

DECONSTRUCTING IDEOLOGIES AND PRACTICES OF HOMELESS YOUTH CRISIS
INTERVENTION

BY

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DISSERTATION

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Abstract

This study investigates the underlying ideologies behind the “crisis paradigm” of youth homelessness and how these ideologies, in turn, influence the practices of two homeless youth crisis programs, namely the Comprehensive Community Based Youth Services (CCBYS) and the Basic Center in two rural towns in the Midwest. The research employed grounded theory ethnographic methods including semi-structured interviews with 18 homeless youth and 11 service providers, participant observations at two centers, analysis of official reports and case management plans. Broadly, the study contributes to research on youth homelessness, crisis intervention, and human services delivery in community settings.

Study findings reveal that youth homelessness was approached as a “crisis” that involved young people aged between 12 and 18 years who did not have a permanent place to call home because they ran away, were locked out, or had lost their homes, and lived on the streets or moved from friend-to-friend or relative-to-relative. As a crisis, youth homelessness was defined as a short-term, acute, and unexpected social experience that created a state of disequilibrium in young people’s lives by disrupting their sense of control, belonging, and identity. As a response to the disruptions associated with homelessness, crisis intervention was embraced as a viable approach to ameliorating the challenges that homeless youth face. This study reveals that the construction of youth homelessness as a crisis and the use of the crisis intervention model enabled service providers to immediately come to the rescue of homeless youth as soon as they were identified. It also legitimated the round-the-clock response system, an approach that required service providers to be available 24 hours a day, seven days a week. This ensured that homeless youth received urgently needed services such as counseling, food, shelter, and clothing without time restrictions. Thus far, crisis intervention fulfilled its traditional mission of helping individuals facing unexpected debilitating events or conditions.

On the other hand, this study reveals several limitations of crisis intervention for homeless youth. In both programs, youth homelessness was seen as a personal problem that could be addressed by providing social services to individual homeless youth. While agreeing with the view that crisis intervention is a systematic action to build spaces of normalcy and safety, provide material support and services for youth, this study argues that the process must be understood as more than merely providing ameliorative services. The study examines how the crisis intervention approach unintentionally produced disempowered, hyper-sexualized, and

heteronormative subjects who were seen as needing specialized treatment for them to become “normal.” Using Bourdieu’s (1977) social practice theory, Butler’s (1990, 1999) theory of heteronormativity, and Foucault’s (1977) theory of disciplinary and governmental power, this study reveals the values and practices of crisis intervention that made it difficult for community crisis workers to transgress boundaries of gender, sexuality, and power in their work with homeless youth.

Contrary to the taken-for-granted assumptions of homeless youth crisis intervention as a helping process, this study shows that this process may actually perpetuate gendered, sexualizing, disempowering, and exclusionary practices that made young people the focus of surveillance, control, and therapeutic treatments. Girls in particular were targets of such control. In addition, crisis intervention constructed homeless youth as either dangerous or innocuous based on their past experiences particularly with regards to their sexual histories. For instance, when homeless youth were viewed as *in* danger, they received ameliorative and empowering services, but when constructed as *the* danger, crisis intervention lost its innocence as homeless youth were constructed in need of treatment. This study examines how the construction of homeless youth as dangerous necessitated the administration of services in a rigid and surveillance-based format opposed by many homeless youth of this study. Surveillance involved the continuous observation and tracking of homeless youth in their daily activities through the use of electronic devices and round-the-clock physical monitoring by crisis employees. A more robust intervention approach that addresses the social context of marginalization and inequalities of youth homelessness is proposed.

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Chapter One: Introduction

In the United States, it is estimated that 1.6 million youth become homeless each year (Ensign & Bell, 2004; Toro, Dworsky, & Fowler, 2007) and young people aged between 12 and 17 years are more at risk of homelessness than are adults (Link, Susser, Stueve, Phelan, & Struening, 1994; Robertson & Toro, 1999). The unprecedented high numbers and acute effects of homelessness on young people's education, mental health, reproductive and sexual health, employability, and other markers of human well-being have led some authors and homeless youth organizations to see youth homelessness as a crisis (Davis, 1999; Duffield & Lovell, 2008; First Focus, 2010; My Friend's Place, 2005). This study examines the underlying ideologies behind this "crisis paradigm" of youth homelessness and how these ideologies, in turn, impact the content and implications of crisis interventions that are designed to improve the lives of homeless youth.

In this study, I define the term "youth homelessness" as a *crisis* that involves young people aged between 12 and 18 years who do not have a permanent place to call home because they ran away, were locked out, or lost their homes and now live on the streets or move from friend-to-friend or relative-to-relative (Lawton, 1992; Whitbeck, 2009). As a crisis, youth homelessness "creates a state of disequilibrium" in young people's lives (Aguilera, 1998, p.1) and disrupts their sense of control, belonging, and identity (Hoff, Hallisey, & Hoff, 2009). It intensifies young people's vulnerability to danger and exacerbates their sense of weakness and hopelessness (Arnold, 2004; Carlen, 1996; Tischler, Edwards, & Vostanis, 2009). Homeless youth are subject to difficult lives and social dislocation. The costs they reap are not only personal but social.

The crisis of youth homelessness has been on the increase in the United States since the late 1980s for various reasons including family malfunction, unemployment and lack of housing, alcohol and drug abuse, and mental illnesses (Whitbeck, Hoyt, & Yoder, 1999). As the crisis of homelessness has been growing, programs for alleviating the suffering of unaccompanied youth and families to promote personal growth, self-discovery, self-learning, and building a sense of community among neighbors in a given locale have been on the increase (Hoff, Hallisey, & Hoff, 1999; Lawton, 1992). These programs have been employing the "crisis paradigm" or the crisis intervention approach to address youth homelessness. At the heart of crisis intervention is the belief that unless the person in crisis receives relief, he or she is potentially going to experience severe affective, behavioral, and cognitive malfunctioning (James & Gilliland, 2001).

Thus, and rightly so, discourses of crisis and crisis intervention imply that youth homelessness is a deviation from the “normal” order of life.

From preliminary interviews and review of official reports, I discovered that youth homelessness was viewed as a crisis. From that point, in the true sense of grounded theory ethnography, I decided to focus on the material and symbolic effects of framing youth homelessness as a crisis. Framing youth homelessness as a crisis made it possible for service providers to develop and implement a regime of care and support that was based on the crisis intervention model. Under this regime of care and support, homelessness was viewed as an unexpected, temporal, and extremely debilitating experience for young people. Crisis intervention was embraced as a service delivery approach that enabled service providers to offer services that ameliorated the suffering of homeless youth as soon as they were identified. Service providers were driven by a moral imperative grounded in benevolence and compassion for the homeless youth. A review of extant literature on crisis intervention reflects this “messianic and philanthropic mission” in homeless youth care and support programs (Aratani, 2009; Son, 2002; Steinhart, 1996; Ticktin, 2011). Oftentimes, the plans, procedures, and outcomes of homeless youth crisis intervention are celebrated as scientific, groundbreaking, and life-saving.

This study examines the ideologies and practices of homeless youth crisis intervention paying special attention to the type of subjects that are produced by two youth crisis programs, namely the Comprehensive Community Based Youth Services (CCBYS) and the Basic Center in two rural towns in the Midwest. Both programs provide assistance to homeless youth in the form of helping with a crisis such as violence or abuse at home, bringing families back together, counseling for youth, and family and finding youth a place to live. Both the CCBYS and the Basic Center crisis programs are funded through a variety of federal, state, and local agencies including Department of Children and Family Services (DCFS), Department of Human Services (DHS), and Deektown and Charmingtown Mental Health Boards.¹ The communities where these programs were located were experiencing social and economic challenges due to the downsizing of operations by local employers. People were losing their jobs, their homes were being foreclosed, and employment opportunities were on the decrease. This study focused on the

¹ Names of people and places used in this study (except for national programs) were changed to protect the privacy of participants.

processes that were involved in addressing one of the problems that the community had to deal with in the midst of economic and social distress- youth homelessness. Specifically, I address the following central questions: First, how does the definition of youth homelessness as a crisis inform intervention practices on the ground? Second, how do crisis workers' constructions of gender and sexuality influence the way they implement homeless youth crisis programs, particularly how they relate with non-heterosexual youth? Lastly, what processes of power shape the everyday experiences of homeless youth in crisis intervention programs and services?

Operating under the crisis intervention paradigm, both the CCBYS and Basic Center met the basic needs of homeless youth but they also unintentionally reproduced and reinforced hegemonic power structures and social boundaries based on heteronormative constructions of gender and sexual identities, behaviors, and practices. Thus, while the two crisis programs fulfilled the goal of providing basic human services such as shelter, clothes, and food, they also produced disempowered, hyper-sexualized, heteronormative, and "sick" subjects who were seen as needing specialized treatment for them to become "normal." These subjects were mainly girls aged between 12 and 18 years old. I argue that homeless youth crisis intervention did not completely alleviate suffering among its targeted clients as often reported in professional reports, articles, and other literatures (Aguilera, 1998; Connell, Gambone, & Smith, 2001; Hepworth, Rooney, Rooney, Strom-Gottfried, & Larsen, 2010). In fact, crisis intervention practices and processes created feelings of worthlessness, powerlessness, and social exclusion among homeless youth, particularly those who were labeled as "dangerous" and "abnormal" due to their sexuality, sexual orientation or histories of delinquent behaviors.

Furthermore, although these crisis programs were relevant given the high risk nature of the behaviors that homeless youth engaged in, they were also gendered and heteronormative in nature. More girls participated in crisis programs than boys. Out of 18 homeless youth that I interviewed, only four were boys. Prior studies have also supported the view that the majority of youth who utilize homeless crisis services are females (Aratani, 2009). Son (2002) reported that nationally females constitute 75 percent of all runaway and homeless youth. All service providers except two were females. The two males occupied management positions. In terms of programming, girls were mainly targeted for sexual and reproductive health training while boys were involved in violence prevention activities. This shows the gendered nature of homeless

youth programming that often reinforce stereotypical constructions of homeless male youth as violent and dangerous and females as victims of sexual desire and irresponsible sexual behavior.

While crisis intervention was described as a helping and empowering process and undoubtedly meeting the physical needs of homeless youth, my research also examined how such services were dependent on the framing and construction of homeless youth. When viewed as young people *in* danger, homeless youth received ameliorative and empowering services, but when constructed as *the* danger, crisis intervention lost its innocence as homeless youth were constructed as in need of treatment procedures. For instance, as individuals *in* danger, homeless youth were seen as vulnerable subjects. They were seen as susceptible to hunger, sexual and physical abuse, disease, and death. They were seen as victims of family conflicts, malfunctions, and other social ills. In this instance, crisis intervention was designed in a way that sought to restore, protect, and strengthen family and individual youth functioning. These interventions were characterized by the provision of ameliorative services such as food, clothes, psychiatric treatments, and counseling. Youth also received interventions such as safe sex education, family planning, job training, and focused counseling to empower them in the face of these adversities.

I also observed that homeless youth were often viewed as *the* danger. Homosexual, uncooperative, sexually active, and youth who had a history of violence were often constructed as “dangerous.” This label was attached to youth on the basis of suspicion and police reports. In this instance, homeless youth were seen as posing a threat to society and to themselves. They were seen as a threat to social functioning. Rather than being victims, they were seen as actual or potential perpetrators of social chaos, violence, and abuse. Under such circumstances, homeless youth crisis intervention was designed in ways that constitute more than the provision of ameliorative services. The programs were designed to monitor, normalize, repair, and reform youth’s assumed sexual and behavioral deficiencies. Although this looks fine on the surface, to some youth and service providers, crisis programs were sites of control, surveillance, and youth disempowerment. For example, the Basic Center program was described as “prison-like” and “feels like a psyche ward” because homeless youth were deprived of many freedoms such as freedom of communication, association, and movement.

Therefore, while accepting the construction of youth homelessness as a crisis and the necessity of crisis intervention as a legitimate process of repairing, treating, and correcting the negative attributes of homeless youth, this study went a step further to critically examine the

consequences of crisis intervention ideologies and practices on the lives of affected youth. Hence, I argue that the perspectives, procedures, and boundaries of homeless youth crisis intervention can and need to be challenged, renegotiated, and expanded in order to create new ways of thinking about what can be achieved through this approach in the fight against youth homelessness. In particular, I argue that rather than limiting themselves to providing ameliorative services, crisis programs can also be sites for youth empowerment and social change. This is possible because even youth in the margins of society, such as homeless youth, are quite capable of engaging in revolutionary or change-oriented activities (Reed, 2011).

In addition, the tenets of crisis intervention, namely that it must be a short-term process that helps young people to cope rather than challenge the causes of their homelessness, and the idea that crisis intervention does no harm, have not been critically examined. I argue that while these short-term and band-aiding types of interventions are worthwhile, programs and models that aim to empower disadvantaged youth are also essential. It is well-documented that homeless youth receive services that meet their immediate needs such as food, clothes, and shelter, first and, then later receive support on other aspects of their lives that are seen as not urgent. Most studies on homeless youth tend to focus on the extent to which the needs of the youth are being met or unmet. However, the major criticism that can be raised against these studies is that they do not examine the power and social relations that characterize these assistance programs. Existing studies propose palliative solutions which do not dismantle the system, the knowledge, and the networks of power in which homeless youth programs are developed and implemented (Berlin, 1970; Channa, Stams, Van der Laan, & Asscher, 2011). This study addressed these gaps in homeless youth crisis intervention research, specifically focusing on two crisis programs that target homeless youth in rural Midwest.

This study privileged homeless youth voices in order to more accurately understand their experiences and aspirations rather than solely relying on the “expert” opinion of social workers, shelter administrators, and funders. Listening to the voices of homeless youth enabled me to interpret homeless youth crisis interventions in a way that was grounded in the contexts and the desires of the youth (French, Readorn, & Smith, 2003; Kidd, 2003; Nebbitt, House, Thompson, & Polio, 2007). The experiences and ideas of homeless youth themselves have been neglected in the literature (Kidd, 2003; Mallet, Rosenthal, Keys, & Averill, 2010). This study also focuses on the voices and experiences of young women. Although my initial plan was to include equal

numbers of boys and girls in the study, the limited number of males at both the CCBYS and the Basic Center meant that female voices took a central position in influencing my arguments throughout the dissertation. I attend to this limitation in Chapter Two. As noted in other studies, one fundamental weakness of many programs that deal with youth in crisis is that they ignore girls' troubles because of mistaken assumption that girls who need this support are few or non-existent (Chesney-Lind, 1989; Chesney-Lind, Morash, & Stevens, 2008). This study addresses this weakness by bringing out the challenges of young girls in crisis programs. Yet listening to the voice of homeless youth did not mean that the study ignored the voices of other actors. Young people's voices were one among many other voices, such as service providers and professional staff that needed to be listened to in order to obtain a full picture of how homeless youth crisis intervention policies and services impacted the lives of the targeted youth.

In addition, this study explored questions about the nature of the relationship between homeless youth and service providers. The majority of existing studies focus on "outcomes" rather than the "processes" that impact homeless youth. Most of the existing research concentrates on changing the behavior and lifestyles of the homeless youth and pays little to no attention to the processes that shape their lives such as sexuality, gender, power, and marginalization as well as policy and institutional practices (Bass, 1997; Davis, 1999; Edwards, Torgerson, & Sattem, 2009; Farrin, Dollard, & Cheers, 2005). This study, therefore, further contributes to the literature on the processes that impact homeless youth with special attention to power and its influence on their well-being.

Furthermore, this study moves away from the general trend in homeless youth research that tends to focus on big cities. The majority of existing studies on homeless youth, both in the United States and internationally, tend to focus on youth in big cities and ignore those in small rural towns (Edwards, Torgerson, & Sattem, 2009; Farrin, Dollard, & Cheers, 2005; Gray, 2009; Whitbeck & Hoyt, 1999). Whitbeck and Hoyt (1999) suggested that research on homeless youth must also expand to cover "nonmagnet" cities in largely agriculturally based communities. The underlying point is that youth homelessness is not an exclusively big metropolitan city problem but is also found in "forgotten cities" (Whitbeck & Hoyt, 1999).

Small cities and towns have been negatively affected by the global economic recession that is contributing to the loss of jobs, high levels of unemployment, and community disintegration; all structural reasons that have been used to explain the growth of advanced marginality which is

characterized by increased homelessness (Elliot & Krivo, 1991; Wacquant, 2009). Therefore, there is an overwhelming imperative for research on youth homelessness to expand to smaller rural towns and cities because of its impact in such places. For example, in a 2002 high school questionnaire on youth homelessness in Lanark, a rural town in Canada, nearly one third of the youth surveyed had left home at least once (Collins, 2006).

Finally, this study also examines the depiction and experiences of non-heterosexual homeless youth in crisis programs. Empirical studies have shown that non-heterosexual youth make a sizeable number of homeless people (Kyle, 2005; Milburn, Ayala, Rice, Batterham, & Rotherum-Borus, 2006). For example, estimates of homeless youth who identify as lesbian, gay, bisexual, or transgender (LGBT) range from 11 to 35% depending on the size of the sample used (Toro et al., 2007). However, the experiences of these LGBT youth in homeless youth shelters and programs and the impact of social policies and services on their well-being are not well-documented (Kyle, 2005). Given this background, this study also examined the power of heterosexuality when it operates as the norm in homeless youth crisis intervention programs. This power can be termed “heteronormativity,” a concept derived from queer theory’s discontent with the workings of heterosexual privilege in the organization of various institutions of society (Butler, 1990; Chambers, 2007). I argue that crisis intervention for homeless youth was understood and enacted in ways that reproduced and reinforced heteronormative expectations, peer pressure, and propriety, a reality that erased, invisibilized, and punished.

Youth Homelessness as a Crisis

Generally, existing studies on youth homelessness were conducted by mental health professionals and academics who embraced a psycho-biological approach in their framing of youth homelessness. They focus on “fixing” behavioral and health problems that homeless youth face rather than the politics of crisis intervention as a social practice. They discuss crisis intervention as an apolitical set of clinical procedures designed to treat sick, confused, and traumatized youth. These studies tend to emphasize the traditional view of crisis as danger (Armaline, 2005; Bassuk & Friedman, 2005; Berti, Zylber, & Rolnitzky, 2001; Covenant House Institute, 2010). These studies construct youth homelessness as an event or condition that is scary, unpredictable, and life-threatening (Gowan, 2010). In many instances, these studies define youth homelessness as a dangerous health crisis that has the potential of destroying young people for the rest of their lives. Homeless youth are, thus, depicted as sick individuals who need urgent

treatment and care. For example, Bassuk & Friedman (2005) observed that homeless youth suffer twice as many ear infections, have four times the rate of asthma, and have five times more digestive problems than housed youth.

In another study, the Covenant House Institute (2010) depicted youth homelessness as a mental health crisis. The results of the study showed that the majority of youth (69%) who came to the Covenant House Shelter required medical treatment. Forty-six percent reported a past psychiatric diagnosis with 20 percent specifying bipolar disorder. This observation is consistent with similar studies that suggested that by the time homeless children get into adolescence; one in three has major mental disorders (Berti, Zylber, & Rolnitzky, 2001).

In another study, Slesnick, Meyers, Meade, & Segelken (2000) depicted homeless youth as substance and alcohol abusers or addicts. They reported that the prevalence rate of substance use disorders among homeless youth was as high as 85 percent. For them, this was evidence for the need for intense crisis intervention and treatment programs to stabilize homeless youth who have problems associated with the inappropriate use of drugs and alcohol. Thus, crisis intervention is celebrated as an opportunity to set youth on a recovery path from addictive negative behaviors.

Research has also depicted youth homelessness as a serious crisis by highlighting the violent life that young homeless people experience on the streets (Rew, Taylor-Seehafer, & Fitzgerald, 2001). For example, in a recent study, the Covenant House Institute (2010) noted that many youth reported prior experiences of violence. An average of 38 percent of youth reported physical abuse and 28 percent reported sexual abuse. Among females only, the number reporting sexual abuse increased to an average of 40 percent. The writers of the Covenant House Institute report concluded that “these findings from five geographically dispersed crisis program sites provides further evidence of the close connection between childhood trauma and homelessness which can be used to shape interventions and educate policymakers and general public” (2010, p.10).

