early experiences likely leaves them more vulnerable to negative experiences associated with social stigma on the streets, given research showing that stigmatization has a greater impact upon the self-esteem of persons who have been abused in childhood (Coffey et al., 1996; Crocker & Major, 1989).

Street youth face many dangers and sources of stress in their lives on the street. To support themselves, they engage in activities such as trying to find work, seeking money from family or friends, panhandling, prostitution, survival sex (sex for food, shelter etc.), drug-dealing, and theft (Greene et al., 1999; Hagan & McCarthy, 1997; Kipke et al., 1997). The difficulty of surviving on the streets is highlighted by the large number of homeless youth who regularly lack shelter and go hungry (Antoniades & Tarasuk, 1998). Moreover, street life presents numerous dangers and stresses in the form of physical and sexual assaults and other types of victimization (Whitbeck et al., 2000). Drug abuse is a common way of coping with these stressors (Adlaf et al., 1996) and addiction is a major problem (Greene & Ringwalt, 1996). There is a high incidence of mental disorders among homeless youth, such as depression, post-traumatic stress disorder, and suicidal behaviour (Kidd, 2004; Whitbeck et al., 2000; Yoder, 1999). Mortality rates for homeless youth have been found to be 12 to 40 times those of the general population (Shaw & Dorling, 1998), and suicide is the leading cause of death (Roy et al., 2004).

Despite the powerful and pervasive social stigma faced by homeless youth, it remains an overlooked topic in the research literature, with a few exceptions (Schissel, 1997; Kidd, 2003, 2004). More commentary can be found in the adult homeless literature (Boydell et al., 2000; Lankenau,

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1999; Phelan et al., 1997). The perception of discrimination based upon negative stereotypes is related to feelings of worthlessness, loneliness and social alienation, and suicidal thoughts. The linkages between social stigma, depression, and suicidality have been previously found among other groups of adolescents who face high levels of discrimination (e.g. gay, lesbian, and bisexual youth) (Radkowsky & Siegel, 1997) and among adult homeless among whom stigma has been related to social isolation and a devalued sense of self (Boydell et al., 2000).

Looking for connections

This study examined the relationship between greater levels of perceived social stigma and lower self-esteem, loneliness, suicidal thoughts, and the feeling of being “trapped” (Kidd, 2004, 2006). In particular, we looked at stigma and three street demographic factors. Prior work that has suggested that youths who are involved in the sex trade (Kidd & Kral, 2002) and homeless persons who engage in pan handling (Lanekau, 1999) are stigmatized to a greater extent. It was expected, therefore, that the degree of involvement in pan handling and sex trade activities would be positively associated with perceived stigma. The third factor – the total amount of time the youth had been homeless – was also expected to be positively related to perceived stigma. While such a relationship has not been examined previously, it would seem logical to suggest that the longer a youth had been homeless, the greater his or her exposure to stigmatizing circumstances and perception of stigma.

Gender, sexual orientation, and ethnicity were also expected to be related to the degree of stigma perceived by the participants in this study. There is a large body of literature suggesting that gay, lesbian, and bisexual adolescents both experience and perceive markedly higher levels of socially oppressive views and practices (see Radkowsky & Siegel, 1997, for review). Similar findings have been consistently highlighted for female adolescents (Leadbeater & Way, 1996) and ethnic minority adolescents (Comer, 1995).

While perceived stigma among homeless youths having these characteristics has not been evaluated, there is evidence that females and gay/lesbian homeless youth face greater adversity and victimization on the street (Cauce et al., 2000; Cochran et al., 2002; O’Grady & Gaetz,

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2004). Given these findings it was expected that, for homeless adolescents, female gender, gay/lesbian sexual orientation, and non-white ethnicity would be positively related to perceived social stigma.

Lastly, of the aspects of stigma measured (understanding of public perception, actions of public against self, self-blame or guilt due to stigmatized status, struggles against larger society), feelings of shame and guilt were expected to have the greatest adverse impact upon mental health, a finding noted among other populations (e.g. HIV-positive persons) (Berger et al., 2001). Self-blame was also expected to be higher among sex trade-involved youth and gay, lesbian, and bisexual participants given previous findings of generally higher self-blame/guilt among those groups (Kidd & Kral, 2002; Kruks, 1991). Examination of self blame as it was related to gender, ethnicity, pan handling, and total time on the streets was exploratory, however, given a lack of relevant previous findings to inform hypotheses.

