

Through Their Eyes: Examining Youth Homelessness with Photovoice

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LGBT youth are
120% more likely
to experience homelessness

African American youth are
83% more likely
to experience homelessness

**4.2 MILLION
Homeless Youth
Nationwide**



Homeless and near homeless youth suffer from higher rates of:

- Physical and mental health issues
- Violence and unsafe environments
- Teen pregnancy
- Alcohol and substance use
- Premature death



All photos in this policy brief were taken by Photovoice participants.

Overview of Youth Homelessness

Homelessness, broadly defined as the experience of sleeping in places in which people are not meant to live, staying in shelters, or temporarily staying with others and not having a safe and stable alternative,¹ is a major public health challenge facing 4.2 million youth across the United States.² LGBT, Black, and Latinx youth are disproportionately affected by homelessness compared to their heterosexual/cisgender and racial/ethnic counterparts. In fact, a study found that LGBT and African American youth are 120% and 83%, respectively, more likely to experience homelessness.³

Homelessness does not occur in isolation and is interconnected with a host of other health and health-related social needs, which if not adequately addressed can result in negative consequences across the life course. National studies on youth facing homelessness show that this population disproportionately faces higher rates of physical and mental health problems, violence, early pregnancy, substance use, and early death than their housed counterparts.⁴ Early actions to address these issues commonly experienced by youth facing homelessness can help boost their resilience and support healthy development and transitions to a productive adulthood.

This policy brief discusses the process and outcomes of a community-based participatory research project aimed at addressing the health and health-related social needs of homeless youth, which examined the web of individual, familial, communal, and systemic factors contributing to youth homelessness in New Britain, Connecticut. Specifically, it provides an overview of the Photovoice methodology, the findings of the research, and the policy recommendations to address the barriers that participants highlighted through their Photovoice research process.

Methodology

The Addressing the Health and Health-Related Social Needs of Homeless Youth study had two complementary project parts. The first part consisted of a 2-month Photovoice research project aimed at understanding the factors contributing to youth homelessness. Fourteen people between the ages of 14 and 24 who lived in or attended school in New Britain and had an experience of housing insecurity or homelessness were recruited to join one of three Photovoice project groups (1 in-person and 2 on Zoom) that completed the following activities:



- 1. Training:** Researchers facilitated 4 training sessions using guidance provided from the Rutgers Photovoice Manual so that participants could understand the purpose of the project, develop photography skills, learn about the socio-ecological model, and draft ideas to answer the research question through their photography.
- 2. Fieldwork:** Participants took at least 20 photos over the course of 2–3 weeks to answer the research question.
- 3. One-on-One Meeting:** Participants had a one-on-one with a researcher to: (1) go through their 20 photos and share how the photos answered the research question, (2) select the top 5 photos that they wanted to share with the larger group, (3) determine the order in which to present the photos, and (4) construct a blurb to go along with the photo. Some participants also created titles for each photo.
- 4. Group sharing:** Researchers facilitated a final meeting where participants shared their photos with their group. Space was provided to allow other participants to respond to the Photovoice stories, and initial themes for photos were constructed.

The second part consisted of a two and a half month multimedia advocacy project, aimed at giving participants the opportunity to create multimedia as a means of disseminating information about the issues identified during the Photovoice project. Of the 14 participants who completed the Photovoice project, 7 completed the multimedia advocacy project. For this project, participants attended 6 weekly 2-hour trainings to teach them about policy and

advocacy, stakeholder analysis, power building, gathering evidence and doing due diligence, and producing a podcast. After training, participants had 4 weeks to work on their multimedia projects, supported by research staff through weekly one-on-one meetings.

Participation in each project was voluntary and a \$500 stipend was provided at the completion of each part. The Photovoice stories and the multimedia projects were used to construct an online gallery to share with community providers and members in New Britain. The Photovoice research protocol was approved by the Community Health Center, Inc. Internal Review Board.