Youth homelessness is also depicted in research as a crisis that has educational implications. First Focus, a self-proclaimed bipartisan children’s advocacy organization that is committed to making children and families a priority in federal policy and budget decisions, calls the time when young people experience homelessness “a critical moment” (2010, p.1) in the youth’s education. It sees youth homelessness as “jeopardizing children and youth’s educational success”

(2010, p.1). Using federal data, First Focus concluded that the number of homeless children and youth identified in public schools has increased for the second year in a row, and by 41 percent since 2008. First Focus (2010) reported that the national number of homeless children and youth (preK-12) increased from 679,724 students in the year 2006-2007 school year, to 956,914 students in the 2008-2009 school year. These unprecedented high numbers of school age homeless youth and the accompanying learning difficulties associated with homelessness are a cause for concern for many youth organizations. For example, in recent report First Focus cited an official from Humboldt Unified District who said, “So many of our families are just not “making it” financially and are desperate for help. At the beginning of the year, I had dozens of requests from homeless families for clothes and school supplies. Most of them, literally, had no shoes, clothes, or school supplies for their kids, and had no money to buy them” (2010, p.2). In this instance, youth homelessness is depicted as a crisis because it significantly limits young people’s ability to succeed in school.

Moreover, the crisis paradigm for the care and support of homeless youth was also influenced by developments in the professional field of human services. One of the earliest influences on crisis intervention as a potentially useful strategy for dealing with human challenges including homelessness was Sigmund Freud’s psychoanalytic approach. Freud used brief counseling to change his clients’ perceptions about disorienting situations (Morley, 1970). Although this is not an example of contemporary crisis intervention, it set the foundation for crisis intervention thinking as it made it clear that focused short-term counseling could make a positive difference in the lives of people experiencing unexpected and destabilizing events or situations.

Another major influence on the crisis paradigm is that of military psychiatry during the Second World War and the Korean War. Soldiers who felt depressed and unable to cope with the terrible realities of war received immediate and rapid crisis counseling, and were immediately able to go back into combat. This was a useful discovery for the whole field of crisis intervention, including dealing with crises of homelessness. Although the psychoanalytic approach and the examples from war frontlines were influential in setting up the stage for crisis interventions, the first article which specifically dealt with the concept was written by Lindemann (1944), who studied the bereavement reactions of the survivors of the 1942 Cocoanut Grove nightclub fire in Boston. He concluded that hazardous situations generate emotional

strain, create stress for affected people, and ignite a series of adaptive mechanisms that can lead either to mastery of the new situation or to failure with more or less lasting impairment to function. Lindemann also noted that although such situations create stress for all people who are exposed to them, their development into crisis proportions depend on individual personalities, previous experiences, and the availability of social and material coping resources. For this reason, crisis programs often concentrate on stress counseling and provision of affected people's immediate needs. The cause of the crisis is, therefore, mostly located in the individual person's failure to cope, rather than the social conditions which predispose him or her to the crisis in the first place.

Although Lindemann (1944) was the first to directly write about crisis and crisis interventions, it is Caplan (1964) who popularized the concepts. Caplan established a community-wide program of mental health crisis management in Cambridge, Massachusetts area, hence the term community-based crisis intervention. In his scheme of things, crisis intervention was to include several stakeholders such as teachers, police officers, crisis nurses, and counselors in the process of dealing with and preventing destructive outcomes of all forms of crisis (developmental, situational, existential and environmental). Caplan (1964) developed a conceptual framework for understanding crisis including the process of crisis development. He identified four stages of crisis that included; a rise of anxiety and disorganization, failure of coping mechanisms, giving up, and complete disorganization. For him, crisis represented a complete failure of an individual's ability to cope with unexpected events or conditions.

The concepts of crisis and crisis intervention were also influenced by Erikson's (1968) and Maslow's (1943) writings. Erikson viewed crisis as both danger and opportunity. His classical work outlines the normative developmental crises throughout life. It showed that there will always be crises that need to be resolved throughout the human life-span, hence the need for crisis intervention to help people in crisis to maximize the potential benefits of the crisis and minimize its dangers or negative implications. In the same vein, Maslow contended that people's psychosocial needs must be met if individuals are to survive and grow. To the extent that people's needs are unmet, they are increasingly crisis prone. A crisis arises when one or all of human basic needs are not met, shelter or housing being one of them.

The theoretical and professional development of the crisis paradigm in social services in general and in homeless youth services in particular has influenced crisis intervention as it is

understood in contemporary times. Today, crisis intervention is widely accepted as an integral facet of human and community service delivery systems including attempts to address the problem of youth homelessness. Unlike in pre-modern times where crisis intervention was the responsibility of families and communities, today's crisis intervention is led by trained social workers, psychotherapists, psychiatrists, psychologists, and other human services professionals. These professionals are believed to be skilled problem-solvers and to have sophisticated capacities to "follow a defined logical sequence of reasoning in making decisions" (Aguilera, 1998, p.26) that minimizes or resolves the presented or identified crisis.

The idea that crisis intervention practitioners must have formal training in crisis management is predicated on the view that through that training they would have attained the cultural awareness and professional competence that is required to serve vulnerable populations in crisis situations (Berlin, 1970; Hoff, Hallisey, & Hoff, 2009). This conceptualization suggests that crisis intervention is an objective, non-judgmental, and non-intrusive helping process (Aguilera, 1998). Given the multiple challenges that characterize the lives of homeless youth, research has focused on identifying, measuring, and quantifying the rates of homeless youth deficiencies and malfunctions. The goal of such research has been to devise "innovative" curative and preventive techniques. These studies have provided important insights to the understanding of the negative effects of homelessness among youth and have put forward plausible scientific justification for the framing of youth homelessness as an urgent, critical, and life-changing situation or condition that requires immediate attention in order to alleviate youth suffering (Channa, Stams, Van der Laan, & Asscher, 2011; Son, 2002; Tyler, Whitbeck, Hoyt, & Yoder, 2000).

In short, the concepts of crisis and crisis intervention are not new. Yet, the majority of existing literature does not question the ideologies and practices of crisis intervention as a strategy for dealing with the problem of youth homelessness. I undertook this study in order to examine the on-the-ground workings of crisis intervention for homeless youth. I examine those techniques, procedures, practices and actions that are undertaken in the name of helping or serving homeless youth. I analyze the effects of these mechanisms on the lives of homeless youth. My main goal in this endeavor is to develop a better understanding of the ideologies and practices of crisis intervention as an approach for addressing the challenges associated with homelessness among youth in rural Midwestern towns.

Apart from drawing from the existing theories, my analysis also situates homeless youth crisis programs within the broader historical context of the construction of youth homelessness. For instance, the construction of youth homelessness as a crisis and the use of the crisis intervention model in homeless youth programs were not developed until the 1970's (Oregon Homeless and Runaway Youth Work Group, 2005). Legislative mandates and the growth of philanthropy and the service ideology also created new knowledge and interventions in how best to address individual and social crises. As the problem of homeless, runaways, and abandoned children and youth worsened in the 1960s and 1970s, the U.S Congress passed the Runaway and Homeless Youth Act (RHYA) of 1974. This legal recognition of crisis intervention for homeless youth was constituted through Title III of the Juvenile Justice and Delinquency Prevention Act (JJDPA) of 1974 and was part of a national policy of status offender "deinstitutionalization," supporting the development of community-based treatment programs and prohibiting incarceration of "delinquent" youth. The Act acknowledged that both youth and their families required comprehensive crisis services for reunification and stabilization to be successfully accomplished. Thus, from a legal perspective crisis intervention as a strategy for managing and caring for homeless youth should also be understood in the context of public welfare policy's discontent with the treatment of status offenders- children and youth who were subjected to juvenile court jurisdiction for non-criminal behavior such as running away from home, living on the streets, incorrigibility, truancy, and curfew violations (Steinhart, 1996). It was a rejection of the harsh laws of the past that exposed youth to the same punishment as criminal adults.

Another important legislation that popularized the crisis paradigm of homeless youth care and support was the McKinney-Vento Homeless Assistance Act of 1987. The McKinney Act has been celebrated as the single most important piece of legislation at the federal level that recognizes homeless youth as people who are redeemable rather than a lost generation of social misfits. It provides a legislative and policy framework for the funding of programs and services designed to ameliorate the challenges that homeless youth face (Kyle, 2005). However, a close scrutiny of the McKinney Act shows that the authors avoided using gender, sexuality, and ethnicity (with the exception of Native Americans) in their language. The omission of gender and sexuality in the McKinney Act is a big limitation because interventions and services based on this Act are not required by law to be gender sensitive at the operational level. This was evident in both the CCBYS and the Basic Center crisis programs, as will be discussed in later

chapters, where discussions on the influence of gender and sexuality on the experiences of homeless youth was either seen as peripheral or completely ignored.

Additionally, the development of crisis intervention for homeless youth should be understood in the context of the growth of philanthropy and the service ideology in the United States. I loosely use the terms philanthropy and service ideology to refer to active efforts to promote human welfare and well-being. These efforts have been growing since the 1800's (Dreier, 1997). However, the practices of philanthropy and serving other human beings especially those in need have been criticized for failing to fully address the underlying causes of poverty and homelessness. For example, despite their charitable work with homeless people since the mid-1800s wealthy philanthropists and private charitable foundations such as Carnegie, Rockefeller, and the Kellogg Foundation have not been able to develop lasting solutions to the problem. The major criticism that has been raised against such programs is that they tend to blame the poor for their condition. They often seek to change the behavior of the poor and to ameliorate the most visible symptoms of poverty and homelessness. Their programs have been influenced by a "charitable impulse" (Dreier, 1997) that is mixed with upper class paternalism which views poverty and homelessness as rooted in the defective character, laziness, or ignorance of the poor themselves. Hence such programs tend to focus on providing emergency or crisis services such as shelters, soup kitchens, and health care, as well as rehabilitative services to homeless people (Bernholz, 2000). As argued by Silver (2004) although there has been strong philanthropic drive to support homeless youth, its efforts have focused on programs that are seen as politically safe and less controversial at the expense of "changing the conditions that give rise to homelessness [and] interrupting the endless flow of those in need" (Rockefeller, (1984, p.110) cited in Prewitt, Dogan, Heydemann, & Toepler, 2006).

CCBYS and the Basic Center crisis programs had some of the historical context and limitations raised above. For example, in both programs youth homelessness was seen as a personal problem that could be addressed through the provision of social services to individual homeless youth. Intervention efforts focused on helping individual young people to cope with the disruptions and trauma that is associated with homelessness. Homeless youth were treated as patients who needed to go through different types of therapy for them to regain their normalcy. Throughout this dissertation I question CCBYS and the Basic Center's focus on individual homeless youth at the expense of changing the structural conditions that create, sustain, and

reproduce youth homelessness. In particular, I argue that merely providing basic ameliorative services was not enough. A more robust crisis intervention approach that seeks to transform the ecological context of homelessness is proposed. Such an approach takes a holistic perspective in addressing the challenges that homeless youth face. Unlike the trend in current philanthropic and service oriented homeless youth programs, such an approach view the crisis of homelessness as a complex process that must not be confined to short-term or band-aiding efforts.

My critique of charity-driven and service-oriented crisis intervention has been raised by other researchers. For example, Giroux (2009) criticized homeless youth programs for creating a new shelter industry that perpetuate homelessness rather than terminate it. He believed that by focusing responses primarily on emergency or crisis services and treatment, funders stigmatize the homeless, attributing their suffering to personal pathology, and downplaying the role of public policy and market forces in the growth of poverty and homelessness (Giroux, 2009). I also question the pathologization of homeless youth in CCBYS and Basic Center programs. In particular, I contend that the view that homeless youth were violent and unsocialized individuals who could best be served through round-the-clock control and surveillance was not only disempowering but also intrusive.

Alternative Frameworks to Youth Homelessness as a Crisis

My study follows new trends in community and family science research that is beginning to show a different picture of crisis intervention processes (Channa, Stams, Van der Laan, & Asscher, 2011; Joniak, 2005; Karabanow, 2004; Karabanow & Rains, 1997). Contrary to traditional conceptualization of crisis intervention as a helping and life-saving process, the European Association of Social Anthropologists (EASA) has adopted a critical position which implies that responding to events or situations in terms of crisis can actually mask opportunities for remaking the social order, legitimate uncanny or exceptional interventions, and even perpetuate unequal relationships of power (EASA, 2010). Furthermore, research in other areas where the crisis intervention model has been applied such as in the governance of undocumented immigrants in Europe has begun to show that crisis intervention is “a composite form, a mix of civilizing, messianic, and philanthropic mission to protect those in need- yet always risking a form of domination in the process” (Ticktin, 2011, p.81). Ticktin further argues that by focusing on the time of crisis, “regimes of care render invisible other forms of suffering and violence that extend beyond the immediate present” (2011, p.223). More specially, she contends that regimes

of care based on the crisis intervention model allow service providers to ignore painful histories, entrenched inequalities, and leave intact hegemonic practices and ideologies that suppress, erase, and sometimes punish non-normative racial, gender, and sexual identities of people in crisis.

My analysis of homeless youth crisis programs was also conducted in the context of existing knowledge about the development of crisis intervention as a regime of care and support for marginalized and subaltern populations. I paid special attention to the routinized actions, practices, discourses, and activities that constitute the homeless youth crisis intervention milieu. My analysis is influenced by Bourdieu's (1977) social practice theory, Butler's (1990) theory of heteronormativity, and Foucault's (1977) theory of disciplinary and governmental power. These theories enabled me to break away from the mainstream assumption of crisis intervention as a set of "professional" and "helping" practices that are designed to scientifically and objectively identify, manage, and resolve the problem of homelessness among youth (Aguilera, 1998; Berlin, 1970; Channa, Stams, Van der Laan, & Ascher, 2011). Using these theories I was able to look beyond what the crisis service providers said they were doing or their intentions in doing so, to examining the actual effects and implications of actions, practices, and activities that were conducted in the name of helping homeless youth.

Although a detailed analysis of these theories will be conducted later in this dissertation, it suffices to briefly highlight the key tenets of each theory at this juncture. Bourdieu's (1977) social practice theory, contrary to conventional, individualistic and rationalistic approaches to the study of social life, decenters individuals from analyses, and turns attention instead towards the social and collective organization of practices. Practices are cultural entities that shape individuals' perceptions, interpretations and actions in the social world. My use of social practice theory in the analysis of homeless youth crisis programs emphasizes the historical production of persons in practice, and pays attention to differences among participants in the crisis intervention milieu, and to ongoing struggles that develop across activities around those differences.

I also employ Butler's (1990) theory of heteronormativity to articulate the political power that heterosexuality has when it functions as a norm. The concept of heteronormativity reveals institutional, cultural, and legal norms that reify and entrench the normativity of heterosexuality. When social life is organized under a heteronormative system, individuals are judged, measured, probed, and evaluated from the perspective of heterosexual norms (Chambers, 2007). This means that everyone and everything is judged from the perspective of heteronormativity. My use of the

theory of heteronormativity enabled me to analyze how practices and activities in crisis intervention for homeless youth transcended or reproduced heterosexual biases. I also examine how non-heterosexual youth were excluded, silenced, and erased during the process of crisis intervention.

Finally, I also use Foucault's theory of disciplinary and governmental power to examine the workings of power in the everyday lives of homeless youth in crisis programs. For Foucault, the analysis of power "should not concern itself with the regulated and legitimate forms of power in their central locations," but "with power at its extremities, in its ultimate destinations, with those points where it becomes capillary, that is, in its more regional and local forms and institutions" (1980, p.96). These regional and local forms and institutions of power include clinics, asylums, schools, families, and homeless shelters which are often seen as neutral and functional elements of society. Foucault's theory of power gives us a conceptual toolbox to critically examine seemingly altruistic social institutions by exposing how power operates within them to sharpen methods of social and political control through the creation and perpetuation of norms that contribute to excluding and marginalizing some and making others the "normal" ones. This is mainly achieved through administrative maneuvers, techniques, and guiding practices for "conducting people's conduct" (Foucault, 2000, p.176) and framing discussions in ways that ignore or marginalize the concerns and desires of vulnerable groups especially those often stigmatized as dangerous or pathological. I use Foucault's theory of power to examine how homeless youth crisis programs as local forms of power reinforce and reproduce dominant conceptions of health, sex and sexuality, normality, and abnormality.

Dissertation Overview

In chapter two, I describe how the study was conducted, the research sites, study participants and how they were selected, data collection methods, data analysis procedures, ethical considerations, and my positionality as a researcher. In chapter three, I examine the Comprehensive Community Based Youth Services (CCBYS) and the Basic Center programs as sites of homeless youth crisis intervention. I examine the institutions' histories, goals, and impacts on homeless youth, and their families and communities. While acknowledging the importance of crisis intervention, I question the master narratives that emerged from my interviews and official documents, namely that youth homelessness was largely an individual behavioral problem, that stabilization could be achieved through short-term ameliorative

services, and that the results of crisis intervention were always empowering to individual youth, their families and communities. I maintain that although homeless youth crisis programs claimed to promote comprehensive community-based solutions to youth homelessness, in practice they reinforced old practices of fixing “problem youth” and addressing the symptoms of youth homelessness rather than uprooting its underlying structural causes.

In chapter four, I extend my critical analysis of crisis intervention, specifically focusing on the role of power. I argue that contrary to the mainstream view that crisis intervention is an objective process designed to skillfully identify, manage, and resolve homelessness, in practice it was characterized by surveillance, manipulation, and outright control of homeless youth’s sense of self, their role in society, their sexuality, their movements, and who they could associate with or not. I argue that such practices led the youth to feel embarrassed and disempowered.

The heteronormative construction of homeless youth is the theme for chapter five. This chapter builds on and interrogates the taken-for-granted idea of crisis intervention as a neutral, non-judgmental and non-discriminatory helping process. It shows that despite service providers’ claims to neutrality and openness, in practice, they acted in ways and expressed views that did not accept or tolerate non-heterosexual youth such as lesbians, gays, and bisexuals. It reveals both overt and covert homophobic tendencies that made it difficult for service providers to transgress the boundaries of sexuality, gender, and power in crisis intervention efforts. The main argument in this chapter is that crisis intervention is not a neutral process as has been traditionally suggested in medically-oriented literature. To prove this, the chapter provides examples of practices and actions that demonstrate widespread heteronormative bias that was characteristic of the process of crisis intervention in the two programs that I studied.

Finally, chapter six provides a detailed summary of the research findings and their implications to the practice of crisis interventions. Specifically, this chapter critically examines crisis intervention as an approach for addressing the challenges that homeless youth face. It argues that addressing the crisis of homelessness, like any other form of crisis is a complex process that must not be confined to short-term, focused, and band-aiding efforts. Based on the research findings and analysis, a transformative approach to crisis intervention is proposed. This theory emerged after a careful analysis of the ideologies and practices of crisis interventions targeting homeless youth and how they directly or indirectly affect them. Such an approach involves transgressing social and professional boundaries and changing taken-for-granted

assumptions of neutrality, openness, professional integrity, and tolerance of diversity in doing human service and community work.

Chapter Two: Methodology of the Study

I employed qualitative research methodologies in this study. Qualitative research offers rich data regarding the perceptions and experiences of the homeless youth themselves, which is less easily collected using quantitative survey methods. Although I mainly used qualitative methods, I also administered a demographic questionnaire to collect data about all the participants in the study. Using grounded theory ethnography (Charmaz & Mitchell, 2001) I interrogated the implicit assumptions of crisis intervention at two homeless youth crisis programs in the Midwest, namely the Comprehensive Community Based Youth Services (CCBYS) and the Basic Center.

The two programs are located in two small rural towns in Illinois. The CCBYS is located in Charmingtown while the Basic Center is located in Decktown. Both programs provide assistance to homeless youth in the form of helping with a crisis such as violence or abuse at home, bringing families back together, counseling for youth, and family and finding youth a place to live. Both the CCBYS and the Basic Center crisis programs were funded through a variety of federal, state, and local agencies including Department of Children and Family Services (DCFS), Department of Human Services (DHS), and Decktown and Charmingtown Mental Health Boards.