Talking to young homeless people about stigma

To participate in the study, youth had to be 24 years of age or younger and have had no fixed address or be living in a shelter at the time of the survey. The study took place in agencies and on the streets of New York City and Toronto, and 208 youths participated. Street interviews were done in a range of locations where homeless youths congregated or pan-handled (e.g., sidewalks of streets with heavy pedestrian traffic, public parks). Agency interviews included a youth agency in New York providing ranging services for disadvantaged youth and two agencies in Toronto which provide a similar range of drop-in services targeting homeless youth, one of which focused on providing services for youth involved in the sex trade.

In New York, we interviewed 100 youths (39 agency, 61 street) and in Toronto 108 youths (31 at each agency, 46 street). Although interviewed in different cities, the youths' narratives and survey responses did not suggest any notable variation on the basis of their geographical location. Youths from New York City and Toronto are not considered separately, given the lack of any significant differences between these groups on any of the independent or dependent variables measured. Participants were reimbursed with restaurant coupons and 97 percent of

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those approached agreed to participate. The data used in the present study were derived from the quantitative survey component of an interview including both qualitative and quantitative elements.

Of the 208 participants, 122 (59 percent) were male, 84 (40 percent) were female, and 2 (1 percent) were transgendered (male to female). With respect to ethnicity, 56 percent were White, 12 percent Black, 12 percent Hispanic, 5 percent Aboriginal, 14 percent of mixed ethnicity, and the remainder varied. The ages ranged from 14 to 24, with a median age of 20. The average age of the youths' first experience of leaving/being thrown out of home was 15, with a mean level of education of 10.6 years. A substantial proportion (57 percent) reported having been homeless for more than two years, with 33 percent reporting continuous homelessness and 40 percent having had conventional housing 25 percent of the time. Most youth resided in street and/or squat locations (47 percent), with 26 percent "couch-surfing" (temporarily living with others), and 14 percent lived in shelters. Most youths reported some combination of income sources with pan handling (45 percent), dealing drugs (23 percent), a job (23 percent), and sex trade involvement (15 percent) appearing with the most frequency.

We developed a 12-item survey to measure the sense of social stigma. Each item response was formatted as a 4-point Likert-type scale (strongly disagree, disagree, agree, strongly agree) relating to the experience of being stigmatized:

- "I have been hurt by how people have reacted to me being homeless."
- "I feel that I am not as good as others because I am homeless."
- "I feel guilty and ashamed because I am homeless."
- "People seem afraid of me because I am homeless."
- "Some people act as though it is my fault that I am homeless."
- "Homeless people are treated like outcasts."
- "Knowing that you are homeless, people look for things wrong about you."
- "I have been insulted by strangers because I am homeless."
- "Most people think that homeless people are lazy and disgusting."
- "Homeless people can't get jobs because they are homeless."
- "I have to fight against the opinions and values of society."

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- “Homeless people are harassed by the police because they are homeless.”

Group stigma vs. individualized stigma

We distinguished between a generalized stigma factor, relating to the idea that “Homeless people are treated like outcasts,” indicative of an understanding of public perceptions and actions by the public based upon stigma (insults, harassment, biases in hiring), being hurt by social stigma, and having to “fight” against social stigma. The second, more personal component focuses on self-blame (feeling guilty, ashamed or not as good as others).

We examined the effects of gender, ethnicity, sexual orientation, panhandling, sex trade involvement, and total time on the streets upon perceived social stigma, hypothesizing that these variables would all have significant relationships with the experience of stigma.

Contrary to our hypothesis, *female gender* was not found to have a significant impact on either the self-blame component of stigma nor the general stigma component. For the purposes of analyzing the relationship between *ethnicity* and stigma, two groups were created, composed of White youth ($n=117$), and youth of other ethnicities ($n=91$; including Hispanic [$n=24$]; Black, [$n=25$]; Asian, [$n=3$]; Aboriginal, [$n=11$]; mixed, [$n=28$]). Contrary to our hypothesis, we found that White youths reported greater general perceived stigma, but there was no significant difference among ethnicities in reports of self-blame.