Key Findings

Participants who were part of this Photovoice project experienced various forms of housing insecurity and homelessness (HIH). Participants recounted experiences of: living in homes that were overcrowded or poorly maintained; doubling up or couch surfing with extended family members and/or friends; living in places not meant for human habitation such as by railroad tracks, in the forest, in cars, and other places outside; staying at overnight warming centers; and living in emergency or domestic violence shelters. Some participants experienced HIH alone, while others experienced it with their immediate family members. Additionally, the frequency and durations of HIH experiences ranged amongst participants, with some experiencing one time and/or short episodes and others experiencing multiple and/or long episodes. **Despite the varying experiences of participants, the narrative process of sharing photos revealed the following key factors contributing to the experience of youth housing insecurity and homelessness: inadequate professional mental health and substance use services, failing social support systems, and basic human needs not being met.**



Professional Mental Health and Substance Use Services

Most participants shared stories of experiences that happened both prior to and during their episodes of housing insecurity, which contributed to feelings of loneliness, sadness, hopelessness, anxiety, and depression. Many participants experienced neglect, rejection, and/or abuse by guardians and/or were exposed to other forms of domestic disturbances including witnessing domestic violence or having a parent arrested and removed from the household. Some participants who are part of the LGBT community shared stories about parents not accepting their gender identity or sexual orientation, which contributed to them leaving the household. Additionally, participants talked about exposure to and participation in alcohol use, smoking, drug use, and unsafe sexual practices, which exacerbated challenges with mental health. One participant noted, *“People with alcohol abuse problems can become aggressive, which can cause them to get kicked out of their house. Also, people with alcohol abuse problems can spend a lot of their money buying alcohol, making it hard to pay for rent, bills, food, and other necessities.”*

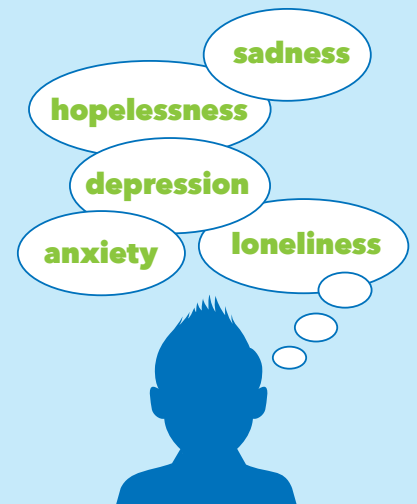
Some participants talked about issues accessing mental health services due to lack of medical insurance and lack of knowledge about where to access resources. While some participants were able to seek mental health support either at school or through other avenues, many noted instances when traditional mental health services fell short. Participants mentioned how many people who were meant to support them were not able to understand what they were going through, lacked empathy, and/or did not provide enough emotional support in the services they provided.

Participants indicated that it would be beneficial for them to receive support from individuals who have actually experienced and overcome challenges with housing insecurity. Additionally, participants commented on how much of the mental health treatment they received focused on identifying problems, diagnosing them, and medicating them, rather than focusing on teaching them coping mechanisms and helping them develop better skills to address life challenges. Participants noted that engaging in activities such as reading, drawing, playing games, and caring for pets and plants supported their mental health. Mental health services that offer activities such as the ones mentioned above, which allow young people to learn, have fun, be creative, and express/receive care could create more effective spaces for them to work on improving their mental health.

Social Support Systems

Participants spoke of craving spaces of belonging, safety, and acceptance. Participants expressed feelings of frustration and hopelessness when they shared and discussed how various community agencies provided inadequate services to prevent or address their experiences of homelessness. One participant noted that it is important for communities to, *“Educate youth and show the available options that they have in front of them in regards to career choices, education, and ways to be involved in their community.”*

“This is a book bag I put together with things that I would always have to carry with me when I had to go to places.”