The CCBYS supported and facilitated communities assuming responsibilities for delivering a comprehensive network of services to youth (continuum of care) and preventing youth from sinking deeper into homelessness and delinquency. The services were provided to youth between the ages of 12 and 17 who had been locked out of their home, have run away from home or were homeless without their parents. The CCBYS program in Charmingtown served an average of 150 youth in crisis every year. On the other hand, the Basic Center was a shelter program that provided short-term housing for homeless youth who were in need of professional assistance to reunite with their families after they had been locked out, had run away, or had lost their parents due to death or incarceration. The Basic Center crisis program targeted young people aged between 12 and 17 years old. It served an average of 200 youth in crisis every year. A detailed discussion of the history, goals, and impacts of the CCBYS and the Basic Center crisis programs is provided in chapter three.

Research Sites

Both Charmingtown and Decktown serve as centers of government and commerce for their respective rural counties. According to the 2010 US Census, Charmingtown has a total population of 21,186 people while Decktown has a total population of 74,769. In Charmingtown, 47.2 and 52.72 percent of the population are males and females respectively. On the other hand, 47.56 and 52.44 percent of the population in Decktown are males and females respectively. In terms of race, both towns were predominantly White. The table below provides comparative figures of the population by race of the two towns compared to statewide averages. These figures are based on 2010 US Census estimates.

Table 1

2010 Population by Race of Charmingtown and Decktown

2010 Population by Race	Charmingtown	Decktown	Illinois
White	91.11%	76.65%	69.38%
African American	4.82%	17.58%	14.13%
American Indian and Alaska Native	0.33%	0.07%	0.16%
Asian	2.04%	1.13%	4.52%
Native Hawaiian and Other Pacific Islander	0.08%	0.02%	0.08%
Other	1.62%	4.55%	11.74%

Typical of many Midwest small towns, both Charmingtown and Decktown have been facing various economic challenges. Since 2000, both towns have been losing jobs. For example, in 2000 the largest employer in the town laid off 5,000 workers. On January 11, 2012, another company announced layoffs of 1,100 employees. Charmingtown has also been faced with company closures and unprecedented job losses. For example, on April 3, 2012, a local newspaper reported that one of the biggest employers in town was going to close permanently. 900 people lost their jobs. According to the US 2010 Census, 42.54 percent of households in both towns were earning \$25,000 or less per year. Thus, both Charmingtown and Decktown have been experiencing challenges that have left them distressed.

Selection Criteria and Study Participants

The minimum requirement for an individual youth's inclusion in the sample was being homeless, between 12 and 18 years old, and living or receiving assistance from one of the selected homeless youth programs. Those who were receiving services for reasons other than

being homeless, locked-out, runaway, or couch surfing were left out of the study, for example, those that were participating in after school programs because their parents were at work. The 12 to 18 year age range was chosen because it included the types of youth who were covered by the selected programs.

The recruitment of participants was by word of mouth and through recruitment flyers. First, the researcher personally asked the youth at the homeless shelter and the youth services program to participate in the study in an informal way. Second, the researcher provided recruitment flyers at the homeless shelters inviting individual youth to participate in individual interviews. The recruitment flyers contained information about the study and who to contact in order to participate. All youth participants received five dollars cash as a token of appreciation for their participation in the individual interviews.

Homeless youth independently and voluntarily chose to participate in the study. Because all youth but one who participated in this study were minors, they had to have their legal guardian, parent or official providing additional consent to ensure that their interests were protected at all times. On top of receiving parental or legal guardian's consent, I also requested each participant below 18 years of age to individually assent to participate in the study.

The study also included service providers who worked with the homeless youth. Service providers were selected purposively, that is, those who were identified as having the necessary information about the crisis programs were specifically targeted for interviews. A total of 11 service providers and 18 homeless youth were involved in this study. All names of people and places used in this study are pseudonyms as approved by the Institutional Review Board at the University of Illinois at Urbana-Champaign.

Homeless and runaway youth. Of the eighteen youth who participated in this study, four were drawn from CCBYS while fourteen were drawn from the Basic Center. Twelve were absolutely homeless while six were runaways, otherwise known as relatively homeless (Cooper, 1995). Four identified as males, and twelve as females, while two youth identified themselves as bisexual youth and "female-gay" respectively. Their ages ranged from 13 to 18 years. Five were aged below 15 years, seven between 15 and 16 years, and six were aged between 17 and 18 years.

At the inception of this study my plan was to include an equal number of heterosexual boys and girls as well as non-heterosexual homeless youth to allow for a gendered analysis of youth

homelessness. However, I ended up having more girls than boys. In fact, this study found out that girls utilized homeless youth services more often than boys at both CCBYS and the Basic Center. Out of 61 case files that I reviewed for this study, only 10 were males. In addition, out of 40 homeless youth that sought and received assistance during the course of this study only 4 were males. Few recent studies have begun to show that females constitute a significant proportion of homeless youth (Aratani, 2009; Son, 2002). Son (2002) reported that in some instances females constitute up to 75 percent of homeless and runaway youth. My findings in the field and newer research cited above rebuts existing literature from the early 1990s which often depicted youth homelessness as a male issue (Alder, 1991; Carlen, 1996; Cooper, 1995).

Service providers and homeless youth suggested three reasons to explain the larger numbers of female youth among the homeless population. First, boys found it relatively easier to migrate to metropolitan cities in search of both formal and informal types of work. Instead of seeking help locally, boys tend to take more risks with the hope that their lives will “stabilize” in metropolitan areas such as Chicago and St. Louis. For example, I found out that it had been very difficult for both CCBYS and the Basic Center to keep track of their male clients because they do not remain in the local communities when they are faced with a homelessness crisis.

Second, boys tend to spend more time “surfing couches” or “doubling-up” with friends and relatives. Service providers and homeless youth who I interviewed believed that boys were oftentimes bold enough to spend time with strangers on the streets. Boys were able to do this because they were generally less at risk of being molested or abused. For example, this study found out that girls experienced more sexual violence and abuse than boys. Examples of sexual violence against girls will be discussed in chapter three.

A third reason that was suggested was that boys do not seek help because of their ego. Service providers and homeless youth who I interviewed pointed out that boys often avoid seeking help from social service agencies because they viewed such action as a sign of weakness. According the interviews boys would rather be on the streets engaging in more macho-like activities such as stealing, doing drugs or move to bigger cities than moving into a shelter. Moving into a shelter or seeking help from community programs for boys is seen as a sign of failure as opposed to strength. One social worker observed that “our girls are probably more open, the boys are probably kind of reserved.” In other words, it is easier for girls to openly

discuss their problems than boys. This observation was also reiterated by Nellie, an eighteen years old homeless teenage mother, who said:

Males don't really open up that much and if they had a problem like, [having nowhere to sleep] they would kind of keep it more inside. I think because they think that "I am stronger, I shouldn't have to have these worries." But then when it comes to girls...girls are more emotional. I think that is harder for a guy to open up than a girl.

As a result, boys always try to present a bold face when faced with the crisis of homelessness. At one point during my study, an intern who was working at CCBYS introduced me to a boy who was in his early teens. This boy was attending CCBYS' after-school life-skills program, an initiative that was designed to empower and develop homeless youth's abilities for adaptive and positive behaviors such as problem solving, self-awareness, and interpersonal skills so that they would effectively deal with the challenges of homelessness. Although the boy had initially accepted to participate in the study after talking with his counselor, he completely changed his mind after reading and listening to my explanation of the interview assent letter. He said, "I am not homeless. This is insulting to me. How can she [counselor] say I am homeless? I am not." He said all this despite the fact that his mother and two siblings had been living in an abandoned building in the outskirts of the local town. Thus, as noted in Nellie's observation above, boys often do not open up about their homelessness. They see doing so as embarrassing and humiliating. They avoid asking for help.

In terms of racial and ethnic background, seven were Whites, and eight were African-Americans, while three identified themselves as multi-racial or "mixed." Despite being homeless, thirteen participants were attending school while five had either dropped out of school or had completed high school early. Although the majority of the homeless and runaway youth who participated in the study were still going to school, only two had not been disrupted in their schooling because they had to move due to housing and relationship issues. For instance, Nellie, a homeless female youth, who had not changed schools, was enrolled at a community college studying to become a certified nursing assistant. The rest had changed schools at least twice in the past five years. Specifically, three had changed schools twice, five had changed three times, three had moved four times, and six had changed schools over five times. The situation of the homeless and runaway youth was further complicated by the fact that all their parents were deceased, divorced, unemployed or working in minimum wage jobs in fast food restaurants, grocery shops, or clothing stores. Two of the five who were not in school worked part-time at

McDonald's and Dairy Queen (both fast food restaurants) and were earning minimum wages (\$8.25 per hour). They did not have fixed work hours but were called as needed mostly during peak times on holidays. One of the out of school youth was working towards becoming a certified nursing assistant while another one was waiting to be enrolled into a job corps program.

The Table 2 below summarizes the number and specific categories of youth who participated in this study:

Table 2

Number and Specific Categories of Youth Study Participants

Category	Total	
	Gender	Female
	Male	4
Age	12-15 years	5
	15-16 years	7
	17-18 years	6
Nature of homelessness	Absolutely homeless	12
	Runaways	6
School disruption	Did not change school	1
	Disrupted twice	3
	Disrupted three times	5
	Disrupted four times	3
	Disrupted ≥ 5 times	6
Race	White	7
	African-American	8
	Other	3
Employment status	Employed	2
	In school	13
	Unemployed	5

While the total number of homeless youth who participated in this study was small (n=18), the sample was rich in diversity of experiences. Table 3 below provides more information about specific youth who participated in the study.

Table 3

List of Homeless Youth Participants

Pseudonym	Age	Gender	Race	School level	Employment Status	Crisis Situation
Kristy	15	Female	W	10 th grade	In school	Locked out, father dead, mother fed up with her, she is bisexual.
Pinky	13	Female	AA	7 th grade	In school	Homeless, parents never married, was abandoned by parents.
Nicky	13	Female	W	8 th grade	In school	Mother died when she was an infant, grandmother is no longer interested in raising her, has behavioral problems.
Rebel	17	Female	W	12 th grade	In school	Locked-out, sexually abused, arrested for loitering at night.
Nellie	18	Female	W	Completed high school	Part time job	Runaway, teenage mother, cannot pay rent, both parents are drug addicts and alcoholics.
Chenai	16	Female	M	10 th grade	In school	Runaway, parents never got married to each other.

Table 3 (continued).

Yaya	16	Female	AA	Not in school	Unemployed	Locked-out, rejected for being non-heterosexual, parents divorced.
Araya	17	Female	AA	Completed high school	Part time job	Runaway, mother deceased.
Danielle	17	Female	AA	Dropped out of school in 10 th grade	Unemployed	Homeless, no fixed address; does not have contacts with her parents or other relatives.
Andrea	14	Female	W	8 th grade	In school	Runaway, couch surfing, no fixed address, parents divorced.
Pretty	17	Female	AA	Dropped out of school	Part time job	Father deceased, mom abandoned her, cannot pay rent
Otilia	17	Female	AA	11 th grade	In school	Runaway, parents are divorced; both have remarried, ill-treated by both parents.
Mitchell	14	Female	AA	8 th grade	In school	No home, escaped from foster care, don't know her biological parents

Table 3 (continued).

Jax	12	Female	M	6 th grade	In school	The whole family is homeless, once lived in a van, brother killed in street violence.
John	16	Male	W	8 th grade	In school	Runaway, parents are divorced; both have remarried, ill-treated by both parents.
Oscar	13	Male	W	7 th grade	In school	No home, father remarried seven times, mother remarried two times.
Chris	13	Male	AA	7 th grade	In school	The whole family is homeless, once lived in a van, brother killed in street violence.
Monte	16	Male	M	10 th grade	In school, has a part time job	Homeless, no fixed address, cannot pay rent.

Key: W- White; AA- African-American; M- Multi-racial.

Service providers

Of the 11 service providers, nine were females while two were males. Four were drawn from the CCBYS while seven were drawn from the Basic Center. The age-range of the service providers who participated in this study was 25 to 60 years while the mean age was 39.8 years. In terms of racial or ethnic background, nine identified as White, one identified as African-American and one as a Native-American.

In terms of education, four held a masters degree, six a bachelors degree, and one had a high school diploma. Those who had master's and bachelor's degrees were from diverse disciplines such as speech pathology, law enforcement, educational psychology, sociology, political science, counseling, and rehabilitation, substance abuse physical and mental disabilities. They also had experience of working with homeless youth ranging from one year to twenty-one years. Specifically, four had worked with homeless youth for less than five years, five had worked with homeless youth for five to ten years, and two had worked with homeless youth for over ten years. Thus, the study involved service providers who had varied levels of experience in the field.

All but two of the participants were full time employees. Full time employees worked for at least eight hours a day with homeless and runaway youth while part time employees worked at least eight hours a week. Finally, all the service providers held strong Christian religious views and they attended church at least once every week, an attribute that influenced their understanding of crisis intervention as a helping and compassionate volition.

Table 4 below summarizes the number and specific categories of service providers who participated in this study:

Table 4

Number and specific categories of service providers

Category	Total	
Gender	Female	9
	Male	2
Race	White	9
	African-American	1
	Other	1
Employment status	Full time	9
	Part time	2
Education	Masters	4
	Bachelors	6
	High school diploma	1
Religious beliefs	All service providers were Christians (n=11).	
Age	Mean age of 39.8 years	

While the total number of service providers who participated in this study was small (n=11), the sample was rich in diversity of experiences and opinions. Table 5 below provides more information about specific service providers who participated in the study.

Table 5

List of Service Providers

Pseudonym	Age	Gender	Race	School level	Employment status	Religious beliefs
Rita	43	Female	W	Masters degree	Full time job	Catholic
Lisa	25	Female	W	Bachelors	Full time	Christian-no denomination.
Juliet	27	Female	W	Bachelors	Full time	Catholic
Maria	46	Female	N	Bachelors	Full time	Baptist
Juliana	32	Female	AA	Bachelors	Part time	Christian-no denomination
Marley	53	Female	W	Bachelors	Part time	None
Mary	60	Female	W	Masters	Full time	Protestant
Joyce	36	Female	W	Masters	Full time	Christian- no denomination
Jane	42	Female	W	Bachelors	Full time	Christian-no denomination
Mark	43	Male	W	Masters	Full time	Lutheran
Gary	31	Male	W	Masters	Full time	Catholic

Key: W- White; AA- African-American; N- Native American

Data Collection Methods

The following data collection techniques were used: participant observation, interviews, demographic youth questionnaire, and document review of cooperating agencies' official reports, minutes, and internal operational policies and manuals.

Participant observation. I spent at least one hour during each visit to the programs interacting (in informal ways) with homeless youth to gain a detailed understanding of the everyday experiences of homeless youth in shelters and community programs. I visited each research site at least twice every week for eight and half months. The observations involved closely looking at meal time rituals and practices, interactions between youth and agency officials and volunteers, the use of shelter space, how homeless youth spent their evenings before

bedtime and their nights after bedtime. In all these observations, I paid special attention to how issues of power, gender, sexual identity, and marginalization played out in the daily lives of homeless youth. I made these observations without changing social dynamics as much as possible.

Interviews. Qualitative interviews as described by Rubin and Rubin (2005) were used. (See Appendices A & B for the interview protocols). Their model of interviewing emphasizes the relativism of culture, the active participation of the researcher, and the importance of giving the interviewee voice. I utilized individual cultural interviews, which focus on the norms, values, understandings, and taken-for-granted rules of behavior of homeless youth. Cultural interviews involve “more active listening than aggressive questioning” (Rubin & Rubin, 2005, p.10). To do this, I asked homeless youth to describe their typical day and how they felt about their experiences as homeless youth. These types of questions allowed the interviewees to reveal what was important to them. The cultural interviews were particularly important in collecting data about how homeless youth policies and services reinforce and/or reinvent gender relations among homeless youth and between homeless youth and their caregivers and administrators.

In combination with the above, I also utilized individual topical interviews to gain information from conversational partners about their homeless experiences. Individual topical interviews were more narrowly focused on particular events or processes, and were concerned with what happened, how, when and why, or with what consequences. However, as noted by Rubin & Rubin (2005), separating the cultural and topical styles of interviewing is almost impossible in practice. I often found myself mixing the two styles in a single interview. I found myself alternating between listening for nuanced cultural meanings and asking about events and processes. All the interviews were audio-taped with the permission of the participants. These recordings were transcribed verbatim using the F4 transcription software and the resulting texts were analyzed manually.

The interview method allowed for flexibility and gave me room to probe more on issues of relevance to my study. I was able to tell when the respondent was having difficulties in understanding a question and I was always there to rephrase it. Face to face interviews were also less detached as I was in direct contact with my research participants. This created an environment of trust that enabled me to engage with both homeless youth and service providers in very productive discussions about their experiences.

The individual interviews were 40 to 60 minutes long. The actual interview was in two parts. The first part involved a detailed discussion about homeless youth experiences in shelters and community programs. In the second part of the interview, I asked general demographic questions in order to gain a detailed understanding of the background of the study participants.

Homeless youth interviews were divided into seven thematic areas of the youth experience, namely life before the onset of the homeless crisis, reasons for the crisis, entering the crisis program, everyday life of crisis clients, services and policies in the crisis programs, non-normative gender/sexual identity issues and youth well-being in the crisis programs. The guiding questions for each interview are provided in Part 1 of Appendix A.

Just like with the homeless youth, interviews with service providers were divided into seven thematic areas, namely: youth lives before the homeless crisis, reasons for the crisis, entering the crisis program, everyday life in the crisis program, services and policies in the crisis program, non-normative gender/sexual identity issues, and youth well-being in the homeless shelter. The guiding questions for each interview are provided in Part 1 of Appendix B.

Demographic questionnaire. In addition to these open ended interviews, I administered a closed demographic questionnaire to obtain general background information for each service provider participating in the study. Data from the questionnaire provided: biographical information (gender, racial or ethnic identity, and age), and education and employment history (highest level of education completed, specialized skills training and education, experience working with homeless youth, employment status, religious affiliation). The specific questions are provided in Part 2 of Appendix B.

In addition to the open ended youth interviews, I administered a closed demographic questionnaire to obtain general background information about each youth participant in the study. This questionnaire was administered immediately after the end of the in depth interviews. Data from the questionnaire provided: biographical information (gender, racial or ethnic identity, and age), education and employment history (school attended, grade in school, school disruptions, special skills learning programs, employment status), and family history (parental origins, their marital status, number of siblings, parents' education and religious affiliation). The specific questions are provided in Part 2 of Appendix A.

The use of official documentation. A review of 61 randomly chosen case files (from 2009 to 2011) was conducted to supplement interviews and participant observation. A random

sampling method was used in order to ensure that my selection of case management files was not directly influenced by the cooperating agencies. I wanted to have an unbiased understanding of the way in which crisis workers viewed and described homeless youth. In addition, agency pamphlets, brochures, and annual reports were also analyzed to document the agencies' self-presentation and the characteristics of the youth they serve. Secondary data from reports and internal policies and manuals was used in order to examine how agency officials viewed and categorized homeless youth. The documentary sources were compared with data already gathered, and then added as new information to the study where they were of use. The data from all the available sources was finally integrated and collated to conclude the data collection stage.

Data Analysis: Grounded Theory Ethnography

I used grounded theory and ethnographic techniques to analyze data. Combining grounded theory and ethnographic data analysis was a productive enterprise. This type of analysis is called "grounded theory ethnography" (Charmaz & Mitchell, 2001). Doing grounded theory ethnography strengthened the data analysis process by simultaneously moving my analysis from data to theory development (grounded theory) and developing "thick descriptions" of the context, content, and motives of crisis interventions for homeless youth.

