Homelessness, Family Rejection and Disclosure, Mental Health, and Suicidality among Sexual Minority Adolescents in the U.S.

Harmony Rhoades, Jeremy Goldbach, Mary Rose Mamey, and Sheree Schrager

Research Question and Background: Sexual minority adolescents (SMA) – including youth who identify as gay, lesbian, bisexual, pansexual and other non-heterosexual sexual orientations -- experience increased risks of homelessness, mental health disorder symptoms, and suicidality [1-3]. While all adolescents experiencing homelessness report higher rates of mental health disorder symptoms and suicidality than their housed peers, sexual minority youth who have experienced homelessness fare the worst [4-5]. Further, family conflict around a young person's sexual orientation may lead to and/or complicate both homelessness and mental health outcomes among SMA [6-7]. While many of these findings are consistent across studies, research in this area is limited by several interrelated factors: 1. Samples are often comprised solely of youth experiencing homelessness, which prevents us from comparing SMY with homelessness experiences to SMY without such experiences, 2. Samples of youth experiencing homelessness are often comprised of older, unaccompanied youth (i.e., 18-25), and may not represent the experiences of adolescents, and 3. The difficulty of recruiting sexual minority adolescents, as many have not disclosed their sexual orientation across different contexts, or may not feel safe disclosing in certain spaces (such as schools) where research recruitment more often occurs.

The current research, which reports on findings from a large (n=1,540) national sample of SMA allows us the opportunity to compare experiences of parental rejection, parental disclosure, mental health symptoms, and suicidality by reporting of homelessness.

Data and Methods: These data have been collected as part of an ongoing 5-year NIMHD-funded study to determine how differential trajectories of sexual minority stress experienced among adolescents (aged 14-17 years) in the U.S. may predict behavioral health patterns. Through a hybrid social media (Facebook and Instagram advertising targeted by age, gender, region, and rural/urban location) and respondent-driven sampling approach, 1,540 sexual minority adolescents (SMA) have completed baseline surveys responding to questions about demographics, mental health, living situation, and sexual minority stress experiences. Because recruiting via social media and respondent-driven sampling carries a risk of fraud, this study incorporates vigorous fraud-checking and data quality assessment techniques, including automatic exclusion of participants who do not meet the eligibility criteria (14-17 years of age, cisgender, and same-sex/same-gender sexual attraction), manual data quality review (e.g., unrealistic completion time, high number of decline to answer responses, responding inappropriately to validation items), and exclusion of duplicate respondents based on combinations of response patterns, IP addresses, and similar contact information. At the time of data analysis for this abstract, 1,540 participants had completed the baseline survey and passed these quality checks; all of these participants have been or will be invited to enroll in the ongoing longitudinal study, and additional recruitment for baseline surveys (and longitudinal study participation) will continue through November 2018.

Sexual minority stress is measured using The Sexual Minority Adolescent Stress Inventory (SMASI) a validated measure which relies on 54 items to measure 10 domains of minority stress, including family rejection (other domains include social marginalization, internalized homonegativity, identity management, negative disclosure experiences, etc.) [8-9]. Homelessness is assessed by asking participants if they have ever had to spend the night somewhere other than their home because they had nowhere else to stay. Mental health items include the Abbreviated PTSD Civilian Checklist for post-

traumatic stress disorder [10], the GAD-7 measure for Generalized Anxiety Disorder [11], and the Centers for Epidemiological Studies 4-item scale for depression (CES-D) [12]. Utilizing an item from the Youth Risk Behavior System (YRBS), participants were asked if they had ever attempted suicide in their lifetime [13].

Preliminary Findings: The average age of this sample of 1,540 SMA is 15.9 (range: 14-17), 61.7% are white, 14.1% are Latinx, 8.4% multiracial, 7.8% Black, and 7.0% Asian. One-third (33.7%) are male and two-thirds (66.4%) are female. Nearly 39% identify as bisexual or pansexual, 34% as gay or lesbian, 20% as mostly gay or lesbian (with some heterosexual attraction), 5% as mostly heterosexual (with some same-gender attraction), and 2% report that they are unsure of their sexual orientation. One-fifth (20.5%) report a lifetime experience of homelessness, with the most frequent experience being staying with friends, extended family or another known-person (e.g., “couch-surfing”) at 92.4%, followed by staying with a stranger (11.1%), outside (8.3%), and in a youth or adult shelter (7%; response options to place of stay are not mutually exclusive). Out of five possible family rejection sexual minority stress experiences, participants report experiencing an average of 2.6 overall; as shown in Table 1, those with lifetime experiences of homelessness report statistically significantly higher rates of family-based minority stress, averaging 3.3, as compared to 2.4 among those without homelessness experiences. Participants with homelessness experiences are also significantly more likely to report that they have disclosed their sexual minority status to their parents, at 66%, compared to 59.5% among those without homelessness experiences.

Participants with homelessness experiences report consistently statistically significantly higher levels of mental health symptoms across all measured domains, including PTSD, generalized anxiety disorder, and depression (Table 1), and strikingly higher rates of lifetime suicide attempts (42% among those with experiences of homelessness, as compared to only 12% among those without homelessness experiences.

Table 1. Homelessness, Parental Disclosure & Stress, Mental Health Symptoms, and Suicidality among Sexual Minority Adolescents

	Full sample (n=1,540)	Among those ever experiencing homelessness (n=315)	Among those without homelessness (n=1,225)	Bivariate test statistic (p-value)
	%(n)/mean(SD)			
Ever experienced homelessness	20.5 (315)	---	---	---
Disclosure and Parental Stress				
Scale on parental SMASI items (range: 0-5)	2.60 (1.59)	3.32 (1.50)	2.40 (1.55)	-9.17 (<0.001)[a]
Out to parents	61.0 (952)	66.0 (208)	59.5 (729)	4.47 (0.03)[b]
Mental Health and Suicidality				
Abbreviated PTSD Civilian Checklist Score (range: 0-30)	17.3 (6.0)	20.6 (5.6)	16.4 (5.8)	-11.45 (<0.001)[a]
Generalized Anxiety Disorder GAD Score (range: 0-21)	11.6 (6.0)	13.8 (5.8)	11.0 (5.9)	-7.56 (<0.001)[a]
Depression; CES-D-4 (range: 0-12)	6.3 (3.4)	7.8 (3.3)	5.9 (3.3)	-9.05 (<0.001)[a]
Any Lifetime Suicide Attempt	17.9 (257)	41.8 (120)	11.6 (132)	143.11 (<0.001)[b]

[a]t-test, [b]chi-square

Discussion: These data reveal rates of homelessness that are higher among SMA who have also experienced family disclosure and rejection, as well as higher rates of several negative mental health symptoms among SMA with such homelessness experiences. One of the most troubling findings in these preliminary analyses is the staggering discrepancy in rates of lifetime suicide attempts between those who have and have not experienced homelessness. While the direction of causation cannot be ascertained with cross-sectional data, these findings suggest that homelessness experiences may have extremely negative consequences for mental health symptomology and suicidality among SMA. Future longitudinal research will attempt to parse the ordering of experiences of family rejection, homelessness, and these outcomes, as well as identify areas for intervention to potentially reduce the troublingly high incidence of these negative experiences among sexual minority adolescents.

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