For homeless youth, reoccurring mental health issues include:

- Trauma
- Rejection
- Violence
- Discrimination
- Food insecurity
- Substance use
- Unsafe sex practices

Participants shared experiences that illustrated the lack of support provided to them in school to help them cope with experiences brought on by housing insecurity or prevent the experience of homelessness. One participant who was bullied in high school for experiences of domestic violence and not having the latest phone and clothes noted the lack of support from teachers by saying, *"It makes it harder when you try to talk to teachers about it [bullying] because they don't care about what you have to say since many teachers only get paid for teaching and it's not the job they signed up for."* Another participant recounted her experience of having to seek emergency shelter right after graduating from college because she had nowhere to live after moving out of the dorms: *"My graduation day was crazy because I was moving out on the day of graduation. The school allowed me to stay later than other students because of my circumstances, but I was not allowed to stay there after graduation. I was moving out, but I did not have a place to move out to."*

Participants noted instances in which law enforcement failed to provide adequate support or caused harm. When recounting an experience of domestic violence, one participant shared their frustration over the fact that the police said that they could not intervene because there were no physical marks of abuse, claiming *"This contributes to youth homelessness because they are not actively solving the problem."* Another participant talked about a time when police forcefully destroyed a tent city that he was a part of, *"The police threw out all the homeless and tore down the tent cities. The police came in with machetes and tore the tents while we slept in them. Families and elderly and the otherwise alone in this world lived there, myself included. There were injuries when that happened as you would expect when someone thrusts a blade in the tent you're sleeping in. There needs to be set places where the homeless can camp until they can afford to get housing."*

Participants noted issues with the ways that homelessness services are provided. Participants cited issues with the Connecticut 211 health and human services info line, namely the fact that many of them were unable to get support to prevent homelessness, and instead had to wait until they were literally experiencing homelessness to get help. When they were eligible to enter into shelter, participants noted delays in accessing shelter because of long wait lists and not enough shelters. For example, one participant noted, *"There are people that are homeless right now because there is not enough space in shelters. I have had friends who had to wait for weeks living in a tent in the cold before being admitted into a shelter."*

Basic Human Needs

Participants cited inadequate family and/or individual income as a main cause of homelessness and housing insecurity. Furthermore, many participants with inadequate income often dealt with uncertainty about whether or not they would be able to do laundry, buy groceries, and/or pay bills. As one of the Photovoice participants highlighted, *"It is hard to afford all this stuff on top of being homeless. It's a perpetual cycle of poverty. Trying to afford a basic living you are staying poor."*

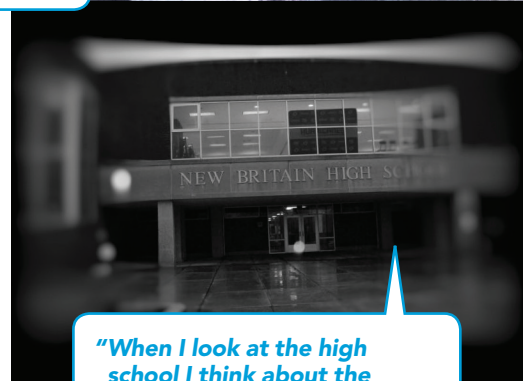
Participants who stayed in shelters noted challenges in getting their needs met during their stays. As one participant noted, staying in shelter made her feel like she had *"No sense of ownership over my life and the resources I had."* Participants talked about having to deal with inadequate supplies and resources. One participant talked about the experience of not having access to sanitary pads at shelter: *"They did not have pads at a shelter meant specifically for women and children. I was disgusted by that. Women were bleeding on themselves like animals. It's not a want, it's a need."* Access to food also posed a challenge for many shelter residents, who often did not have access to a stove to cook their own food, *"Many times people have to go to delis if they want something to eat. However with food stamps you are not able to buy hot food, it's mainly cold food...You are paying out of pocket for this because you can't make your own food to eat."* Additionally, access to clothing, specifically clothing that is appropriate to wear for job interviews, was cited as a need. Participants also recounted experiences of having to live in shelters that were poorly maintained. One participant discussed a time when she had to sleep with 6 blankets on top of her: *"It was freezing because they never had a heating unit and never got around to fixing it even though they asked the shelter many times."* Furthermore, COVID-19 exacerbated many issues that shelters faced, leading to a higher frequency of negative participant experiences.