By combining the two approaches, I avoided falling into the problems raised by Charmaz & Mitchell who contended that "Much work that claims to be grounded theory is not; instead, it is description" (2001, p.161). Since I wanted my study to be both descriptive and theoretically sound, combining the two allowed my analysis to be descriptive where necessary, and inform the theory building process at the same time. As suggested by Charmaz & Mitchell (2001), ethnography moves grounded theory away from technology and turns it into some work of art. The use of ethnographic stories connects theory with realities, not just with research. Applying both approaches prompted me as a grounded theory ethnographer to dig deeper into the youth homelessness as a social crisis. My focus was on what was happening to homeless youth from the time they were enrolled into either CCBYS or the Basic Center, and made a conceptual rendering of the processes and actions in homeless youth serving programs.

Lastly, using the ethnographic method alone has several problems such as "going native," lengthy forays into the field setting, superficial and random data collection, and reliance on disciplinary jargon when stuck (Charmaz & Mitchell, 2001). I avoided falling into these traps by using the constant comparative approach, which allowed me to compare data with data, going

back to data and forward into analysis, and then returning to the field to gather further data and refine the emerging theoretical framework. This enabled my analysis to remain intricately connected to data.

To keep my analysis closely linked to the data, I engaged in data analysis shortly after conducting each interview or field visit. I wrote one to two page notes about the interview scene, how the interview went, major lessons learnt, and the possibility and need for a follow-up interview. This process is technically referred to as memoing. Charmaz argues that “Memo-writing constitutes a crucial method in grounded theory because it prompts you to analyze your data and codes early in the research process” (2006, p. 72). In fact, it is through this approach that I was able to come out with the theme of “youth homelessness as a crisis.”

All interviews were recorded and transcribed. After the interviews had been transcribed, I read through the transcripts line-by-line, writing down codes in the margins and marking indicators of codes. During the coding process, I paid close attention to emergent themes and wrote reflective and methodological memos about the data (Charmaz, 2006; Strauss & Corbin, 2008). From the analysis of data, I developed some concepts and categories such as “homelessness as a crisis,” “crisis intervention as empowering or disempowering,” “homeless youth as dangerous and abnormal subjects,” “crisis intervention as a social practice,” and so on. These concepts and categories generated further questions which led to more data collection aimed at understanding why homelessness was seen as a crisis and how crisis intervention as a regime of care for homeless youth unintentionally produced disempowered subjects. Some of the questions that emanated from my initial coding or analysis of interview data were: What is the master narrative in crisis intervention discourse? How does this narrative reflect the aspirations and interests of crisis service recipients? Is an alternative regime of crisis intervention imaginable? If yes, what should it represent and accomplish?

I stopped data collection after reaching the point of saturation, that is, “the point in the research when all the concepts are well defined and explained” (Corbin & Strauss, 2008, p.145). In other words, I stopped interviewing homeless youth and service providers for each concept and category when each new interview or conversation added less and less to what I had already gathered, that is, when all I was hearing, over and over again, were the same matters about the meaning, effects, and position of homeless youth in crisis intervention programs (Charmaz, 2006, p.67). As noted by Glaser and Strauss, “saturation means that no additional data are being

found whereby the researcher can develop properties of the category (1999, p.61). I determined that my data collection and analysis had reached a point of saturation when I was empirically confident that my categories had been fully explained and defined from different perspectives.

Ethical Considerations

As a researcher, I recognize the vulnerability of the homeless youth population and the political “touchiness” of issues concerning youth homelessness. Hence, from the onset, I established a good rapport with all relevant actors such as the homeless youth, their parents, legal guardians, and cooperating agencies’ officials in order to gain the required acceptance. In addition, I observed ethical standards on studying children and youth as set by the University of Illinois at Urbana-Champaign’s Institutional Review Board (IRB). IRB approval for this study was sought and granted before its commencement. I undertook to, as much as possible, ensure that homeless youth interests and aspirations will be protected at all times during and after data collection.

I designated an alias name to all human participants and cooperating agencies to conceal their identity. This was done in order to protect their privacy and identity. I advised and assured them that the information collected would remain private and confidential. I only audio-taped interviews with the express approval of the participants. Transcribed files and recordings were kept in a password secure place. All transcripts and data collected used the participants’ pseudonyms. There was no key linking the name of the participant with their pseudonym. Consent forms were held separate from data to disconnect data from participants’ personal information.

Researcher Perspective and Reflexivity

Often in qualitative research, the researcher is both the data collection instrument and the instrument of analysis. This process is inherently subjective because data is perceived and understood through the lens of the researcher (Corbin & Strauss, 2008). There is always a need to ensure that the integrity of the process is maintained. I made every effort to ensure that my analysis closely reflected the reality on the ground. To do this, I shared my research memos and the final research document with key gatekeepers to get feedback on my thoughts and conclusions.

There were other realities that I could not change such as my race, ethnicity, gender, and the privilege of being a student at the University of Illinois at Urbana-Champaign. Being a black

male researcher in predominantly white communities had its challenges. Homeless youth initially showed some resentment against me. On several times my key informants encouraged me to be aware that some of the youth had never been close to a black person in their lives. The feeling of being an outsider served both as an advantage and disadvantage. It was an advantage because I did not have any preconceived ideas about homeless youth crisis programs. The conclusions that I arrived at in this study were influenced by what I observed in the field. On the other hand, my outsider status limited my ability to penetrate into the hidden and private lives of my research participants. For example, I could not personally observe homeless youth outside the confines of the crisis programs because my access to them was limited to contexts where the youth were in the crisis intervention programs.

Although it was very difficult to penetrate into the private arenas of homeless youth, I was able to explore these issues in the face-face interviews. Through the support of my key informants, I was able to schedule interviews with the homeless youth. Two things worked to my advantage. The youth were fascinated by the idea of talking to an African (not African-American). Most of them ended up asking me questions about my home country including whether it was true that African people live in jungles. I found some of the questions naive. My own feelings about being asked what I thought to be naive questions made me to be sensitive about how I asked questions about homeless youth's experiences. I encouraged the research participants to feel free to share anything about their lives but also respected their choice if they decided not to answer questions they did not feel comfortable to talk about.

Second, the youth developed a lot of respect when they came to know that I was a graduate student at the University of Illinois. I discovered that being a graduate student at this university put me on a privileged position. The youth asked me questions about how I had known about the university and why I chose this particular university. It was through these conversations that I was able to establish a rapport with the young homeless people. Therefore, some of the youth saw talking to me as an opportunity to learn more about the outside worlds- the African and prestigious university worlds.

Finally, my interpretation of data may have been influenced by my views about crisis intervention work. These views have developed over time and have been influenced by theories learnt throughout my educational life. To reduce the impact of existing theory when completing my data analysis, I used a process described in Strauss and Corbin (2008) whereby a conceptual

map is created of possible theoretical explanations for the phenomenon under investigation. The resulting conceptual map is then filed away until after data analysis is complete. Further efforts to manage bias included conducting member checks to ensure that my interpretations were correct. Finally, Strauss and Corbin state that the literature review may be treated as another form of data. In this study literature review was considered just that, another piece of data. Thus, the literature review was compared and contrasted with findings from interviews, observations, and analyses of official reports. That analysis contributed to the creation of the resulting grounded theory or critique of crisis intervention for homeless youth.

Chapter Three: Master Narratives of Homeless Youth Crisis Intervention

This chapter examines the master narratives of CCBYS and the Basic Center as crisis intervention programs. More specifically, I address the following questions: What is the master narrative in crisis intervention discourse? How does this narrative reflect the aspirations and interests of crisis service recipients? Is an alternative regime of crisis intervention imaginable? If yes, what should it represent and accomplish? I define a master narrative as a set of taken-for-granted assumptions, conceptualizations, and stories about the meaning of homelessness and how it could be resolved. Both the CCBYS and the Basic Center organized their work around the notion of youth homelessness as an individual rather than a social crisis. I argue that the construction of youth homelessness as an individual instead of a social crisis veiled problems of power, heteronormativity, and marginalization.

My critique of crisis intervention for homeless youth constitutes what may be referred to as writing against the master narrative. Dean posits that such an endeavour “engages in the restive interrogation of what is taken as given, natural, necessary, and neutral” through rigorous empirical methods (2010, p.4). Following this intellectual labour of writing against the master narrative, this chapter engages in a critical analysis of the social practices, ideologies and policies that govern human actions and experiences in crisis intervention programs for homeless youth. Through a critical analysis of CCBYS and the Basic Center’s programs, I show that crisis intervention as an approach for alleviating homeless youth’s vulnerability emboldened their resolves to “stay out of trouble” and “keeping my head up” as some youth put it. These successes were based on the programs’ focus on helping young people to self-reflect and self-correct. Nonetheless, while acknowledging the importance of crisis intervention, I question the master narratives that emerged from my interviews and official documents. Youth homelessness was presented largely as an individual behavioral problem, that stabilization could be achieved through short-term ameliorative services, and that the results of crisis intervention were always empowering to individual youth, their families, and communities. I maintain that although homeless youth crisis programs were meant to promote comprehensive community-based solutions to youth homelessness, in practice they reinforced old practices of fixing “problem youth” and addressing the symptoms of youth homelessness rather than uprooting its underlying structural causes.

Both the CCBYS and the Basic Center programs constructed youth homelessness as a crisis and affirmatively represented their work as crisis intervention. The central features of crisis intervention for homeless youth involved providing case management, counseling services, temporary emergency shelter services, educational support, legal work, and clothing. Although both programs approached youth homelessness from a crisis perspective, they operated in different contexts. While CCBYS emphasized keeping and attending to homeless youth within their communities from the time they become homeless or showed signs of homelessness, the Basic Center believed in taking the individual homeless youth away from their families at the onset of the crisis to give them a “cooling-off time.” The CCBYS program was based on the belief that youth homelessness could be resolved within and with the support of the affected youth’s community and family. Taking the individual youth from his or her community to a shelter was seen as a last resort and an admission of failure on the part of the youth, community, and family. On the other hand, the Basic Center approach believed that homelessness was a result of a young person’s failure to cope with life’s challenges including family conflicts, death in a family, school work, and relationships with peers. Therefore, the Basic Center was seen as a place for the youth to heal from past and current emotional wounds, to gather strength to face their challenges, and to develop new perspectives about their life situations.

Crisis intervention has been unquestioningly embraced as the answer to the crisis of youth homelessness in the United States by the federal government, private foundations, and non-profit organizations (Aratani, 2009). Most responses to youth homelessness in the United States tend to employ either the CCBYS or the Basic Center approach or a combination of both. Both the CCBYS and the Basic Center approaches to dealing with youth homelessness are a product of legislative and policy changes at the federal level. For example, since the passing of the Runaway and Homeless Youth Act (RHYA)- Title III of the Juvenile Justice and Delinquency Prevention Act (JJDP) of 1974, homeless youth programs such as the CCBYS and the Basic Center have been hailed as innovative initiatives for the provision of life-saving direct services for homeless youth and their families, promoting positive youth development, and creating conditions for building collective consensus on fighting against structural inequalities that exacerbate poverty and homelessness among youth (Kubisch et al., 1997; Stone, 1996).

Although the CCBYS and the Basic Center programs operated differently on the ground, that is, the first is a community-based program while the latter is an institutionalized shelter setting,

they were both concerned with promoting the well-being of homeless youth. One important goal of these programs was to ensure that homeless youth remained in school by providing transport to and from school and helping youth with homework. This particular focus was specifically dictated by the McKinney-Vento Homeless Assistance Act originally authorized in 1987 and reauthorized by the No Child Left Behind Act (NCLB) of 2001 (Aratani, 2009). Under this law all federally funded homeless youth programs were required to ensure that each homeless child and youth had equal access to the same free and appropriate public education as other children. They were also required to ensure consistent enrolment, attendance, and success in school of homeless children and youth. To provide these services as required by law, the Basic Center provided a wide range of services to homeless youth including 24/7 access to all program services.

The driving force behind these programs was captured by Maria, a case worker at the Basic Center while she was describing why crisis intervention was important. She said:

There is no parent to parent the child. The kids that come here are lock-outs, refusing to go home or minors that are in conflict with their parents. There is *crisis* in the home and somebody needs to leave. There needs to be a cooling off stage and those minors would come here. The purpose of the work we do here is grounded in the belief that children and youth best develop into productive adults in a permanent home through the support of caring adults in the community.

The statement above demonstrates that the focus of crisis intervention was on providing basic services such as emergency shelter and food to “cool-off” the suffering and confusion among homeless youth. As will be discussed later in this chapter, whilst such an approach was necessary, it was inadequate in addressing the underlying causes of youth homelessness. This approach framed homelessness as evidence of young people’s inability to cope with social pressure. The cooling-off approach was based on the belief that youth become homeless as a result of their tendency to overreact to and running away from family conflicts.

Furthermore, in their attempt to serve the interests of homeless youth, the two programs provided 24-hour crisis services to runaways and lockouts aged between 12 and 17 years who were not wards of the state. They provided family counseling and full case management services to homeless youth and their families. They also worked with various personnel from schools, courts, hospitals, police, probation officers, and substance abuse treatment programs. For example, on its official website, the CCBYS says that the purpose of crisis intervention “is to divert [homeless] youth from the child welfare and juvenile systems through the provision of

family preservation, family reunification, and independent living services.” On the same website, the main objective of CCBYS was framed as “to support and help families stay together, resolve crises in their families, provide safe and appropriate spaces for youth if necessary, facilitate communities assuming responsibilities for delivering a comprehensive network of services to youth and prevent them from drowning deeper into homelessness and delinquency.”

The provision of basic services was also critical in the operations of the Basic Center. For example, central to the Basic Center programs as set by the Missing, Exploited, and Runaway Children (MERCA) and the RHYA was that the programs should accomplish the following: provision of emergency shelter and services related to food, clothing, counseling, and access to healthcare and family reunification when possible, increase the length of stay in shelter or temporary housing from 15 to 21 days, and more importantly to implement the use of the positive youth development approaches in programming (Aratani, 2009). The Basic Center was also designed to inculcate social skills and capacities that the youth could not get from their families because they simply did not have a family at all or their families were not able to play that role because of conflicts and unworkable family make-up. Most of the youth who utilized Basic Center services came from complex, blended, and intergenerational families that were often characterized by violence and poverty. For example, one crisis worker said:

There have been times when we’ve been dealing with lockouts where I have had a 13 year old female minor who the grandparent was 82 years old. Now, here is 82 trying to raise 13. We have to really think in our society, is that possible?

The Basic Center program worked towards resolving such generational divides by building appropriate communication skills for the youth so that families could remain intact despite their generational differences. The focus on direct services was necessitated by the condition of life that characterized most of the youth who sought crisis services. Most crisis workers reported that some youth came to the shelter bare-footed, hungry, and confused. In such a situation, “the natural reaction is to provide the immediate needs of the children,” said Jane, the supervisor at the Basic Center. She further noted, “The kids are sometimes traumatized such that taking them for treatment will be the best option when they come here.” Therefore, the provision of basic services such as health care, food, and counseling was a legitimate approach that was based on youth’s practical needs. For this reason, the majority of youth who I interviewed expressed much gratitude to the Basic Center for its services. For example, when I asked her to describe what

would have happened if she had not received support from the Basic Center, Mitchell, a 14 years old African-American female youth said, “I would probably be dead. I was at a point where I felt that there was no reason to live. I wanted to die. The Basic Center saved my life.”

Other youth saw Basic Center services as life-changing and spiritually empowering. For example, Araya, a 17 year old homeless youth, changed her view of homelessness from pessimistic to optimistic. After going through systematic counseling, she said, “I believe that God allows us to go through these wilderness situations in order to strengthen us and for us to grow. I don’t take a lot of things for granted now. I will work hard. I will try to go to college. What I want is to be able to take care of my sister. I am the only one she has now.” According to Araya, the crisis of homelessness strengthened her resolve to work hard in life, go to college, and worship God more seriously because “everything we have can be wiped away in a flash,” she added. She also said that “I will not play around. I will not get into trouble. I will not just sleep around because all these things will distract me from my dreams.”

The descriptive outline of the CCBYS and the Basic Center crisis programs demonstrates an attempt in crisis intervention programs to serve homeless youth. It also shows that homelessness had a specific meaning for homeless youth and for service providers. For both homeless youth and service providers, homelessness was a crisis. I now turn to specific ways in which both service providers and homeless youth talked about, conceptualized, and responded to youth homelessness as a crisis.

Youth Homelessness as a Crisis

Like homeless youth, service providers viewed homelessness as a crisis. They used phrases like “a personal tragedy,” “a mental breakdown,” and “a family shock” to describe why they believed that youth homelessness was a crisis. In many ways, youth homelessness was constructed as a dangerous individual crisis. The CCBYS director, Rita viewed homelessness as “the straw that broke the camel’s back.” In other words, homelessness was seen as an insurmountable obstacle that could not be resolved by the use of customary methods of problem solving (Caplan, 1961). Responding to a question of why they put more emphasis on direct service provision as opposed to social change activism, Rita said that it was because most of the youth they worked with would have reached “a breaking point” where their capacity to cope is completely eroded. In explaining the meaning of “a breaking point” she started with a rhetorical question, “Are you familiar with the phrase ‘the straw that broke the camel’s back?’” Although I

knew the meaning of this idiom, I professed ignorance in order to allow her to give me her own interpretation. She went on to say:

It's very similar to that. In the last year, we have been seeing a lot of economic stressors. You know parents can't pay their bills and they can't buy the school stuff for the kids so they feel bad... and parents can't put food on the table... the stress builds and builds. And at some point the kids come with a stolen iPod and the parents just can't take it anymore... the parents don't have access to resources to deal with the stress. [This] is the last thing the parents can handle so they say get out. You want all of these things. I can't provide all of these things. Go away. It's a very sad situation for a lot of these families.

In other words, the provision of crisis services was a result of the need to satisfy the practical needs of homeless youth. Almost all service providers who I interviewed at both the CCBYS and the Basic Center reported several dangers or threats to their lives that needed to be responded to urgently. Thus, service providers believed that without these services homeless youth would experience debilitating effects on their affective, behavioral, and cognitive functioning (James & Gilliland, 2001).

Young people also viewed and described their homelessness as a crisis. Central to their understanding of homelessness was that it represented a complete breakdown of their coping abilities in the face of personal and family challenges. For example, in describing why homelessness constituted a crisis, most young people used terms like "I was stranded," "I had nowhere to go," or "I was going to die." Thus, homelessness as a crisis represented a sense of physical, emotional, and psychological loss on the part of the youth.

The construction of youth homelessness as a crisis can be seen in the lives and experiences of youth who participated in this study particularly with regards to their personal challenges. The lives of all the youth that were involved in this study provide evidence to show that homelessness represented difficult and painful realities for them. The crisis of homelessness was more challenging for non-heterosexual youth. For example, Yaya, a 16 year old African-American female youth who self-identified as "a female-gay" youth, lost all her family connections because her mother and other relatives refused to live with her because she was gay. Due to the problems associated with homelessness, she ended up hooking up with girls at bars when "my cheeks are down or when I need money urgently." In other words, she would engage in same-sex prostitution in order to meet her basic needs such as personal hygiene supplies and food. She justified her engagement in same-sex prostitution by saying, "I have to do what needs to be done for me to survive. I will not kiss anybody's ass. I do many things to survive. I will not tell you

exactly what I do because it's none of your business." She refused to tell me details of other things that she did for a living. The closest she came to revealing her sources of livelihood was when she said "I do drugs. I sell drugs. It's pure hustling." Although Yaya refused to get into details and specifics of how she conducted her business on the streets or who she did business with, it was clear that whatever she did was not only dangerous but it also bordered on criminal activity. When I asked her if she was not afraid of being arrested, she responded, "I will do whatever it takes for me to have food on the table. I don't give a damn about the cops."

In addition, Yaya's street life constituted a crisis because Decktown streets were becoming extremely unsafe for everybody due to gun violence. Gun statistics from Ceasefire, a local organization that was on a crusade to stop shooting in the community indicate that there were 120 shootings from summer 2007 to summer 2011. They also show that 1200 calls for service for unlawful use of weapons and 14 homicides were recorded during this time. Therefore, just leaving Yaya to fend for herself posed serious risks to her life given the high levels of street violence in this community. She was recruited into the Basic Center program in order to protect her from the potential threats of living a hustling life.