In relation to *sexual orientation*, we created four groups: straight ($n=115$), some degree of bisexual orientation ($n=40$), bisexual ($n=31$), and primarily gay/lesbian ($n=22$). Our analysis indicated that while sexual orientation was not significantly related to general stigma, it was, as we expected, significantly related to self-blame.

Examination of *panhandling* and *sex trade involvement* as they related to stigma indicated that, consistent with our hypotheses, youth who panhandle report higher levels of general stigma, but lower levels of self-blame, while degree of sex trade involvement was not associated with general stigma, but was related to higher levels of self-blame. Lastly, the hypothesis that *total time on the streets* would be related to perceived stigma was supported with respect to general stigma, but not self-blame.

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Simultaneous multiple regression analyses were used to examine the relationship between general stigma and self-blame and four dependent variables: self-esteem, loneliness, feeling trapped, and suicidal thoughts or attempts.¹ We found that both general stigma and self-blame were predictors of these four variables.

The burden of stigma

Our analysis indicated that the experience of social stigma varied depending on ethnicity, sexual orientation, subsistence activity, and total time on the streets. The experience of stigma was also found to have significant relationships with low self-esteem, loneliness, feelings of being trapped, and suicidal thoughts or attempts.

Since previous work that has indicated that female adolescents experience greater amounts of discrimination (Leadbeater & Way, 1996) and that homeless girls are more disadvantaged financially (O'Grady & Gaetz, 2004) and more frequently victimized on the streets (Cauce et al., 2000), we expected that female participants would report greater levels of social stigma relative to males. This was not the case for either general or self-blame aspects of social stigma.

Similar hypotheses were made with respect to ethnicity and sexual orientation, based on evidence that ethnic minority adolescents (Comer, 1995) and gay, lesbian, and bisexual adolescents (Radkowsky & Siegel, 1997) face higher levels of stigma relative to the general population and gay, lesbian, and bisexual homeless youth are more frequently victimized on the streets (Cochran et al., 2002). We found the inverse of the hypothesized relationship between stigma and ethnicity, with white youths reporting greater general stigma, though no significant difference in degree of self-blame. Sexual orientation did, however, emerge as having a significant relationship with stigma. As predicted, a linear relationship

¹ Of those we interviewed, 46 percent reported making at least one suicide attempt in home or street environments, and of these, 78 percent reported that they had made more than one attempt. Differentiated by gender, 55 percent of females and 40 percent of males reported at least one attempt. Variations among the different ethnicities were minor. Methods including overdosing (42 percent), cutting with a sharp object (32 percent), hanging (15 percent), jumping from a height (7 percent), with miscellaneous remainders.

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was found between the degree of bisexuality and gay/lesbian sexual orientation and the amount of guilt and self-blame as it related to stigma.

It seems that gay and bisexual youth engage in more self-blame in reaction to stigma based upon homeless status, perhaps reflecting previous evidence of their having poorer psychological and physical health relative to straight homeless youth (Cochran et al., 2001). A similar relationship was not found with general stigma.

The findings that gender, ethnicity, and sexual orientation are not related strongly with a general sense of stigma might be explained by the design of the survey instrument, which connected stigma solely with homelessness. As one participant noted while filling out the survey: "People aren't afraid of me because I am homeless. People are afraid of me because I am Black." It may be that, with the exception of sexual orientation and self-blame, stigma associated with these demographic variables is occurring in an additive fashion, in which homelessness-specific stigma is not perceived as substantially different among these groups. Females and minorities, however, may experience additional challenges. Future work may serve to better delineate the implications of multiple sources of stigma.

We confirmed our hypotheses on the impact of panhandling, sex trade involvement, and total time homeless upon perceived stigma. Panhandlers publicly display their status as homeless persons and regularly face humiliating interactions with strangers and authorities. Having panhandling as a primary source of income was strongly related to perception of general social stigma. Conversely, panhandling had a significant negative relationship with self-blame, confirming Lankenau's observation that panhandlers find constructive ways of managing their stigmatized identities (Lankenau, 1999).

Sex trade involvement was related to self-blame but, contrary to our hypothesis, not general stigma, possibly reflective of the additional stigma ascribed to prostitution (Brock, 1998). Sex trade work may, however, be similarly affected by the question of multiple forms of discrimination, unlike panhandling, which is more closely associated with homelessness.