Access to reliable, safe, and affordable transportation was also commonly cited as a huge need, specifically as a means of securing and maintaining employment. One participant shared

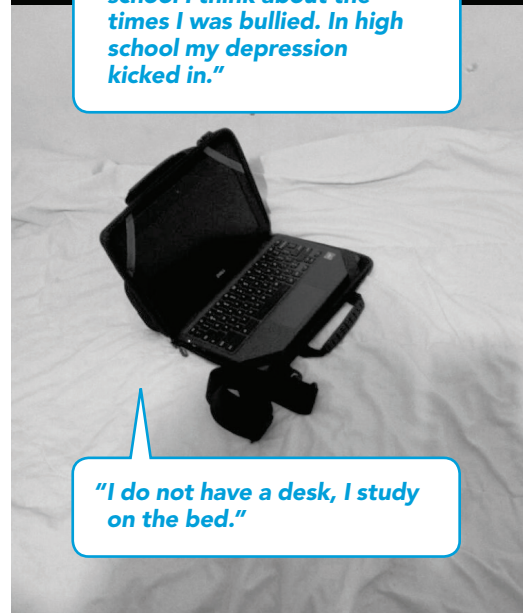
"After I went to college when I was around 18-19, I started exploring my sexuality and got into a relationship with a woman. My mom kind of knew what was going on and she would treat me terribly on a daily basis to the point that I started contemplating leaving the house."



"When I look at the high school I think about the times I was bullied. In high school my depression kicked in."



"I do not have a desk, I study on the bed."



"Since the first time I got to CT everyone would tell me to call 211 so they could assist me with housing services but every time I called, they said since I was a student, I could take a loan so I could have lived in the dorms and that the only way for them to help was if I was literally sleeping in the streets, public place, or in my car."



their experiences of feeling unsafe while taking public transportation and the large financial burden of having to pay for regular bus fares: "I have to leave at 5 a.m. in the morning through the bus. I've come across scary situations while on the bus where people are under the influence and act out violently on the bus... A lot of the money I make goes towards bus fares. It's hard to pay for rent and money for transportation." Other participants noted challenges with transportation even if they had access to a car through a family member or owned their own car such as having to manage expenses for gas and costly car repairs.

"People ask you how are you doing but not how are you feeling... [We] need to support each other. Normalize doing that."

Policy Recommendations

These policy recommendations were informed by the Key Finding of the Photovoice project, as well as by the participants' own recommendations on how to address the challenges they face as homeless youth in Connecticut. Mental Health, Housing Availability and Quality, Health and Social Services Navigation, and Food Insecurity were all highlighted as main themes.

Improve Mental Health Services in Schools



Many youth experience mental health problems, including depression, anxiety, and substance use disorders. Homeless youth have higher rates of mental health issues due to the stress and trauma associated with the lack of stable housing, as well as the circumstances which led to their housing insecurity. In fact, youth and adolescents who experience homelessness are six times more likely to have two or more mental health disorders than their housed peers.⁵

Schools are a critical setting for youth to receive mental and behavioral health services. However, many schools lack high-quality services for youth and do not foster an environment where youth feel comfortable seeking out services. School Administrators should ensure there are sufficient numbers of social workers, psychologists, peer supporters, and other providers in their schools who understand the lived experiences of the students and are properly trained in trauma-informed care. Enhancing school-based interventions and providing high-quality treatment will lead to improved educational outcomes, including higher rates of graduation, improved emotional well-being, and greater resiliency.⁶

Improve Connection to Health and Social Services at Temporary Housing Locations



Homeless youth have health and social needs which can be difficult to address when trying to navigate through housing insecurity. It is vital that temporary housing locations, such as shelters, have the resources necessary to help homeless

youth navigate health, social, and other systems. Having dedicated staff with knowledge of the various resources available to homeless youth, and who can refer and connect them to those resources,⁷ will improve access to these services and help them enroll in the various programs and services that they are eligible for.