Drug dealing situated her at a position where she could potentially get into trouble with the law while prostitution exposed her to sexually transmitted diseases (STIs) and HIV/AIDS. During one of my conversations with her, Yaya revealed that she had once been treated for Chlamydia, a sexually transmitted infection. Other studies show that the high prevalence sexually transmitted infections among homeless youth (Kipke, O'Connor, Palmer, & MacKenzie, 1995). If untreated sexually transmitted infections can lead to chronic pain, infertility, and ectopic pregnancies for girls in their adulthood.

Apart from Yaya, several other homeless youth described their homelessness as representing a crisis. Rebel, a 17 year old African-American homeless female youth saw her homelessness a crisis because it predisposed her to sexual and physical abuse. Rebel did not see anything positive from her experience. Describing her life before and after she became homeless, Rebel noted that, "It was [and is still] not a normal life for a teenage girl. It was [and is still] scary... there was [and there is] a lot of stuff that happens and that has happened with me." For her, the crisis of homelessness was an experience that did nothing but destroy her life.

Rebel had been raped and forced to engage in pornography by her own father. Rebel recalled, "He finally got me into porn. He kind of basically said if I didn't do porn, he was going to kill

me. He also abused me physically. He basically treated me like I was his whore and he was my pimp.” She also engaged in a variety of self-mutilating behaviors. Self-mutilation refers to “deliberate, direct destruction or alteration of body tissue without conscious suicidal intents” (Favazza, 1998, p.60). Such behaviors range from very serious injuries such as genital and ocular self-injury to less serious behaviors such as cutting, self-battery, biting, burning, hair pulling, and interfering with wound healing to more passive self-neglect such as stopping or manipulating medication or medical protocols and intentionally putting oneself in harm’s way (Whitbeck, 2009, p.145). Rebel engaged in cutting, hair-pulling, biting her mouth, and scraping skin for blood. She told me that she cut her hands with razor blades because she felt abandoned by her parents. Cutting herself brought relief to her. She said, “Cutting my body made me feel better to a point but now I realize that it’s not really worth it.” She had been taken to hospital several times to try to treat the problem but she still remained stressed, distressed and yearning for love and a home.

Self-mutilation is evidence of how Rebel attempted to escape her seemingly insurmountable challenges due to her lack of fixed or permanent place of residence. Unfortunately, using body mutilation as a coping mechanism did not bring the relief she was looking for but rather it ended up injuring her both physically and psychologically. Although these practices were interpreted by Rebel and other youth in her situation as strategies for emotional release after long periods of building tension, they also represent the physical dangers to which homeless youth are exposed.

Some youth viewed homelessness as a crisis because it predisposed them to actual physical death. For example, Jax, a 12 year old female youth, who had a black father and a white mother lost a brother when her whole family was homeless. She told me that one of her worst memories of being homeless was when she lost one of her brothers through street violence. Her two brothers were involved in a street fight against two other boys. Her brothers won the fight. However, instead of giving up, the defeated boys came back the second day armed with a gun. “They shot my brother from the back and he died on the spot.” Jax’s story provides evidence of the dangers of homelessness especially when the crisis reaches acute levels such that the affected people end up living on the street.

Jax, however, credited the Basic Center crisis program for positively transforming her perception and attitude towards life. She said “I took everything for granted. I took life for granted. I just did not pay attention on many things about life.” She went further to say, “After

going through hard times with my family, and staying in a van for a long time and losing my brother to street violence, I realized that things can really be bad.” She realized that “I had to keep my head up. Stay out of trouble and mind my own business.” Through the Basic Center program, Jax was able to put her thoughts together and decided to look into the future with positive enthusiasm. Thus, while youth understood the threats that homelessness posed to their lives, they also saw crisis programs as transformative in their lives. Service providers shared the same views about the negative effects of homelessness on young people and the positive impact of crisis intervention as an ameliorative model against youth suffering.

Rita captures how service providers understood homelessness and how to respond to it. In one conversation with her she poignantly defined homelessness as a crisis. In describing the work they did at the CCBYS, she said:

The first thing we do is *crisis management*. So, for homeless youth entering into the program will be through the *crisis*. Then, it’s going to turn more into case management and counseling services. The case management is really other services like where are you going to live? Who do we need to notify in the school or probation department, your girlfriend? How are we going to get across all these things? How are you going to get your clothes from your parents? All that kind of issues, the legal work that you have to do. And then it’s therapeutic. We do family counseling and group counseling and individual counseling, whatever it takes to try to get the families solidified. And lots of paperwork, lots and lots of paperwork.

Rita articulates the mainstream understanding of homelessness and the overarching tenets of homeless youth crisis programs. For her, these programs engage in crisis management. I am calling these programs “crisis intervention” programs. These programs emphasize rapid and comprehensive actions designed to limit the suffering of affected young people. In this instance, the focus is on stabilizing the individual homeless youth within the context of community (schools, probation system, family, health systems, etc.) through counseling and therapeutic treatment.

Lisa, a youth and family counselor, concurred with Rita on how they dealt with the crisis of youth homelessness. She said, “The solutions we offer range from providing basic services that the kids just don’t have to finding shelters when needed. And the sooner help is provided, the better, because homeless youth often fall prey to the dangers associated with homelessness.” The idea that services were to be provided as soon as possible, and targeting the individual homeless youth, captures the three master narratives about youth homelessness that I identified in all the interviews namely, homelessness was a short-term experience, crisis intervention for homeless

youth was a positive or productive process, and that crisis intervention was a process of helping individual homeless youth to cope as opposed to changing the events or precipitators of the crisis. Crisis intervention was embraced as a short-term, positive, and productive process for empowering and treating youth who were predisposed to various dangers and risks. The dangers of homelessness were evidenced by self-mutilating behaviours, contracting sexually transmitted infections, sexual violence at home and on the streets, gun violence, and educational and learning difficulties.

Crisis Intervention as a Short-Term Process

One major narrative that emerged from the study of CCBYS and the Basic Center homeless youth crisis programs is that crisis intervention was a short-term ameliorative process. This belief is not new because it is widely documented in existing literature about crisis intervention. For example, Kanel (2003) observed that a crisis is a short-term occurrence or experience. She noted that “Even if the person [in crisis] receives no outside intervention or help, the crisis state will eventually cease, usually within 4 to 6 weeks” (2003, p.3). In other words, a crisis is constructed as a time-limited event or experience whose resolution does not take a long time. For this reason, crisis intervention is often seen as a short-term process that must focus on the emotional, cognitive, and behavioural ramifications of the precipitating event or situation (Hoff, Hallisey, & Hoff, 2009).

In line with the “crisis as a short-term experience” approach, both CCBYS and the Basic Center programs constructed the crisis of homelessness as a temporary setback on the youth. For example, CCBYS could only allow a homeless youth to be in their program for up to a maximum of six weeks. The crisis intervention time was even shorter at the Basic Center where homeless youth could only be allowed to stay there for up to a maximum of 21 days. These requirements were not based on the counseling, housing, and other practical needs of homeless youth. They were legally constituted and enforced by the State of Illinois and the US Department of Health and Human Services, the Family and Youth Service Bureau (Administration on Children, Youth and Families) through the Illinois Juvenile Code Act (2004 edition/705 ILCS 405/3-5 (b)). This statute states that “no minor shall be sheltered in a temporary living arrangement for more than 48 hours without the parental consent unless the agency documents its unsuccessful efforts to contact a parent/guardian.”

As a researcher, I was interested in finding out about the crisis workers' and youth's views about the time limits on shelter stay. When I asked about this, one crisis worker said:

I agree with the time limits on shelter stays. From my experience [more than 21 years], it is in the best interest of a child to find a safe, structured and family oriented placement within a short-term time frame. The time frame provides enough time for the community resources and service agency to help develop a safe treatment plan for the child and the family. I am from the crisis intervention background so; naturally I feel it is in the best interest of the minor and family to assist on working on reunification and helping to improve the communication skills of the family as a whole unit.

This crisis worker believed that 48 hours or 21 days was a good time-frame for service providers to work with in order to ensure that the main objective of providing a safe and happy home would not be "lost in the system" while ensuring that "families and youth that experience struggles "own" their responsibilities and future."

Whilst crisis workers believed that children and families deserved the right to improve their situations with the help of service agencies in a given time frame, they also expressed reservations about the service providers' actions. One crisis worker said, "Sometimes I think staff [service providers] are guilty of bringing their own thoughts, values and morals on a situation that may not be conducive to giving the family the tools they need to be successful in a reasonable amount of time." Concerns about service providers bringing "their own thoughts, values, and morals" when dealing with homeless youth is extremely important. As I will discuss in both chapters four and five, these values and morals were visible in how service providers treated homeless youth differently due to their views about how "normal" youth were expected to behave. For example, homeless youth who were seen as "sexual deviants" such as lesbians and bisexuals were either invisibilized or subjected to ridicule and exclusion.

On the other hand, the emphasis on resolving the crisis of homelessness "in a reasonable amount of time" implied that this process was expected to be completed within a fixed time period. The idea that crisis intervention for homeless youth must be time-limited is not necessarily wrong but the absence of flexibility made it impossible for crisis workers to work on cases that needed more time than the prescribed one. Crisis workers indicated that providing more time for crisis intervention does not benefit homeless youth only, but it also gives crisis workers more time to build a relationship with the people they are supposed to help.

Crisis workers indicated that they "wish they could keep some of the cases open for a longer period of at least three months" to enable them to establish a meaningful working relationship

with their clients. The crisis workers at CCBYS told me that they used to keep crisis cases open for longer periods but this changed when they started experiencing budget cuts since 2005. CCBYS used to have a budget of over \$250,000 a year but that budget had been cut by half in 2011. Throughout my research, crisis workers told me that shortening the duration of contact between crisis counselors and homeless youth only made sense when they considered the financial situation of their programs but did not make sense as a stipulated limit for turning-around the life of a young person facing the crisis of homelessness. In many cases, it took more than six weeks to “stabilize” the lives of these young people.

Furthermore, the view that a crisis can and must be resolved in a short time did not only distort the process of crisis intervention itself but it also put extreme pressure on the crisis workers. Subsequently, crisis workers always hurried over issues rather than taking time to build a working relationship with their clients. For example on April 12, 2010, Araya and her sister came to the Basic Center looking for a shelter and a place of safety. They had run away from their abusive father. When they came in, they had their belongings and were hoping to get assistance to escape their father’s abuse. Since Araya was going to turn eighteen the following month, she hoped that she could stay at the Basic Center until her birthday. She could not find any alternative housing because no property manager could accept to give her a housing lease because of her minor status. Although the crisis worker was willing to assist her, she could not do it because the Basic Center was not allowed to keep a minor for more than 48 hours without the consent of a parent or legal guardian. When the crisis worker who was dealing with Araya’s case contacted her father, he completely refused to allow his children to stay at the Basic Center. He came and took them away. That was the last time I heard about Araya and her sister. Although this issue was recorded as resolved because the minors had been reunited with their father, in reality this case was not resolved. Araya and her sister constitute those kids who slip through the crisis intervention system and never get seen again due to the unilateral time limits that are set for completing the intervention process. Araya’s case reveals that constructing crisis intervention as an immediate and short-term act fails to address the necessity for political responsibility and social justice. It does not challenge the problems of inequality that creates homelessness.

Crisis Intervention as a Positive Process

Crisis workers expressed a very positive view about the work they did to serve homeless youth. They expressed a deep commitment to the work of serving homeless youth through direct support and/or connect them with appropriate resources to meet their immediate needs. When I asked Mark to tell me about the positive things associated with their crisis program for homeless youth, he gave me a U.S Department of Health and Human Services brochure entitled “Positive activities: A campaign for youth” (1998). He pointed to me to a section which read, “Caring adults help youth build skills and develop self-discipline, as well as learn constructive ways to engage with each other and the society in general.” He said that the statement above summed up the work that they did. The program was committed to build homeless youth’s skills so that they can live stable lives in the future.

According to the U.S Department of Health and Human Services’ official website, “through the Basic Center program, community based organizations provide short-term shelter and address the immediate needs of runaway and homeless youth and their families. Youth receive emergency shelter, food clothing, counseling and referrals for health care. Basic Centers seek to reunite young people with their families whenever possible or to arrange appropriate alternative placements.” In addition, the Basic Center and CCBYS crisis programs helped to keep youth out of trouble, helped young people develop problem solving and decision making skills, build confidence to express themselves rather than “acting-out” and promote a sense of belonging such that “they could believe in other human beings again.”

While acknowledging that CCBYS and the Basic Center crisis programs provided useful ameliorative and educational services for homeless youth, a critical analysis of crisis intervention as a social practice revealed its discontents. Looking at crisis intervention as a social practice entails focusing on the meanings of routinized practices and actions of the process rather than its stated or intended goals. For example, although crisis workers claimed that their goal was to empower homeless youth and set them on a path towards family reunification and stable housing, they were also agents within a regime of practices that constituted and enmeshed the youth within new and more penetrative relations of power. This view has been supported elsewhere particularly in the study of the regimes of care for immigrant and welfare populations (Canaday, 2009; Ticktin, 2011). Ticktin concluded that “regimes of care allow us [service providers] to ignore powerful histories, entrenched inequalities, and our complicity in these by

blocking out all but the present” (2011, p.58). On the other hand, Canaday (2009) argues that since the beginning of the twentieth century federal and state social programs were sites for regulating or policing perceived “degenerate” people such as sexual minorities.

The presence of power was evident in both the CCBYS and the Basic Center. For example, crisis workers unintentionally extended, multiplied, and even technologized the forms and content of surveillance and control of homeless youth whom they claimed to serve. Using both Foucault’s (1997, 2004) perspective of governmentality and Butler’s (1990, 1999) theory of heteronormativity, one can see that crisis intervention compromised its intended goals of stabilizing youth lives by re-constituting relations of subordination based on power and heteronormativity. Looking at these issues from the social practices perspective (Bourdieu, 1977) was a productive intellectual exercise because rather than analysing crisis intervention at the level of intention, I elevated my analytical labour to the level of practices, rituals, and ideologies of crisis intervention. Using these theories, I came to the conclusion that homeless youth crisis intervention as a set of social practices, rituals, and ideologies has some embedded effects of damaging the life of social actors who participate in it. This was evident in this study where crisis intervention for homeless youth produced unintentional negative consequences such as control of homeless youth as dangerous and abnormal subjects and the trivialization of lesbian, gay, bisexual, and transgender (LGBT) homeless youth. This analysis is supported by past studies which argued that “the power to do good is also the power to do harm... what one man [sic] regards as good, another may regard as harm” (Friedman, 1963, p.3). An analysis of these processes is conducted in chapter four and five.

Therefore, despite the exceptional work of crisis workers, the intervention system created as many problems as it resolved. Friedman (1995) made a similar observation in his critique of child welfare and child protective service system interventions. He said that “The irony about intervention services is that many systems designed to resolve issues can actually exacerbate the problems they were created to remedy” (1995, p.20). For example, while facing the loss or disruption of familiar cultural systems, homeless youth were presented with the additional challenge of adjusting to the milieu in which their condition of homelessness was addressed. They had to cope with intervention strategies that humiliated and embarrassed them such as surveillance, desensitization counselling procedures, and unannounced visits in schools and their temporary community placement houses. Thus, processes that were meant to help, at times, had a

damaging effect on the intended beneficiaries. Research of other situations of crisis such as refugee camps supports this conclusion. For instance, Williams (2001) observed the construction of a social disruption as a crisis may mean that sound intervention approaches-informed by concrete situational and context analyses, sensitive implementation procedures, and long term engagement- are compromised if not lost during the crisis response. These issues are discussed in detail in chapters four and five. One way to explain why crisis intervention created unintended negative results is the misplaced focus that the crisis programs put on “stabilizing” the individual homeless youth as opposed to changing the underlying causes of homelessness among youth such as unequal and unworkable family relations and loss of employment. Crisis intervention concentrated on helping homeless youth to cope with the situations that made them homeless while keeping the precipitators of the crisis of homelessness intact. In this regard, the CCBYS and the Basic Center replicated a crisis intervention approach that pathologized homeless youth in the process of trying to help them.

Crisis Intervention as a Therapeutic Process and the Pathologization of Homeless Youth

Central to crisis intervention at both the CCBYS and the Basic Center was the requirement that clients keep a therapeutic relationship with service professionals. All clients were assigned a case manager or counselor and were expected to open up everything to them for them to receive complete assistance. Crisis counseling was used as a tool for averting affective, behavioral, and psychological deficiencies that are often associated with homeless youth such as poor communication skills, poor conflict management skills, and substance and alcohol abuse. Most crisis workers told me that crisis counseling sessions involved building homeless youth’s ability to deal with social pressure and to “tough it out.”

The two crisis programs required homeless youth to participate in a highly structured daily therapeutic milieu that involved counseling, art therapy, and meditation. For example, youth at the Basic Center had a time set aside to “pour out or vent” their frustrations, stress, and fears on paper through guided artistic writing and drawing. These times were called “therapy sessions” and they took place from 6:30pm to 7:30pm on Monday through Thursday every week. The pieces of art that the youth made, especially their drawings were displayed on the Basic Center walls for everyone to see. Youth wrote about their fears of having nowhere to live, their dream jobs like becoming lawyers, getting married, and driving posh cars. The themes that were

depicted in these drawings reflected the fears that the youth had about their lives such as being killed on the streets or contracting HIV/AIDS.

During one art therapy session, Oscar, a homeless male participant drew three buildings that reflected what he told me was a home, a hospital and the Basic Center. He said the buildings represented his dream home that would allow him to move out of the two “homes I have known for the rest of my life [hospital and shelters].” He told me that he felt “sad the whole time because I can’t go out and hang out with my friends.” He also added that “this place [Basic Center] feels like a hospital. My mom is not here. My brothers and sisters are not here. I don’t feel like it’s a good place without my mom.” Even though crisis workers understood his concerns, they could not do anything about it because they were bound by the policy that was described by Jane (the supervisor of the Basic Center) as follows, “The Basic Center is not set up to house families. The Basic Center provides services for homeless/runaway youth from 12 to 17.” Oscar had been brought to the Basic Center because he was locked out by his parents. His parents did not want him in their house because he was believed to have some mental problems that made him violent and dangerous to everyone in the family. Thus, the Basic Center acted as therapeutic center where homeless youth with alleged mental illnesses would come for counseling.

Apart from counseling and art therapy, youth at the Basic Center were also required to engage in another form of therapy called “meditation” from 6:30pm to 7:30pm on Fridays through Sundays every week. Meditation therapy was defined as activities that calm the mind and keeps it focused on the present through deep relaxation in which the body is totally at rest while the mind is highly alert. Meditation therapy was also called “quiet time” by both crisis workers and homeless youth. One 13 year old youth mentioned that meditation therapy was extremely helpful to him. He noted that “It [meditation] helps me to think positively about my life and my situation. During quiet time, I get this calmness that nothing else has been able to provide.” Thus, meditation was therapeutic in the sense that it calmed homeless youth’s mind, lowered their fears, and created a positive outlook which resulted in positive thinking. The majority of youth that I interviewed liked all the therapy sessions. They liked the opportunity it afforded them to put their fears and dreams on paper and share them with other youth and crisis workers. However, some expressed displeasure with being forced to attend the therapy sessions even when they did not feel like doing it. For instance, Oscar and Maria’s

assertions that being at the Basic Center felt like “a hospital” and “a psyche ward” respectively. While participating in therapy sessions I discovered that homeless youth were treated as patients undergoing treatment. The whole process recalls literature on the medicalization of homelessness, a process which pathologizes young people experiencing the crisis of homelessness. Some studies have discussed the idea of having no option but to follow the highly structured daily therapeutic milieu as representing “therapeutic incarceration” (Gerstel, Bogard, McConnell, & Schwartz, 1996). Gerstel, Bogard, McConnell, & Schwartz (1996) used the concept of therapeutic incarceration to refer to the constraints that are applied to shelter residents’ daily activities based on the belief that close monitoring of the homeless youth will yield critical information that is useful for the successful treatment of the underlying causal factors of individual youth homelessness.

