OBJECTIVES: We compared the prevalence of current homelessness among adolescents reporting a minority sexual orientation (lesbian/gay, bisexual, unsure, or heterosexual with same-sex sexual partners) with that among exclusively heterosexual adolescents. METHODS: We combined data from the 2005 and 2007 Massachusetts Youth Risk Behavior Survey, a representative sample of public school students in grades 9 though 12 (n=6317). RESULTS: Approximately 25% of lesbian/gay, 15% of bisexual, and 3% of exclusively heterosexual Massachusetts public high school students were homeless. Sexual-minority males and females had an odds of reporting current homelessness that was between 4 and 13 times that of their exclusively heterosexual peers. Sexual-minority youths’ greater likelihood of being homeless was driven by their increased risk of living separately from their parents or guardians. CONCLUSIONS: Youth homelessness is linked with numerous threats such as violence, substance use, and mental health problems. Although discrimination and victimization related to minority sexual orientation status are believed to be important causal factors, research is needed to improve our understanding of the risks and protective factors for homelessness and to determine effective strategies to prevent homelessness in this population. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3154237/


Transgender and gender nonconforming people face stigma and discrimination from a wide variety of sources and through numerous social realms. Stigma and discrimination originating from biomedicine and health care provision may impact this group’s access to primary care. Such stigma and discrimination may originate not only from direct events and past negative experiences, but also through medicine’s role in providing treatments of transitioning, the development of formal diagnoses to provide access to such treatments, and the medical language used to describe this diverse group. This paper examines the postponement of primary curative care among this marginalized group of people by drawing from the National Transgender Discrimination Survey, one of the largest available datasets for this underserved group. This paper also proposes an innovate categorization system to account for differences in self-conceptualization and identity, which has been of considerable concern for transgender and gender nonconforming communities but remains underexplored in social and health research. Results suggest that experience, identity, state of transition, and disclosure of transgender or gender nonconforming status are associated with postponement due to discrimination. Other findings suggest that postponement associated with primary place of seeking care and health insurance has ties
to both discrimination and affordability. These findings highlight the importance of combating stigma and discrimination generated from within or experienced at sites of biomedicine or health care provision in improving access to care for this group of people. Improving access to care for all gender variant people requires a critical evaluation of existing research practices and health care provision to ensure that care is tailored as needed to each person’s perspective in relation to larger social processes. 


A disproportionate number of lesbian, gay, bisexual and transgender (LGBT) youth experience homelessness each year in the United States. LGBT youth who are homeless have particularly high rates of mental health and substance use problems, suicidal acts, violent victimization, and a range of HIV risk behaviors. Given the intense needs of LGBT youth experiencing homelessness, it is imperative that we understand their unique experiences and develop responsive practices and policies. The range and severity of health risks vary across subgroups of all homeless LGBT youth, and since the population is nonhomogeneous their particular needs must be identified and addressed. Thus the purpose of this article is to review the causes of homelessness among LGBT youth, discuss the mental health and victimization risks faced by this population, address differences among homeless LGBT subgroups, and recommend effective interventions and best practices. We conclude by discussing promising future research and public policy directions. 


A growing body of literature supports stigma and discrimination as fundamental causes of health disparities. Stigma and discrimination experienced by transgender people have been associated with increased risk for depression, suicide, and HIV. Transgender stigma and discrimination experienced in health care influence transgender people’s health care access and utilization. Thus, understanding how stigma and discrimination manifest and function in health care encounters is critical to addressing health disparities for transgender people. A qualitative, grounded theory approach was taken to this study of stigma in health care interactions. Between January and July 2011, fifty-five transgender people and twelve medical providers participated in one-time in-depth interviews about stigma, discrimination, and health care interactions between providers and transgender patients. Due to the social and institutional stigma against transgender people, their care is excluded from medical training. Therefore, providers approach medical encounters with transgender patients with ambivalence and uncertainty. Transgender people anticipate that providers will not know how to meet their needs. This uncertainty and ambivalence in the medical encounter upsets the normal balance of power in provider–patient relationships. Interpersonal stigma functions to reinforce the power and authority of the medical provider during these interactions. Functional theories of stigma posit that we hold stigmatizing attitudes because they serve specific psychological functions. However, these theories ignore how
Hierarchies of power in social relationships serve to maintain and reinforce inequalities. The findings of this study suggest that interpersonal stigma also functions to reinforce medical power and authority in the face of provider uncertainty. Within functional theories of stigma, it is important to acknowledge the role of power and to understand how stigmatizing attitudes function to maintain systems of inequality that contribute to health disparities.


The transgender community is arguably the most marginalized and underserved population in medicine. A special issue focusing on men's health would be incomplete without mention of this vulnerable population, which includes those transitioning to and from the male gender. Transgender patients face many barriers in their access to healthcare including historical stigmatization, both structural and financial barriers, and even a lack of healthcare provider experience in treating this unique population. Historical stigmatization fosters a reluctance to disclose gender identity, which can have dire consequences for long-term outcomes due to a lack of appropriate medical history including transition-related care. Even if a patient is willing to disclose their gender identity and transition history, structural barriers in current healthcare settings lack the mechanisms necessary to collect and track this information. Moreover, healthcare providers acknowledge that information is lacking regarding the unique needs and long-term outcomes for transgender patients, which contributes to the inability to provide appropriate care. All of these barriers must be recognized and addressed in order to elevate the quality of healthcare delivered to the transgender community to a level commensurate with the general population. Overcoming these barriers will require redefinition of our current system such that the care a patient receives is not exclusively linked to their sex but also considers gender identity.

