

AN INTEGRATIVE REVIEW ON STIGMA AND DISCRIMINATION AGAINST UNHOUSED YOUTH

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Purpose: Youth who experience homelessness face numerous health challenges. Some barriers to excellent health include stigma and discrimination. Therefore, finding sources of discrimination and stigma that youth who experience homelessness is this research's focus to improve existing social services, frame root causes of homelessness as systemic oppression beyond personal responsibility, provide evidence for inclusive housing and social policies, and compile intervention points through youth's perspectives.

Methods: An integrative review was conducted to identify sources of stigma and discrimination that youth who experience homelessness face, health outcomes, and implications for change. Search criteria included participants from 13 to 25 years old, studies conducted in United States, and peer reviewed. Search terms included: homelessness, unhoused, houseless, street living, unsheltered, unstable living, stigma, discrimination, exclusion, marginalization, attitudes, alienation, prejudice, welcome, and acceptance. CINAHL, MEDLINE, PsychINFO, and SocINDEX databases were utilized and resulted in 546 articles. Practical screenings of article's abstract and title resulted in 32 articles for full review and data extraction. Crowe Critical Appraisal Tool was used to determine quality of selected articles.

Findings: Applying socio-ecological model, sources of discrimination and stigma include interactions with passerby, family, peers, school staff, shelter staff, healthcare providers, neighborhood residents, foster parents, exclusionary policies from shelter and prison, employers, law enforcements, child protective service, religious institutions, housing system, and justice system. Discrimination and stigma against unhoused youth are rooted on basis of classism, racism, sexism, homophobia, transphobia, ageism, and ableism. Health outcomes from youth who reported discrimination and stigma include increased likeliness of denied access to support and services, delayed care, prolonged time spent being homeless, increased risk of experiencing violence, increased number of psychiatric symptoms, limited access to inclusive health services, and lower self-esteem. Proposed changes include engaging with unhoused youth and having youth in program planning, policy writing, and public education that is rooted in targeting causes of poverty and shifting away from blaming and criminalizing unhoused youth. Other support models include Housing First approach and Positive Youth Development framework.

Conclusions: Youth who experience homelessness face numerous challenges in having comprehensive social support. Stigma and discrimination compound those challenges and worsen health outcomes, with structural forces driving oppression and creating and maintaining poverty among unhoused youth. Unhoused youth have insights on pressing issues and potential solutions to address, and society is obligated to include unhoused youth in conversations surrounding cultural, institutional, legislative, and structural changes.

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