There was also an undercurrent of biasness against homeless youth to conform to hegemonic narratives of family and respect to elders as evident in the way youth were treated and understood. For example, crisis counseling for Nicky, a thirteen old runaway youth was focused on changing her perception of her caregiver. Nicky was receiving counseling from the CCBYS to enable her to live with her adoptive grandmother. She had run away from her because she did not like being forced to do household chores while other kids were playing outside. Nicky complained that her grandmother did not give her time to be a child. Lisa, the counselor who was working with Nicky, viewed her as immature, inexperienced, and in need of guidance and counseling. She believed that Nicky had failed to live peacefully with her adoptive grandmother because she had behavior problems such as failing to respect adults or following instructions. Lisa told me that Nicky suffered from anxiety. It was evident that Nicky had accepted and internalized the tag that she had behavior problems as she was now taking depression suppressants to help her handle the pressure. This reflects the medicalization of social problems, a practice that has been criticized for addressing the symptoms of a larger problem through piecemeal and treatment centered approaches rather than changing the systemic causes of those problems (Gerstel, Bogard, McConnell, & Schwartz, 1996).

Nicky actually questioned the tendency of crisis workers to think of homeless youth as minors who needed to be guided by adults for them to make responsible decisions. Nicky noted that one aspect in particular that she disliked about the CCBYS program was that counselors tended to “take the side of my [grand] mother on almost all issues.” However, Nicky also

indicated that as a teenager she had no option but to follow “adult perspectives and ideas” because “they are adults. They know and they have more experience than me.” This reflects the Foucauldian description of human “subjects as *effects* of discourses” (1979, p.28). Discourses are widely circulating ideas and stories about who we are as a people. In this case, Nicky subscribed to a particular discourse of who she was as a young person in a crisis situation. She accepted the perspectives and ideas of adults as the normative life. She also used what I would call the vocabulary of marginalization, a language that led her to accepting her rough situation without question.

Furthermore, the therapeutic value of the CCBYS and the Basic Center crisis programs limited homeless youth’s freedoms. Most youth, especially at the Basic Center complained about the shelter’s rigid rules and policies. For example, Pinky, a 13 years old African-American homeless youth said her situation had not changed even after coming to the shelter because once she was checked in, she was ordered to follow rigid rules ranging from tight schedules of eating, bathing, sleeping, watching TV and calling friends and relatives. She was restricted to calling only three people per day and her phone calls were not supposed to be more than 10 minutes. Pinky was expected to register (at check-in) all the people that she would call during her stay in the shelter. She was not allowed to call anyone who was not on the list. Pinky also noted that she was sad for not being able to call her boyfriend because the shelter officials disapproved of her having one. She was only allowed to call close relatives.

For the reasons cited above, Pinky described the shelter life as “living in a prison” because everything was structured and had to be followed to the book. She talked about the security alarms that were fixed on the main doors of the shelter. In addition, she also said monitors always kept an eye on everything she did while at the Basic Center including the length of time she spent in the bathroom. One official who read the first draft of this thesis vehemently disputed Pinky’s assertion that the Basic Center was an extremely restrictive place. The official argued that everything they do is intended to benefit homeless youth and their families. She said, “[the Basic Center]’s main mission is to help maintain safe and happy families. We are constantly advocating for youth but *also retain the responsibility to work for the youth and the family as a unit.*” The official also argued that “the monitors do not ‘track’ the time spent in the bathroom or how many times the youth actually uses the bathroom, *unless the behavior is out of the ordinary that would cause concern*” [my emphasis]. The official’s response cited above reveals the

workings of power because the mere fact that crisis workers “retain the responsibility to work for the youth,” especially the responsibility to define behavior that is “out of the ordinary” makes homeless youth an object to be known while the crisis is the knower. I would therefore argue that Pinky’s frustration with the Basic Center is actually a disapproval of constantly being subjected to the regime of therapeutic incarceration that is officially framed in the language of care and professionalism. Pinky actually reveals an important dimension of the crisis intervention model which thrives on unequal power relations between crisis service providers and the intended beneficiaries of the services.

While crisis intervention was in earnest designed to rehabilitate homeless youth who had known or suspected histories of being abused sexually, among other goals, the practices and treatment plans reflected more of policing their sexual behaviors than rehabilitation. Although crisis intervention was viewed by both the service providers and youth as part of a process of empowering young people, this process can be seen as representing the “subjection” and “normalization” of the homeless youth (Pigg & Adams, 2005; Spade, 2011). It led to the reproduction of certain gendered values and ideas about how girls and boys should behave and think about themselves.

For example, I observed that the policing of female sexuality occurred during sexual and reproductive health training sessions. Older women who facilitated the training sessions presented sex as a dangerous activity that the homeless youth were supposed to avoid. Apart from getting unwanted pregnancy, these older women told the female youth that they could easily contract diseases if they engaged in unprotected sex. The girls were taught various ways of preventing unwanted pregnancies. They were even taught how to wear a female condom and putting on a condom on a men. Another example of this policing female sexuality was found in the case of Shylet Orange that was reported in one of the caseworkers’ official day-to-day shift reports. When Shylet checked into the Basic Center on February 4, 2010, Maria (crisis worker) reported:

I took an inventory of items she had. Minor [Shylet] showed me a sex toy that was found in her clothing. I informed her that she could not have the device at our facility. She explained that it didn’t belong to her. It was one of her friends’. I had Shylet put it in the garbage [bin].

It is symbolic that the sex toy was thrown into the trash bin. In this case, sex toys represent filthiness and thus, belong to the garbage bin. In my discussion with Maria about this incident, I

found out that she viewed the sex toy as an object or device that is primarily used to facilitate human sexual pleasure. She indicated that she did not believe that allowing young children to experiment with such devices was acceptable. Hence, throwing away Shylet's sex toy was a direct statement to demonstrate to her that no "sexual deviance" was acceptable. When I asked Maria to explain why she had forced Shylet to throw away her sex toy, she said, "There are certain things that we cannot just allow these young kids to do. They need to be guided on the right behavior." The crisis worker used her power to decide what was acceptable and what was not. She did not even bother to ask why Shylet was using the sex toy. This represents how homeless youth's voices are silenced in deciding what their sexual desires should be and how they should be fulfilled.

In some cases more direct policing and disempowering procedures were used to control homeless youth with sexually related behavioral problems. For example, desensitization was used as a therapeutic approach to address alleged hypersexuality of a female homeless youth called Michelle. In one of her case reports, Debbie suggested that Michelle's problems could only be resolved through interventions that would disrupt her impulses to act on her sexually inappropriate thoughts. She said that what would work is an intervention "similar to a desensitization process." Desensitization, in this case, refers to a sexual therapy approach designed to teach sexual offenders that they can tolerate feelings associated with their sexual fantasies, without acting on them, until the sexual urge has receded (Grossman, Martis, & Fichter, 1999).

To use Debbie's own words, this process was meant to kill Michelle's tendency of "sexually acting out", "sexual hyperactivity" or "sexual aggressiveness." She used these terms to describe Michelle's "troubles [of] touching boys' wiener," and "having the boys touch her monkey," "having a boy put his wiener in her monkey," and "having boys touch her boobs." According to Debbie's report Michelle used the word "monkey" to refer to her vagina, the word "wiener" to refer to a boy's penis and "boobs" to refer to her breasts. Although I was not able to interview Michelle or any other person who had undergone this desensitization process, I speculate that given that desensitization targeted the most important physical parts of a woman's body that make sex pleasurable (monkey, wiener, and boobs), this process possibly immobilized Michelle's ability to respond to any form of sexual activity both in the short term and the long term.

Michelle's case, like other cases that I will discuss in chapter five demonstrates the suppression of female sexuality among homeless youth. The suppression of female sexuality refers to a pattern of cultural influence by which girls and women are induced to avoid feeling sexual desires and to refrain from sexual behavior (Baumeister & Twenge, 2002). Through what Debbie called the "sexually aggressive specific treatment" procedure, crisis intervention represented a process of alienating girls from their own desires and transforming their presumed sexually voracious appetites into a subdued remnant. Previous studies of youth desire and sexuality have also supported the notion that public actions can render sexuality problematic and dangerous. Tolman (1994) observed that these actions can sustain the psychological disempowerment of its target subjects particularly girls. In a study of sex education, Fine (1988) revealed how knowledge about sex for girls was more about suppression and silence versus education.

However, this does not imply that homeless youth crisis intervention programs consciously, deliberately or explicitly decimated homeless youth desire and sexuality. Rather, as also noted by Baumeister & Twenge, crisis workers participated in the suppression and control of homeless girls' desire and sexuality "without full awareness of what they were doing, simply because situational forces and salient self-interest impelled them to act in ways that contributed to bringing female sexuality under restrictive control" (2002, p.166).

Michelle's case also illuminates how homeless youth were constructed as dangerous sexual subjects. Although they knew that Michelle had been sexually abused by an older boy in a foster home, crisis workers treated her as a sexual offender rather than a young person who was a victim of her troubled past. Debbie noted the following while describing Michelle's situation:

What we know about sex offenders in general is that their deviant sexual fantasies hold for them where they feel powerless in other areas of their lives. As another clinical issue, Michelle would have to be given ways to meet her own needs for power in her life to increase her self-esteem, her ability to communicate effectively, anger management skills, and also perhaps some behavioral work concerning attention deficit and hyperactivity disorder issues.

While Debbie's recognition of Michelle's sexual aggressiveness reflects a positive progression from the Freudian era where young people's accounts of sexuality were assumed as confabulated fantasies (Peters, 1976) to a recognition of sexual aggression as a reality (Burton, Nesmith, & Badten, 1997), her assertion that Michelle's "sexually aggressive" behavior was a result of "deviant sexual fantasies" has not been supported by empirical studies. Furthermore, asserting

that sexually inappropriate behaviors in youth is a result of “low self-esteem, inability to communicate effectively, poor anger management skills, and hyperactivity disorder issues” only serve to heighten and justify the need for medicalization of homelessness rather than create conditions for social change. For example, while participating in therapy sessions that were designed to help homeless youth recover from the anger and shame resulting from their experiences, I discovered that homeless youth were treated as patients undergoing treatment. The whole process reminded me of literature on the medicalization of homelessness, a process which pathologizes young people experiencing the crisis of homelessness. Some studies have shown that the medicalization of homelessness forces homeless people to follow the highly structured daily therapeutic milieu which, in many cases, results in their therapeutic incarceration (Gerstel, Bogard, McConnell, & Schwartz, 1996; Lyon-Callo, 2000). Gerstel et al., (1996) used the concept of therapeutic incarceration to refer to the constraints that are applied to homeless people based on the belief that subjecting them to individual treatment of their personality disorders through systematic monitoring will yield critical information that is useful for the successful treatment of the underlying causal factors of homelessness.

Treating homeless youth’s sexual aggressiveness as a medical problem is not supported by empirical studies. In fact, research indicates that the “etiology of the sexually abusive behavior [in adolescents and youth] could be traced to ineffective parenting, poor relationships between children and parents, and lack of community supports” (Burton, Nesmith, & Badten, 1997, p.158). Perhaps, an alternative approach for dealing with such youth should acknowledge that they are victims of malfunctioning social relationships and weak community support systems. Such an approach would inevitably shift the focus of attention from blaming youth who exhibit inappropriate sexual behavior towards addressing the underlying causes of sexual aggressiveness which include community and family malfunctioning.

The hidden or not-so-obvious effects of crisis intervention were also evident in the impact of the services that were offered. For example, although CCBYS and the Basic Center crisis workers helped some homeless youth to apply for jobs, reviewed their resumes, and job applications, and served as referees for the youth in their job search, there was one inherent problem with these efforts. In my view these efforts unintentionally channeled youth into low paying, minimum wage, and generally less prestigious jobs in restaurants, clinics, and grocery shops. Rather than emphasizing on getting minimum wage jobs, most youth expressed their

desire to enter high-earning jobs in the medical, legal, and information and technology fields. Yet, given their practical situation of disrupted school life and compromised family situations, these opportunities were rather limited or out of reach.

In addition, the larger social forces related to their rural community limited available options for rising up the social ladder. For example, homeless youth were often seen as having behavioral and developmental challenges, so they were sent to “special” alternative learning schools. I had an opportunity to observe one such school that had a working relationship with CCBYS. The focus of these schools was not on building young people’s academic and vocational skills or helping them to critically examine their situations, but to keep them from mainstream schools and ensure that they, at least, complete high school. According to the interviews I had with two of the teachers there, most youth end up getting arrested at one point in their lives.

The chapter examined the master narratives of crisis intervention for homeless youth with a specific focus on the CCBYS and the Basic Center. I argued that while crisis intervention as a model of providing services to homeless youth was useful in alleviating the physical, emotional, and psychological pain that homeless youth faced, it had its own inherent weaknesses. The weaknesses were mainly in the context of how homeless youth were treated and understood as a category of crisis care. I discussed the pros and cons of constructing youth homelessness as an individual crisis. Furthermore, I questioned the belief that crisis intervention was a positive and therapeutic process. I argued that crisis intervention for homeless youth was two-sided. It had a positive and therapeutic side that enabled crisis workers to strengthen homeless youth as individuals. However, it also had a negative side that reinforced the disempowerment of young homeless people through medicalization, therapeutic incarceration, and social isolation.

Chapter Four: Homeless Youth Crisis Intervention as a Social Practice and the Construction of “Dangerous” Subjects

In this chapter, I employ social practice theory to critically analyze the logic and functioning of the Comprehensive Community Based Youth Services (CCBYS) and the Basic Center homeless youth crisis programs. Framing crisis intervention as a social practice opened opportunities for questioning a process that is often celebrated as a benevolent and empowering enterprise. I argue that while crisis intervention is often seen as a positive approach in the administration of basic services for homeless youth, in practice, it unintentionally produced and reinforced hegemonic social boundaries whereby homeless youth were seen as either dangerous or innocuous based on their past experiences particularly with regards to their sexual histories. As a result, the construction of homeless youth as dangerous necessitated the administration of services in a rigid and surveillance-based format, which many homeless youth detested. Surveillance involved the continuous observation and tracking of homeless youth in their daily activities through the use of electronic devices and round-the-clock physical monitoring by crisis employees.

Social practice theory places central interest in everyday life experiences and how they are understood by those who live through them (Pedrazzini, Bolay, & Kauffmann, 2005; Reckwitz, 2002). The use of this approach enabled me to move away from simply looking at the tenets of homeless youth crisis intervention to engaging in a critical interrogation of the context in which it is produced and sustained as well as its material and symbolic consequences. It enabled me to break away from the mainstream view of crisis intervention as a set of “professional” and “helping” practices that are designed to scientifically and objectively identify, manage, and resolve the problem of homelessness among youth (Aguilera, 1998; Berlin, 1970; Channa, Stams, Van der Laan, & Ascher, 2011).

While most literature depicts homeless youth crisis intervention as a systematic process for the alleviation of suffering among its targeted clients (Aguilera, 1998; Connell, Gambone, & Smith, 2001; Hepworth, Rooney, Strom-Gottfried, & Larsen, 2010), this study suggests otherwise. Crisis intervention practices and processes created feelings of worthlessness, powerlessness, and social exclusion among homeless youth, particularly those who were labeled as “dangerous” and “abnormal” due to their sexuality, sexual orientation or histories of delinquent behaviors.

Social practice theory has been sketched by such scholars as Bourdieu (1977) in his outline of a theory of practice, Giddens (1984) in his outline of the theory of structuration, and Foucault (1977) in his analysis of the relations between bodies, agency, and knowledge. For the purposes of this study, social practice is defined as “a routinized way in which bodies are moved, objects are handled, subjects are treated, things are described, and the world is understood” (Reckwitz, 2002, p.250). My analysis of crisis intervention as a social practice particularly explored how young people’s bodies were moved, treated, described, and categorized.

Social practice theory views public or social actions as highly contextual, interwoven into local ways of life, sustained by discourses, and sensitive to ideological complexities of time and space (Brandt & Clinton, 2002). In addition, the execution of these actions is often believed to be characterized by symbolic power which is derived from the prestige, honor, and attention of those actors whose ideas and actions are socially valued and accepted as legitimate (Bourdieu, 1977). Once symbolic power is legitimated, the holders of that power are “licensed” to exercise symbolic violence, a self-interested capacity to ensure that the arbitrariness of the social order is either ignored or posited as natural (Bourdieu, 1977).

Both Foucault (1977) and Giddens (1984) view social practices as central to the understanding of human actions and activities. To them, social practices refer to the visible patterning of social relations and are mediated by rules and resources that actors draw upon as they produce and reproduce social activities. For Giddens, social practices both enable and constrain human behavior and actions. In the same vein, Foucault views social practices as both productive and repressive. Both authors, therefore, suggest that social practices produce both positive and negative consequences for actors who partake in their execution. Framing crisis intervention as a social practice inevitably led me to explore how social relationships were appropriated and transformed in the context of crisis intervention, and with what effects on the lived experiences of homeless youth.

As a social practice, crisis intervention involved various processes of naming, describing, and treating homeless youth. From my fieldwork, I observed that homeless youth crisis interventions were significantly influenced by the way crisis workers described and categorized homeless youth. Poignantly, crisis intervention in the context of both CCBYS and the Basic Center can best be understood from the perspective of “othering.” By “othering”, I refer to the process through which homeless youth were constructed and described as different. It is a process that

“serves to mark and name those thought to be different from oneself” (Weiss, 1995). Othering can also occur as a result of actions that are taken for granted as part of daily routines (Sibley, 1995). These include interpersonal and social arrangements whereby boundaries are demarcated between groups or individuals such that some people believe themselves to be better than others. In this case, otherness is used to stigmatize and exclude certain groups or individuals based on race, sexuality, health condition, or housing status.

I discovered that “othering” influenced, to varying degrees, the relationship between homeless youth, service providers and the community in general. The influence of “othering” on human relationships especially in the health and social service sector was also discovered in some previous studies mainly in nursing and public health (Canelis, 2000; Grove & Zwi, 2006; Weiss, 1995). Canales (2000) advanced the concept of othering as a process that produces both positive (inclusive othering) and negative outcomes (exclusionary othering) depending on the context of the othering process.

An example of negative or exclusionary othering in this study is a story that was repeated to me by all crisis workers about the acrimony that arose between the Basic Center and one neighbor. The neighbor complained bitterly against the establishment of a homeless youth shelter in the neighborhood. The neighbor did not like to have a homeless shelter in his neighborhood because, to him, these kids were potential criminals. He was also worried that the presence of a homeless shelter in his neighborhood would devalue his property. In this case, homeless youth were stigmatized and viewed as an impediment to maximizing local economic opportunities by property owners. This constituted exclusionary othering (Canales, 1995), an ontology that is consistent with Goffman’s (1963) interactional perspective of stigmatization. Youth who were categorized or labeled as homeless were stigmatized and viewed as the other. It is this stigma or hatred of homeless youth that created the “Not in My Backyard” attitude when it came to the establishment of the Basic Center. The Basic Center staff had to get a “no trespass police order” against their neighbor who was so upset about the setting up of the Center in his neighborhood because he did not see anything positive that could emanate from a community program that served youth living in challenging situations such as homeless youth.

While the neighbor saw homeless youth as bad neighbors who should not be allowed into the neighborhood, crisis workers saw homeless youth as “dangerous” individuals who would be better served by using control and surveillance mechanisms that limited their ability to act in

their uncivilized, unsocialized, and destructive ways. It was believed that surveillance and control would create a conducive environment for positive youth development. This chapter shows that the negative othering of homeless youth gave birth to crisis intervention strategies that did not produce the anticipated outcomes but rather increased the stigmatization of youth in crisis. Thus, although the stated goals of the CCBYS and the Basic Center crisis programs were to empower, help, reduce suffering, and Band-Aid emotional wounds through crisis counseling, provision of food and other basic services, in practice, these crisis programs invariably created feelings of loss, disempowerment, and embarrassment among the intended beneficiaries. Overall, whilst crisis interventions that target homeless youth can be powerful initiatives against youth poverty, suffering, and marginalization in very significant ways, crisis workers must guard against the notion of “othering” that constructs homeless youth as *the* danger not young people *in* danger.