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Lastly, the total amount of time spent homeless was significantly related to general perceived stigma, but not self-blame. This is likely similar to the relationship between stigma and panhandling in that youth who are homeless for longer are exposed to greater amounts of social stigma, with the greater amount of time potentially allowing for adjustment to discrimination, such that guilt and self-blame in response to stigma are reduced.

Consistent with previous analyses (Kidd, 2004), perceived stigma was found to have a significant relationship with low self-esteem, loneliness, feelings of being trapped, and suicidal thoughts and attempts.

Feeling trapped, a construct of helplessness and hopelessness, has emerged in previous work as being central to suicide attempts among homeless youth (Kidd, 2004, 2006). Of the variables noted above, perceived stigma was most strongly associated with loneliness and feeling trapped. While the cross-sectional nature of this study does not allow for an examination of direction of these relationships, these findings suggest that the well-documented tendency of society to blame homeless persons for their predicament (Phelan et al., 1997) may further compromise the mental health of youth already grappling with myriad risks and challenges. The potential influence of stigma in the lives of these youth may extend to mortality, given the relationships between the above variables and suicide, and the recent finding that suicide is the leading cause of death for this population (Roy et al., 2004).

As hypothesized, self-blame caused by a stigmatized status emerged as having the strongest relationships with the mental health variables measured in this study. It is likely that self-blame reflects the degree to which these youths' stigmatized status is internalized, with the implication that the degree to which homeless youths internalize society's negative view of them is a central aspect of the process through which discrimination affects mental health. Such a finding has been noted among other populations (Lee et al., 2002).

The association between stigma and low self-esteem is not, contrary to common belief, typically found among most stigmatized groups (Crocker, 1999; Crocker & Major, 1989; Pinel, 1999). Recently, theorists have emphasized within-group variability (Crocker, 1999; Pinel, 1999), the meanings people give to situations in which stigmatization might be

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occurring (Crocker, 1999), and the protective coping strategies such individuals employ (Crocker & Major, 1989).

Crocker and Major (1989) proposed mediating factors that may explain the strong impact social stigma appears to have on street youth. These mediating influences include the consideration that since these youth have not had the stigma of homelessness since birth, they have likely not had as many opportunities to adapt and develop coping strategies related to that stigma. They are also a group that has been exposed to many of mainstream society's beliefs about drug addiction, poverty, prostitution, etc., before they identify with these characteristics.

Thus, negative stigmatizing evaluations are more salient since they may to a certain extent have internalized those beliefs and more readily apply them to themselves. Homeless youth are stigmatized for reasons that are largely thought to be the responsibility of the person – poverty, drug addiction etc. (Schissel, 1997). Such groups are stigmatized to a greater extent than those not thought responsible for their conditions, such as those with a developmental disability).

With respect to coping with stigma, homeless youth may have difficulty putting in place the protective mechanism of devaluing the standards against which they are criticized. Beliefs about physical appearance, being drug-free, financial success, and education are central to Western culture and difficult to ignore. Additionally, the abusive pasts of many street youth have likely left them more vulnerable to negative social and emotional consequences of stigmatization (Coffey et al., 1996). Lastly, the stigma and social oppression experienced by homeless youth appears to be occurring, for most, at a very high level.

Homeless youth speak of a multi-levelled and institutionalized discrimination that is probably one of the more extreme forms to be found in North America, and a constant condition that cannot be escaped by “going home” (Kidd, 2004).

These findings indicate that homeless youths' experience of stigma plays a major role in their mental health status and suicide risk level. It will likely prove important for interventions to address social stigma as it is perceived and experienced by these young people, exploring how these perceptions are affecting their mental health in various domains, and helping them to find ways to insulate themselves from the discrimi-

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nation that they face. This may involve working on ways to replace internalized messages of guilt and shame with a more empowering understanding of the various factors underlying stigma and systemic discrimination. Finally, counsellors should be aware of the effects of discrimination and stigma on some groups, including gay, lesbian, bisexual, and transgendered persons, youth involved in the sex trade, and of how perceptions of stigma change over time as youth are exposed to ongoing discrimination.

Sean Kidd is an assistant professor with the McMaster Department of Psychiatry and Behavioural Neurosciences. His primary research areas are suicide and resiliency among homeless youth and the application of qualitative methodologies in psychological research. This chapter is a condensation of an article published in the Journal of Youth and Adolescence, vol. 36, 2007.

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3.5 Social Stigma and Homeless Youth and Outcomes

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