Homeless


Youth homelessness is a growing concern in the United States. Despite difficulties studying this population due to inconsistent definitions of what it means to be a youth and homeless, the current body of research indicates that abuse, family breakdown, and disruptive family relationships are common contributing factors to youth homelessness. Moreover, the experience of homelessness appears to have numerous adverse implications and to affect neurocognitive development and academics, as well as mental and physical health. Substance use, sexually transmitted infections, and psychiatric disorders are particularly prevalent in this population. Whereas some of these problems may be short-lived, the chronic stress and deprivation associated with homelessness may have long-term effects on development and functioning. Further, difficulties accessing adequate and developmentally-appropriate health care contribute to more serious health concerns. Suggestions for future research and interventions are discussed. https://link.springer.com/article/10.1007%2Fs10578-011-0270-1

Homeless youth commonly report engaging in sexual risk behaviors. These vulnerable young people also frequently report being sexually victimized. This systematic review collates, summarizes, and appraises published studies of youth investigating relationships between homelessness, perpetration of sexual offenses, experience of sexual victimization, and engagement in sexual risk behavior. A systematic search of seventeen psychology, health, and social science electronic databases was conducted. Search terms included “homeless*,” “youth,” “offend*,” “victimization,” “crime,” “rape,” “victim*,” and “sex crimes.” Thirty-eight studies were identified that met the inclusion criteria. Findings showed homeless youth commonly report being raped and sexually assaulted, fear being sexually victimized, and engage in street prostitution and survival sex. Rates of victimization and sexual risk behavior were generally higher for females. Given the paucity of longitudinal studies and limitations of current studies, it is unclear whether homelessness is prospectively associated with sexual victimization or engagement in sexual risk behavior, and whether such associations vary cross nationally and as a function of time and place. Future prospective research examining the influence of the situational context of homelessness is necessary to develop a better understanding of how homelessness influences the perpetration of sexual offenses, experience of sexual victimization, and engagement in sexual risk behavior among homeless youth.


Among a sample of sheltered homeless women, we examined health, access to health care, and health care use overall and among the subgroup of participants with and without intimate partner violence (IPV). We recruited homeless women from a random sampling of shelters in New York City, and queried them on health, access to health care and health care use. Using multivariable logistic regression, we determined whether IPV was associated with past-year use of emergency, primary care and outpatient mental health services. Of the 329 participants, 31.6% reported one or more cardiovascular risk factors, 32.2% one or more sexually transmitted infections, and 32.2% any psychiatric condition. Three-fourths (73.5%) had health insurance. Health care use varied: 55.4% used emergency, 48.9% primary care, and 75.9% outpatient mental health services in the past year. Across all participants, 44.7% reported IPV. Participants with IPV compared to those without were more likely to report medical and psychiatric conditions, and be insured. Participants with IPV reported using emergency (64.4%) more than primary care (55.5%) services. History of IPV was independently associated with use of emergency (Adjusted odds ratio (AOR) 1.7, 95% CI 1.0–2.7), but not primary care (AOR 1.5, 95% CI 0.9–2.6) or outpatient mental health services (AOR 1.9, 95% CI 0.9–4.1). Across the whole sample and among the subgroup with IPV, participants used emergency more than primary care services despite being relatively highly insured. Identifying and eliminating non-financial barriers to
primary care may increase reliance on primary care among this high-risk group.


Risk factors associated with the likelihood of being sexually victimized by a stranger or friend/acquaintance since being on the street was examined among 372 homeless and runaway youth. Young people were interviewed on the streets and in shelters by outreach workers using a systematic sampling strategy. Youth who engaged in more high-risk behaviors were expected to be at greater risk for sexual victimization by both known and unknown assailants. Results indicated that for females, running from home for the first time at an earlier age was associated with sexual victimization by both a stranger and friend/acquaintance. However, engaging in deviant subsistence strategies, survival sex, and grooming predicted being sexually victimized by a friend/acquaintance. For males, survival sex and grooming predicted stranger sexual victimization, whereas sexual orientation was associated with sexual victimization by a friend/acquaintance. Overall, 35% of the sample had been sexually victimized.

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Migrant Farm Workers


Migrant and seasonal farm working (MSFW) women report higher rates of intimate partner violence (IPV) as compared to the national average (Hazen and Soriano in Violence Against Women 13:562–582, 2007). Although prior researchers have indicated that implementing IPV screenings in healthcare settings significantly increases rates of identifying IPV (Nelson et al. in Ann Intern Med 156:1–17, 2012; Ramsay et al. in Br Med J 325:314–318, 2002); many providers opt not to screen (Jonassen and Mazor in Acad Med 78(10):S20–S23, 2003; Smith et al. in Fam Community Health 20:1–18, 1998). The purpose of this policy brief is to review previous research related to IPV among MSFW women and, based on the findings, recommend policies that may help to improve the detection, intervention, resources, and available science with respect to this underserved population.


Despite a growing body of knowledge concerning family abuse, there is little research focusing on domestic violence in rural settings. Likewise, there is a paucity of research on family abuse among low-income and racial/ethnic minorities who reside in rural areas. This study examined the prevalence of domestic abuse experienced by low-income, predominantly Latina farm worker women. Using logistic regression analysis, we analyzed factors that predict victimization and the influence of those factors on women's fear of their intimate partners. Survey data were collected from 1001 adult female patients of 11 migrant farm worker health care clinics in nine states. Among the study participants, 19% had been physically or sexually abused by a husband, boyfriend, or companion. The strongest predictors of domestic abuse were drug/alcohol use by the respondent's partner, pregnancy, and migrant status. The factors that most influenced respondents' fear of their intimate partners were abuse and frequency of abuse. The article concludes by discussing implications of the study for domestic violence intervention, treatment, and research in rural settings.
https://link.springer.com/article/10.1023%2FA%3A1007538810858