Dangerous Youth

Very early in my fieldwork, I came across evidence indicating that crisis intervention was embraced as an objective and professional process for helping homeless youth who were often victims of sexual abuse, physical violence, parental neglect, and other social vices. The nature and extent of these problems is fully discussed in chapter three. However, the important point to make at this juncture is that despite the recognition that homeless youth were both at risk and in need of protection and care, crisis intervention processes that were designed to offer this care and relief unintentionally produced a new type of renegade subjects who were depicted as potentially untrustworthy and dangerous.

For example, crisis workers viewed homeless youth as dangerous individuals who were not supposed to be left alone but appropriate subjects for continuous monitoring in order to tame their inclination towards violating societal rules and norms. The need for monitoring homeless youth was further entrenched through a belief in fixing and treating them as subjects in need of repair and rehabilitation rather than active citizens. To support this construction of homeless youth, crisis workers pointed to examples of youth who had histories of sexually acting out, fire-setting, violent and cruel behaviors, and those who engaged in self-mutilating behaviors. “These kids have not had a parent to parent them. They don’t have no appropriate role model in their lives,” said Juliana who was a part-time monitor at the Basic Center. After reflecting on this statement, I wrote in my field memo that “Juliana seems to believe that the fact that homeless

youth had not had appropriate role models or appropriate socialization made them potentially dangerous people who needed to be monitored at all times to ensure that their unsocialized being would be kept under control.”

My analytical field reflection was echoed by many crisis workers including Juliet who observed that homeless youth crisis intervention was necessary to “help” the youth develop some “coping skills” in the face of the crisis of homelessness. She said “Most of the youth who come here [the Basic Center] have had a really rough life. Sometimes they have behavioral issues which make them really dangerous. They could have been addicted to drugs and have a lot of physiological issues.” Juliet went further to observe that “they [homeless youth] don’t have the tools to help them cope. They have been bounced around from one relative to another. They have not been raised properly and have not been trained to behave well. The only thing they know is to run or act-out.” In Juliet’s world, acting out included panic behaviors such as screaming, yelling, kicking, shouting, throwing, and behavioral aggression. “Nobody has taught them the skills to cope with the issues that they are in. They don’t know the skills that work. What they know is physical aggression,” Juliet added. Thus, homeless youth were viewed as dangerous because they could easily engage in violent and aggressive behaviors due to their improperly socialized selves.

Apart from “acting out,” two other reasons were given to justify why it was important to keep homeless youth under close control. First, homeless youth were viewed as having the potential of engaging in negative behaviors such as fire-setting and other violent behaviors that are destructive to the society. Second, they were also viewed as having the potential to self-destruct through self-mutilating behaviors. Crisis intervention professionals somehow believed that any youth who had a history of setting fires and/or cruelty against animals was likely to be a danger to other people. Even in situations where the homeless youth had no history of any of violence, there was always a belief that these homeless youth were a high-risk group to work with. All homeless youth who came through the crisis programs were assessed for various abnormal behaviors such as interest in fire-setting, and cruelty to animals. In addition, although I did not personally observe these cases, one crisis worker at CCBYS believed that crisis work was a dangerous job. She said:

While you may not have seen the dangerous side of the job, we have had one client murdering a person, one gun death, and numerous aggravated batteries during the last year. It is for the safety of the situation that the circumstances are sorted out in a safe

location with the help of police that can step in if needed. I have needed this help in the last 6 months.

Thus, the close monitoring and control of homeless youth was needed because service providers saw them as potentially aggressive and violent.

Another issue that was raised to justify the continuous monitoring of homeless youth was their tendency to hurt themselves through engaging in “self-mutilating behaviors” or outright suicide. As noted earlier, self-mutilation included behaviors ranging from very serious injuries such as genital and ocular self-injury to less serious behaviors such as cutting, self-battery, biting, burning, hair pulling, and interfering with wound healing to more passive self-neglect such as stopping or manipulating medication or medical protocols and intentionally putting oneself in harm’s way (Whitbeck, 2009, p.145). The crisis workers argued that monitoring and control of homeless youth was necessary in order to protect those youth who had suicidal thoughts or engaged in body cutting. The case of Rebel described in chapter three was cited as an example of why closely monitoring and supervising homeless youth was necessary. She engaged in various self-mutilating behaviors such as cutting, hair-pulling, biting her mouth and scrapping skin for blood. She also had some visible “unusual” piercings on her mouth and nose as well as tattoos on her hands and neck. For this reason, crisis workers argued that Rebel needed to be monitored because such behavior could have fatal consequences for her and others around her. Thus, the monitoring and control of homeless youth was based on the view that they were likely to be violent to others or to themselves.

The subjection and control of homeless youth was also visible in how some of them were described and categorized. A group of homeless youth that was clearly under the spotlight included young people who were described as “the sexually aggressive.” This group received unique attention in terms of how their issues were understood and addressed. My discussion about how these youth were treated focuses on females because of their high visibility in the crisis programs.

Female youth who were categorized as “sexually aggressive” were clearly subjected to normalizing and moralizing interventions. Such youth were seen as having a problem of “sexually acting out,” a term that was used by service providers to describe habitual sexual impulsivity emanating from personality pathology within the homeless youth. For example, in one of her assessment reports, one counselor made the following vivid description of Michelle, a female homeless youth:

Michelle has a history of sexually acting out. Her most recent sexually inappropriate behavior occurred in September of 1996, where she was playing in a tent with an older foster boy. There was sexual contact with Michelle having her pants down and touching his penis, with the 13-year-old boy placing his mouth on her vaginal area, and him placing his penis in Michelle's mouth. Michelle further has a history of initiating sexual contact with children younger than she as well.

At the time when this assessment report was written, Michelle was only 8 years old. The report went further to describe Michelle as "a very confused little girl who has been for the last two years trying to understand what is "normal" and acceptable behavior in the realm of what she has been exposed to in her own life." Debbie, the crisis worker who compiled this assessment report also made the following observation:

To Michelle, sexual contact on a consistent basis is in her realm of normalcy. It would then stand to reason that if she interacts with the rest of the world in what she views as normal deviates severely from the norm outside of her repertoire of current coping mechanisms.

To address Michelle's dangerous "sexually aggressive" behavior, Debbie recommended that:

At this particular point in time, it would be very unwise for Michelle to be left alone with children younger than her and boys older than her. It is important for Michelle's contact with other hypersexual children, unless in a structured setting, be minimized, if not completely alleviated.

Debbie suggests that this type of intervention guarantees safety "not only for herself, but for other children." She also highlighted that a "desensitization process" would be required in order to "disrupt the impulses" that leads Michelle to act inappropriately. She wrote:

What Michelle would require in terms of safety, not only for herself, but for other children, would be ways to successfully intervene and disrupt the impulses to act on those sexually inappropriate thoughts and then perhaps some ways to change those sexually inappropriate thoughts to more appropriate thoughts. This will have to be similar to a desensitization process. It will be important [for case workers] to understand that these thoughts cannot be completely wiped out.

Michelle's story was both unsettling and troubling. Going by Debbie's report which indicates that Michelle was "a very confused little girl who has been for the last two years trying to understand what is 'normal'," this problem had probably started when she was only six years old since she was eight years old at the time at which the report was written. The report suggested that she was "more of a sexual aggressor not a victim" and the type of treatment that Debbie recommended for her followed suit. In her report, Debbie recommended a treatment regime which she called "sexually aggressive specific treatment." This treatment (read as crisis intervention) included the following:

that Michelle understand the distinction between sexual abuse and sexual perpetuation, age specific; that Michelle be educated on deviant sexual thoughts and various methods to interrupt the impulse to act on those thoughts; that Michelle be educated on healthy sexuality; that Michelle be educated on specific behaviors to remove herself from situations when she is tempted to act out sexually; and that Michelle's teacher would further need to be educated on deviant sexual behaviors in children and be able to discuss with Michelle, at Michelle's request or at the teacher's request, any deviant sexual thoughts that Michelle may be having throughout the day to again alleviate the power that they have.

At face-value Debbie's recommendations for treating Michelle's problem of sexually acting out seems neutral, but when subjected to critical analysis these recommendations reflect a long standing bias in crisis intervention of looking for answers within the individual (Aguilera, 1998). There is empirical evidence that shows that sexual aggressiveness in young people is a largely a result of factors external to the individual youth such as parental neglect, poor relationships between children and parents, and lack of community supports (Burton, Nesmith, & Badten, 1997). Despite this evidence crisis programs tend to operate in a surveillance mode that is predicated on the belief that homeless youth are potentially dangerous individuals.

Monitoring and Surveillancing Dangerous Subjects

The construction of homeless youth as dangerous subjects justified the implementation of round-the-clock monitoring and surveillance of homeless youth's activities and movements. In describing their experiences, particularly at the Basic Center, most youth expressed their dislike of the Center saying that it felt like a prison, a hospital, or a psyche ward because of the continuous monitoring that they were subjected to. In this section, I examine the different ways through which surveillance and control of homeless youth was evident in homeless youth crisis intervention.

The concept of surveillance is employed here to refer to organized actions and processes of observing a person or a group of people, especially those under suspicion. As noted by Foucault (1994; 1977), surveillance is a form of disciplinary power which includes "general forms of domination" such as penal mechanisms, and being restricted to enclosed living spaces such as asylums, homeless shelters, hospitals and other "total institutions" (Goffman, 1963). Like Goffman, Foucault saw total institutions as functioning on the basis of controlling individuals, partitioning and ranking them, and punishing them through hierarchical observation, the normalizing judgment and the examination of the body (1977, p.170).

Additionally, surveillance practices are often embraced to satiate the presumptuous ambition of those in power to see and to know everything about individuals (Hier & Greenberg, 2007; Walby, 2005). Some authors have observed that surveillance practices have been used to expressly control and destroy new and minority forms of sexuality and sexual expression (Fuchs, 2010; Gilfoyle, 1986). In chapter five, I examine in depth how the practices of surveillance reinforced heteronormative sexual and gender behaviors through counseling and promoting a cultural and social discourse that trivialized, ignored and invisibilized non-heterosexual youth such as lesbians, gays, bisexuals, and transgender youth.

For homeless youth, surveillance was made possible by the prison-like nature of life in the crisis programs. Most youth indicated that living in the Basic Center (homeless youth shelter) was like “living in a prison” while for others it was like living in “a psyche ward.” Describing everyday life in the homeless shelter Maria (a crisis counselor) said: “Everything around here [is] a schedule. A lot of kids ... associate [this shelter] with somewhat being in a psyche ward... your door is [always] open [for] the caseworker’s continuous view. I mean it’s a structure and it’s a plan here that you have to abide by.” Maria’s description of the shelter was reiterated in my interviews with other homeless youth. For example, Pinky (a 13 years old homeless youth at the Basic Center) told me that “living in the shelter feels like you are in a prison... everything here is structured.”

The idea that “everything [was] a schedule,” that the Basic Center was “somewhat... a psyche ward,” that homeless youth were supposed to be under the “caseworker’s continuous view,” and that even homeless youth themselves saw experiences in the shelter as similar to prison life raises a lot questions about what crisis intervention really meant especially in the eyes of young people. The “caseworker’s continuous view” takes away homeless youth’s privacy by creating a “state of permanent visibility” (Staples, 1997), which is made possible not so much by the threat of punishment, but through practices of official scrutiny, assessment and unbounded monitoring. Generally, I found out that crisis intervention was more than just relieving suffering for homeless youth as it appears on the surface, but also a process of containing the sufferers through subjecting them to the power of surveillance and control.

Surveillance and control over homeless youth was evident in the following operational practices at both the Basic Center and CCBYS crisis intervention programs, namely: intake interviews and personal information gathering, intrusive physical searches at check-in, round-

the-clock monitoring and observation of homeless youth, and online client data management. I argue that although the crisis programs that were studied had good intentions, their actions had unanticipated negative effects of limiting homeless youth's freedom of association and movement. They also subjected homeless youth to "therapeutic incarceration" and policed their actions. Whilst the crisis intervention model did present opportunities for behavioral change, it was also intrusive and disempowering for homeless youth.

Intake interviews and the gathering of personal information. On arrival at CCBYS or the Basic Center, the homeless youth client was first directed into the staff office for a comprehensive intake interview. This was a common procedure at both crisis programs. The information that was collected at check-in included the client's name, date of birth, name of parents, whether on social welfare or not, criminal history, cause of homelessness, health history, previous history of homelessness, personal goals, and next of kin and address. The intake interview was conducted in order to collect as much information as possible about a new client. All this information was required to be immediately reported to the federal and state governments through online data management systems called NEORHYMIS and E-cornerstone.

Through the intake interview, crisis workers were able to set goals for the homeless youth clients including plans for returning to school, family reunification, improved communication, STI testing, and mental health assessment and treatment. This was referred to as "case management" and it involved collecting, sorting, analyzing, and taking substantive steps towards resolving the crisis of homelessness. It involved collecting and analyzing a homeless youth client's personal history, diagnosing the problem, and setting a list of goals that the client was expected to accomplish while in the crisis program.

Although this case management process sounds very objective and scientific, the process also involved techniques of observation and normalization that made homeless youth bodies the central focus of intervention. The assessment of the condition of youth at check-in also involved a focused observation of how they were dressed, whether they looked intoxicated or not, whether they looked disoriented or not, and how they smelled. The way they walked, stood, and talked gave the crisis workers a clue as to the kind of treatments that were suitable of each homeless youth. Thus, the initial determination of the suitable treatment intervention was based on crisis workers' interpretation of how homeless youth bodies looked like rather than the fact that they were homeless.

Lisa (family crisis counselor) said that the intake interview was conducted “just to have a good idea of where they [homeless youth] come from and what we are dealing with.” This view was supported by other crisis workers who also believed that such a process enabled them to have adequate information to protect themselves since they were dealing with “violent” youth. Lisa gave an example of the first homeless youth she had dealt with in 2004 when she joined the CCBYS. She said, “When I started working here, the first kid that I ever had had a history of violence with animals, he would torture animals. That was very scary.” The check-in interview was important to her so that she could “know what I was getting myself into.” She said she only knew that her first client was a dangerous person to work with through the intake interview when she discovered his violent lifestyle. She thus said, “Obviously, I never wanted to be alone with that kid because it wouldn’t have been safe. He was a very violent child and so yeah that’s why we just try to gain as much information just by talking to them and talking to the parents, talking to probation officers, talking to the actual person gives us a really good idea of what we are getting into.”

Although Lisa saw the check-in interview as a way of getting “a really good idea of what we are getting into,” Juliet, another counselor described it as “a long, tedious, and unnecessary process” which was done “to fulfill the bureaucratic requirements of the federal government.” She said, “I don’t think it is necessary [the check-in process], but it’s the federal government that is telling us to do it since this is a federally funded program.” The kids themselves did not like the process as well. Juliet told me that “the kids get really irritated [by the check-in process] because they have to really sit for an hour and listen to you talk.” Other crisis workers raised the same concern including Maria who told me that during the long check-in process, “I get more of eye-rolling from the girls. It’s a way of saying I don’t care.”

Both crisis workers and homeless youth clients experienced negative feelings about the check-in process which made them very uncomfortable but unfortunately youth could not do anything about this since they were in a powerless situation. For example, one youth (Rebel) pointed out that “Although I did not like this process, there is nothing I could do because I was forced to come here [CCBYS] by the cops when they found me walking alone at night. They [cops] said they would send me to prison if they see me on the streets at night again.” The intake process was seen by youth as something they had to endure because they had no other option. If

they tried to resist, they could even end up being imprisoned. Being referred to the crisis programs was part of a larger mechanism for the control of problematic youth.

Intrusive physical search. Due to the fact that crisis workers viewed homeless youth as *the* danger, some mechanisms to ensure that they do not cause any harm to crisis workers were put in place including body searches at check-in. Therefore, apart from the intake interview homeless clients were subjected to intensive body searches at check-in, round-the-clock monitoring and observations, and technological surveillance.

The searching process involved the close examination of the clients' bodies and belongings. It involved ensuring that the youth were not carrying any prohibited items such as weapons, drugs, cigarettes, and cell phones in their pockets or bags. "We do not take anything for granted. We don't know where the kids are coming from and their state of mind. We do this to ensure that both the workers and the kids are safe," said one caseworker. The youth were "asked" to expose their pockets to prove to the crisis worker that they were not in possession of any of the prohibited items. After the worker was satisfied that there was nothing dangerous in the pockets, she would also ask the youth to empty everything in their bags onto the floor. I did not see a single youth who had anything that was not allowed at the Basic Center. Of the 11 youth that I interviewed from the Basic Center, only two had cell phones which they "voluntarily" submitted to the crisis worker at check-in. They did not openly resist these rules.

Youth were searched even in cases where there was no reasonable justification to do so. Araya expressed strong exception to the searching process that she was subjected to when she checked into the Basic Center. She said, "Although I had told them that I didn't have any of the prohibited items, they still emptied my bag. They said they wanted to make sure that I didn't take in weapons, cigarettes, and drugs. I told them that I don't do crack but they still insisted on searching my bag." Although most crisis workers saw the mandatory searching of homeless youth at check-in as a safety issue, others saw it as a process that was depressing for the young people. "Going through the searching process showed the kids that they were really in trouble, that no one really loved them," said Rita when she was commenting about the challenges of sending homeless kids into a shelter. She further noted, "it [being searched] makes them [the homeless youth] feel like they are criminals, that nobody trusts them, everyone sees them as a threat. I don't think this is a good feeling." This process also homogenizes the youth. It makes

them all the same. They become like control subjects for an experiment, a round peg meant to fit nicely into a carved hole.

Indeed most youth did not like being searched. It also made them feel like they were going into a prison. For example, Pinky (a 13 years old homeless youth at the Basic Center) told me that being searched “feels like you are getting in [to] a prison. They [crisis workers] ask you to empty everything on the floor. They took away my cell phone. I had tried to hide it inside a bunch of clothes but they still found it.” Thus, what crisis workers saw as a safety issue was viewed by their clients as imprisonment and extremely restrictive.

The idea that programs designed to help poor people usually have the unintended results of marginalizing or disempowering them is not new. Wacquant’s (2009) notion of “punishing the poor” did put community and human services programs under spotlight. For Wacquant, social welfare programs that target poor families, communities, and individuals tend to increase the surveillance of those populations in ways that make their further marginalization possible. Instead of empowering poor people, these programs entrench their marginality creating what Wacquant (2009) calls “advanced marginality.” Advanced marginality is a condition whereby social policies and practices that are designed to assist poor people inadvertently lead to their isolation and disempowerment.

Round-the-clock monitoring and observation. Once the youth had checked into the crisis program, they were subjected to rigid rules and regulations. At the Basic Center, “monitors” were employed to specifically observe and supervise homeless youth. These “monitors” undertook eight to twelve hour shifts each day and night observing everything that the youth did within and outside the shelter. Describing her work as a monitor Juliana said “My place is not to judge anyone. My place is to help and ensure that the kids are doing what they are supposed to do while they are receiving crisis care. I listen to their concerns and stories.”

Although the monitors saw their work as helping young people cope with the challenges of being homeless, most youth complained that they made them feel uncomfortable and sometimes embarrassed. For example, one girl called Nicky complained about the tendency of Lisa, her crisis worker, of paying her unannounced visits at her school and her place of residence. Whilst Lisa did these visits to ensure that her client was attending school and doing well, Nicky interpreted these visits as “embarrassing.” She said, “Each time I see her [Lisa] at school, I try to hide. It’s embarrassing for everyone to know that I am having some issues.” Indeed, this also

adds a level of chaos to the child's life, another unintended consequence of crisis care and intervention.

When I asked Lisa about her unannounced school visits and host family home visits, she said, "We do these visits in order to get to know how our clients are doing and find out from the teachers if there is anything that we need to do to better help them." On home visits, she said these were necessary because "although these kids are housed, they are still homeless because the housing is not permanent. We organize these community placements as a temporary measure as we try to find a permanent solution to their homelessness." This type of monitoring was therefore necessary because most of the temporary housing or families in which the youth were placed were not safe for them. "There is very little [security in the temporary community placement houses]. And sometimes I wouldn't let my child live there," Rita (the CCBYS Director) confided in me during one of my field visits. Thus, while close monitoring was viewed as a way of protecting young people by the crisis workers, the youth themselves saw it as an "embarrassing" practice. Everyday monitoring was a typical procedure that was meant to protect homeless youth but had also some unintended consequences of controlling what they did and to a larger extent affected their sense of individuality.