This includes helping youth sign up for health insurance, connecting them to organizations that offer substance use, mental health, and other health-related care, providing transportation, and helping youth find more permanent and stable housing. By providing a one stop resource center, temporary housing sites will help youth access the resources to improve their short and long-term health and change their life trajectories in a positive and meaningful way.

"What's represented in this photo is the correlation between alcohol abuse and homelessness. Anyone who drank before homelessness is guaranteed to drink more during homelessness."

Build More Temporary and Permanent Housing



Shelters and transitional/temporary housing are essential in ensuring that homeless youth have a place to stay when needed. Often, youth are not able to find a safe, clean space to go when becoming homeless, which leads to them living in their car or on the street. This creates further stress and trauma and puts them at risk of violence and other dangerous situations.⁸ The lack of

affordable permanent housing is also a barrier to homeless youth transitioning out of a shelter or other temporary housing, and to creating housing stability.

Increasing the number of high-quality, clean, and safe units that can house homeless youth will result in better educational and health outcomes, reduce the stress and trauma associated with homelessness,⁹ and will also prevent further increases in the number of homeless youth in our communities. Policymakers should invest in utilizing public and private land for temporary housing, fund homeless and housing organizations, and commit to building more affordable and deeply-affordable housing units.



Expand SNAP Eligibility and Benefits



In addition to housing insecurity, many homeless youth experience food insecurity and struggle to buy groceries. The Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps, provides monthly food benefits in the form of pre-paid debit cards, to low income

individuals and families. The eligibility requirements vary by state, but applicants must fall below the income limit and must work or participate in a work program for at least 20 hours per week in order to receive benefits. This is difficult given the lack of housing, potential mental health issues, and other challenges homeless youth face. Furthermore, in many cases, students are not eligible for SNAP benefits. For those who do qualify, the benefit amount may not be sufficient to pay for enough food for the month. Currently SNAP benefits can be as low as \$15 per month.

SNAP is a lifeline for many low-income Americans, and the lack of access to food can lead to negative health, behavioral, and educational outcomes.¹⁰ Policymakers should modify the SNAP eligibility requirements and benefit amounts to accommodate homeless youth, many of whom are students, not able to work, and/or whose incomes are just high enough where they either don't qualify for benefits or receive an insufficient amount.

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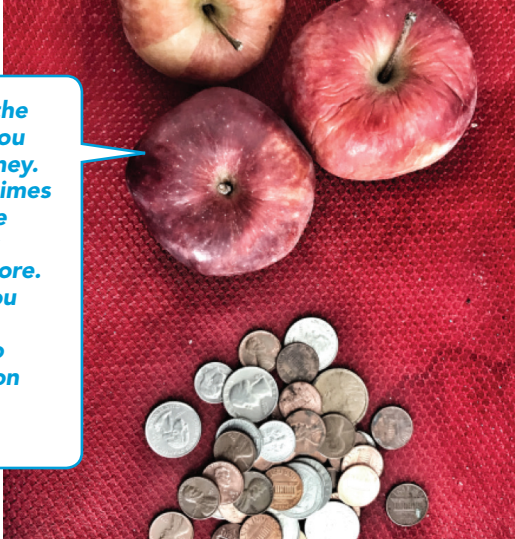
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For More Information

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"This picture represents the choices you face when you do not have enough money. For example, there are times when you have to decide what to eat, but healthy food like apples costs more. There are times when you want to make healthy decisions, but it's hard to make the healthy decision because the unhealthy ones... [are] cheaper."



"I was at a women and children's shelter—they did not have sanitary napkins for women. Many women would have to use napkins. This was upsetting."



"This photo represents an entire selection of empty unused land in New Britain that can be put to use to create spaces that can be used to care for people experiencing homelessness and supply them with what they need to get off the streets."