Apart from the overtly intrusive monitoring outlined above, the control and manipulation of homeless youth was also visible in the rules and procedures outlined in homeless centers that young people had to observe after checking in. These policies were strictly enforced at the Basic Center particularly. The Basic Center's welcome brochure revealed how everyday life in the shelter was structured in a way that resembles surveillance and incarceration. The brochure/packet read:

The Basic Center is being provided for your family due to some type of crisis or emergency situation as a shelter for youth between the ages of 12 and 17. A youth stay cannot exceed a stay of over 21 days regardless of the situation. If a youth has exceeded their 21 days stay, and cannot safely return home for placement, DCFS will be notified. During a youth's stay at the Basic Center, the youth will be required to follow all rules and regulations and daily scheduled activities required at the house and these rules will be explained at intake. If youth violates these rules and regulations there will be consequences for these actions while staying at the Basic Center. If these consequences are not followed appropriately, the youth may be asked to leave the Center or proper authorities may be called.

The brochure goes on to say:

There will be no more than six children in the shelter for overnight stay at one time per one staff member. Each youth will participate in a therapeutic milieu of daily activities consisting of individual, group, and family counseling. The caregivers will participate in family counseling including daily activities if prescribed by the Family Therapist. The highly structured daily therapeutic milieu allows the positive youth development approach to harness the positive energy that the youth possess. This practice will also help the youth to develop successful and effective coping skills. As their coping skills increase, it will have a positive effect on their decisions. During a child's stay at the Basic Center, they are to abide by the daily rules and schedule.

The Basic Center's emphasis on the need for youth "to follow all rules and regulations and daily scheduled activities", and a "highly structured daily therapeutic milieu" shows how young people lose control of their lives during the crisis intervention process. As indicated earlier, these highly structured processes resembled a prison-like atmosphere within the Basic Center and were enforced by "monitors" whose job was to ensure that every client followed the required rules and regulations.

There was excessive control of homeless youth's daily activities, movements, eating schedules, bathing, dressing, and other personal details that under normal circumstances would be kept private. Through institutional rules and regulations, crisis workers were able to systematically supervise the residents' personal lives. For example, residents were required to sign in every time they entered or left the shelter. If they purchased any item while at the Center, they were required to have receipts which were supposed to be presented to the Basic Center staff on return; otherwise the items would be confiscated. Young people resented living in such a restrictive environment but as indicated by one homeless youth, "there is nothing you can do about it because what I need is a place to sleep. Running [living on the streets or from house to house] is not a good thing." Therefore, despite their concerns about the restrictive conditions at the Basic Center, young people just "toughed it out" in order for them to have some "space to breathe" as they attempt to look for a lasting solution to their problems of homelessness.

These rules included prohibitions to use cell phones, to bring friends to the facility, curfews, limited amount of time that residents could spend away from the shelter and limited amount of time that residents could spend talking on the phone. Each client was allowed to make only three calls a day. Each call was not supposed to exceed 10 minutes. There was no privacy during the phone conversations, as the monitor or crisis worker on duty was always listening to the conversations that clients made on the phone. Residents were required to go to bed at 10pm. The

implementation of crisis intervention in this instance entailed the limiting of young people's agency.

In addition, clients were not allowed to close their bedroom doors when they went to bed. Most youth did not like this because these practices took away their privacy. One caseworker reported the resistance that she got from one of the clients quite vividly in her daily report. She wrote:

After [watching] a movie, the minor went to bed. This caseworker had to open the bedroom [where the minor was sleeping]. This caseworker explained that the bedroom door needed to be kept open for the safety of the minor. The minor did not like this and she responded in an angry voice, "I have a serious problem with the door being open.

Similarly writing about women in shelters, Williams (1996) argued that the requirement that clients must leave doors of their rooms open enabled staff to have access to clients' personal space through uninterrupted supervision. Thus, requiring clients to keep their bedroom doors open represented a surveillance approach designed to keep homeless youth under the observational gaze even in places that are supposed to be safe and rehabilitative for them. Rather than leading to their rehabilitation and liberation, such type of surveillance made youth feel more uncomfortable and unease.

Some youth endured the restrictive conditions in the Basic Center crisis program because they believed that the long-term benefits of the program far outweighed their personal privacy. For example, Pretty [a 17 years old homeless girl] the Basic Center staff provided safe shelter and eventually helped her to get reunited with her extended family. In her own words, she said, "staying here (Basic Center) also gave me time to think about what I want out of life and how hard it is without no [sic] help". On the other hand, Araya pointed out that although she did not like being monitored every time and having her bag being thoroughly searched and her cell phone being taken away from her at check-in, she understood why the Basic Center staff did that. "It is for my own good", she said. "They want to make sure that me and my sister are safe here." This means that despite recognizing that she was subjected to overreaching surveillance and monitoring, she endured for the sake of ensuring that she got the help she needed in order to reunite with her family.

Role of Electronic Security Alarms and Online Homeless Youth Data Management

Finally, the taken-for-granted belief that crisis intervention programs are neutral helping processes is challenged when one looks at the way technology was used at both the Basic Center

and CCBYS to further facilitate, entrench, and sustain the control of homeless youth. Generally, security alarms were used to monitor the movements of youth in the shelter while online homeless youth data management systems were used to keep track of their movements before, during, and after the experiencing their first episode of homelessness. In this manner, homeless youth were treated more like criminal deviants than as victims in need of help. The use of electronic technologies was part and parcel of everyday surveillance and monitoring of homeless youth (Lyon, 2004, 2001).

All the doors at the Basic Center had fixed electronic security alarms. Initially, I thought that the electronic security alarms were installed to ensure maximum security for the homeless youth who before coming to the shelter had experienced various forms of sexual and physical abuse. Although my assumption was partially correct, I later learnt that they were also meant to enable the crisis workers to monitor the movements of the youth. The shelter officials feared that the youth may run away during the night without them noticing.

More puzzling was that the shelter officials' concern was not necessarily that they did not want the youth to leave the shelter before their crisis was resolved. The major driving force was that they wanted to know when the youth would be leaving the shelter so that they could report him/her to the police. However, this does not mean that the crisis workers necessarily wanted to be tough. Rather, they were following the requirements of their state and federal government funders. This further demonstrates the view that the social service organizations are an extension of the state and in this case are subcontracted to engage in the surveillance of potentially dangerous individuals on behalf of the police.

The subcontracting of the state's policing of "dangerous" subjects to non-profit institutions represents "the advance of disciplinary technologies," utilized by the state in a variety of contexts to control bodies, to create docility, to transform and improve the lives of "dangerous and abnormal individuals" (Foucault, 1977). Williams (1996) observed that the homeless shelter as an institution relies upon constant observation and recording of resident actions, as well as their social and sexual histories, as techniques of power that allow staff to know homeless shelter residents and to measure and judge them against a "homogenous [and heteronormative] social body", perceived as the productive, sane, and moral norm (Foucault, 1977, p.184). According to Foucault, surveillance is a tool used to control and objectify those people in institutionalized care settings and it is aided by:

an architecture that is no longer built simply to be seen ... but to permit an internal, articulated and detailed control- to render visible those who are inside it; in more general terms, an architecture that would operate to transform individuals: to act on those it shelters, to provide a hold on their conduct, to carry the effects of power right to them, to make it possible to know them, to alter them (1977, p.172).

Both CCBYS and the Basic Center had funding from the State of Illinois, so they were required by law to fully document and report detailed information about each client they served to the Illinois Department of Human Services through the eCornerstone computer based data system. Additionally, the Basic Center also received funding from the federal government's Administration for Children and Families. The U.S Department of Health and Human Services required that all the information about homeless youth served in the Basic Center should be reported through NEORHYMIS, which stands for National Extranet Optimized Runaway and Homeless Youth Management Information System. This is an internet-based monitoring system which enabled both the Basic Center and the central government to keep track of the movements of homeless youth in real time.

Although the stated goals of both eCornerstone and NEORHYMIS were to allow for the comprehensive case management of homeless youth cases from the time of intake, through building a case plan, until the case is closed, crisis workers hailed the systems for allowing them to “on the click of a button, pull out critical information about new clients,” said Jane (the Basic Center supervisor). She added that, “This program [NEORHYMIS] is really good for statistics and it enables us to provide information to the federal government in real time about the number and characteristics of youth we serve.” In a way, homeless and runaway youth were reduced to mere statistics. In the end, what was important to her was the number of homeless youth that passed through her program because this would determine if they will get another grant in the next grant cycle and remain on the job. In addition, once one's name was entered into an online program, it meant that it would be easy for the service providers to track and categorize homeless youth in terms of who is deserving or undeserving to receive support. For instance, all the crisis service workers who I interviewed said that through this system, they were able to easily track the history of each client and thus decide whether to help them or not. If they had, for example, a history of starting fires, they would automatically be excluded from receiving support from the crisis programs.

This chapter has examined the logic and functioning of the CCBYS and the Basic Center homeless youth crisis programs. It frames and analyzes crisis intervention as a social practice.

Approaching crisis intervention from a social practice perspective enabled me to challenge the taken-for-granted assumptions of CCBYS and Basic Center crisis approaches. I showed that these programs unintentionally created a situation whereby interventions designed to heal ended up wounding the patient (Harter, Berquist, Titsworth, Novak, & Brokaw, 2005; Mitchell, 1993). This chapter particularly examined how crisis interventions unintentionally perpetuated the suffering of homeless youth. They did not explicitly aim to interfere in or actually determine people's experiences through instituting systemic change. They mainly focused on treating the symptoms of youth homelessness through a crisis intervention approach based on mental health models that assume that homelessness is an individual behavioral problem rather than a societal problem.

Chapter Five: Crisis Intervention and Heteronormativity among Homeless Youth

The previous chapter emphasized how the construction of homeless youth was closely linked to their current and past experiences. I argued that homeless youth sexual histories and practices were deployed in the process of determining the specific treatment regime that was necessary and applicable to each individual youth. Homeless youth were expected to be heterosexual and anything different was constructed as evidence of youth confusion, poor judgment, immaturity, and abnormality. Heterosexuality was taken to be normative in terms of identity, practices, and behavior. In this chapter, I discuss the power of heterosexuality when it operates as the norm in crisis intervention programs that target homeless youth. This power can be termed “heteronormativity,” a concept derived from queer theory’s discontent with the workings of heterosexual privilege in the organization of various institutions of society (Butler, 1990; Chambers, 2007). I argue that crisis intervention for homeless youth was understood and enacted in ways that reproduced and reinforced heteronormative expectations, peer pressure, and propriety.

I observed that heterosexuality was expected, demanded, and always presupposed at both the CCBYS and the Basic Center. For example, youth who asked about ways to protect themselves from contracting sexually transmitted diseases during same-sex intercourse were ridiculed or just ignored. This tendency to look at people in crisis through the lens of heterosexuality has been common in both the theory and practice of crisis intervention for a very long time. Until recently most of the research and practice in homeless youth crisis intervention assumed that all crisis “clients” were heterosexuals (Hoff, Hallisey, & Hoff, 2009). The experiences of non-heterosexual youth such as lesbians, gays, bisexuals, and transgenders (LGBT) have often been ignored. This chapter examines the position of LGBT homeless youth in the Comprehensive Community Based Youth Services (CCBYS) and the Basic Center crisis programs. Contrary to crisis workers’ intentions of “helping,” “empowering” and “providing relief” to all homeless youth, in practice, these programs unintentionally led to the disempowerment of homeless LGBT youth. This disempowerment was made possible by: 1) the outright denial of the existence of LGBT youth; 2) the view of non-heterosexuality as a passing stage, and 3) the mismatch between the professional and personal positions of crisis workers on the importance of addressing sexuality and sexual orientations in homeless youth crisis interventions. While acknowledging that homeless youth crisis intervention programs provided services that genuinely assisted youth

in dealing with the crisis of homelessness, this chapter argues that these programs also joisted a belief in heteronormativity that sustained the invisibilization of non-heterosexual homeless youth.

The term “heteronormativity” describes an ideology based on definitions of what it means to be a woman/girl or a man/boy that exclude and discriminate against a significant minority population, particularly those who do not conform to traditionally recognized cultural norms (Butler, 1990, Oswald, Blume & Marks, 2005). In other words, heteronormativity describes the processes through which social structures and social policies reinforce the belief that human beings fall into two distinct sex/gender categories: male and female and that anything outside these two main categories such as being a lesbian, gay or being a bisexual are both abnormal and unacceptable. Thus, the concept of heteronormativity reveals institutional, cultural, and legal norms that reify and entrench the normativity of heterosexuality (Chambers, 2007). Put differently, heteronormativity brings to light that “heterosexual desire and identity are not merely assumed, they are expected. They are demanded. And they are rewarded and privileged... Heteronormativity is written into law, encoded in the very edifices of institutions, built into an enormous variety of common practices” (Chambers, 2007, p.665).

To describe a social practice or sexual orientation as heteronormative means that it has evident or concealed norms, some of which are viewed as acceptable only for males and others which are seen as normal only for females. Heteronormative practices, then, can block access to full legal, political, economic, educational, and social participation for millions of individuals, worse still if these people are already living on the margins of society such as homeless youth. In many ways, this subsequently leads to the reinforcement of marginality of the affected people as reflected in my study.

As a concept, heteronormativity is used to help identify the processes through which individuals who do not appear to fit or individuals who refuse to fit these norms are made invisible and silenced (Butler, 1990). Butler’s theory of gender (1990, 1999) is very useful in providing the lens for examining how the heteronormative constructions of sexuality influence homeless youth lives in crisis programs. Although Butler’s theory of gender has not been used in behavioral sciences, her ideas are useful for this study. She initiated a unique way of understanding gender and sexuality as complex issues which other researchers have called complex gendering and complex sexuality (Oswald, Blume & Marks, 2005). A conceptualization

of gender and sexuality as complex phenomena recognizes practices that defy normative ways of identity such as lesbian, gay and other non-heterosexual behaviors as legitimate ways of “doing gender” (West & Zimmerman, 1987) or “doing sexuality” (Oswald, Blume & Marks, 2005). Many other gender theorists now believe that gender is more than just the socially constructed differences between heterosexual males and heterosexual females. It also includes non-traditional identities, behaviors and practices of non-heterosexual individuals (Boswell, 2003; Connell, 1987; Fausto-Sterling, 2003; Lorber, 2003; Oswald, Blume & Marks, 2005; Thorne & Luria, 1993).

Butler (1999) interrogates the traditional binary conceptualization of gender which tends to reduce gender to only two possibilities namely, men and women. She views the binary approach as the “heterosexual model of thinking about gender” (1999: xii) and argues that this approach promotes the naturalized knowledge of gender. This in turn makes any form of gender outside the naturalized forms irregular and unthinkable. Butler (1999) rejects the heterosexual definition of gender because it represents hegemonic politics of social exclusion that serves to produce and reinforce a masculine reality that relegates other forms of gender expression to the periphery of social existence. Thus, Butler (1999) suggests that a gendered analysis must consider those identities and practices that defy normative gender creations such as lesbian, gay and other non-heterosexual behaviors.

For Butler, forcing people into the fixed binary modes of gender behavior constitutes serious gender-based harassment (1999). For her, it makes more sense to talk about several “genders” rather than just two genders. This means that people, including homeless youth, express their gender in many different ways such as women, men, females, males, lesbian, gay, bisexual, transgender, and more. For this reason, all these possible forms of gender expression were factored into the analysis of the experiences of youth experiencing the crisis of homelessness. In other words, the analysis did not stop with boys and girls only, but also examined other forms of “doing” gender and sexuality in the context of youth homelessness. This approach helped to reveal how crisis service workers engendered, naturalized, and immobilized non-heterosexual identities, practices, and behaviors.

I use the concept of heteronormativity because it is theoretically rich and politically salient; it makes it possible to analyze the practices that structures beliefs around presumed heterosexual desire and forces people to conform to hegemonic heterosexual standards and expectations.

Chambers (2007) observes that heteronormativity carries regulatory practices within it which privilege behaviors, relationships, and practices that more closely approximate the norm, while stigmatizing, marginalizing or rendering invisible those behaviors, relationships, and practices that deviate from it. The pervasiveness of heteronormativity was evident in the ways in which non-heterosexual homeless youth were described and conceptualized in crisis programs. I now turn to how non-heterosexual youth were represented at both the CCBYS and the Basic Center.

Non-Heterosexual Homeless Youth and the “Conservative Panache”

We don't have a lot of, you know, one of the focuses we talked about before was the transgender kind of stuff, or sexual issues. And we probably see maybe two of those in years and years. *We don't get a lot of that which I think is more common in the bigger areas* [my emphasis].

The above statement was said by Rita, a 43 year old crisis worker at CCBYS. She said this statement while expressing her opinion about the need to respond to sexuality concerns of homeless youth. Rita's response reiterated the view that LGBT youth homelessness is an urban issue. This position was salient in almost all the interviews that I conducted. This view reflects America's perennial and taken-for-granted view that rural communities constitute a “closet” where LGBT youth are neither welcome nor present (Gray, 2009, p.4). Rurality itself is depicted as antithetical to LGBT identities. The interviews and observations from this study suggest that this view is both true and false. It is true that LGBT youth were not openly welcome and largely invisible in the research sites. However, the fact that LGBT youth were largely invisible as evidenced by Rita's report that she had seen only two openly gay homeless youth in her 20 years of working with and for homeless youth does not mean that they did not exist. In fact, one crisis counselor pointed to me that the number of LGBT youth who utilize homeless youth services was small because:

... by-and-large a lot of parents would hide it under the carpet, they wouldn't recognize it, they would just ignore it, don't ask, don't tell kind of policy. And the kids that we have had come into the program that have been gay and lesbian; they haven't come into the program because of their sexuality that I can recall. It's usually other issues.

In line with the view expressed above, during an informal conversation, Mary (a CCBYS counselor) highlighted what she called the “conservative panache” whereby both LGBT youth parents and crisis workers deny or ignore the needs and existence of non-heterosexual youth. She used this term to refer to the prejudice that heterosexual people exhibit against non-heterosexual members of society including homeless LGBT youth. Mary said:

LGBT youth are not welcome at the societal level because of prejudice. The society does not accept anything different. It's something that has been passed from generation to generation. It's what I would call *a conservative panache*. Boys are expected to behave in ways that are different from girls and that boys should have sex with girls. The idea of same-sex individuals having sex with each other is just unacceptable.

This means that the mere fact that LGBT youth were not easily visible does not mean that they did not exist. Their invisibility is directly linked to the society's intolerance, repressiveness and oppressiveness of youth who are non-heterosexual. In other words, there is a close connection between rurality and non-tolerance of sexual differences. One respondent observed that part of the reason for non-tolerance was because "compared to people in urban areas, rural people are likely to be less educated and hence less exposed to varying viewpoints, lifestyles, peoples and cultures." In support of this view of rural areas Rita said:

Small rural communities like [Charmingtown] are mostly static. People are born here, grow up here, and die here. The community has a standard that tends to be passed from person to person because that is what they know and that is what they grow into.

This non-tolerance of diversity was evident in Yaya's case. Yaya self-identified as a "female-gay." She narrated to me how her mother and grandmother pushed her out of their home because she was gay. Yaya said:

From the time I was ten years, my mother never liked me. She would always take me to Fifth Floor [psychiatric ward of the local hospital] because she thought that I was weird. Although I have all the female organs, I never acted like a girl. They didn't like that.

The maltreatment and rejection of youth who exhibited non-normative sexual behaviors or orientations was expressed both at the community and family levels. For some young people, sexual orientation served as the reason for their homelessness. In fact, some national studies estimate that up to 40 percent of homeless youth identify as lesbian, gay, bisexual, or transgender (Quintanna, Rosenthal, & Krehely, 2010; Toro, Dworsky, Fowler, 2007). In these studies youth report that they became homeless because their parents had rejected them due their homosexuality.

Siciliano (2011) wrote a very instructive article in the Huffington Post highlighting the terrible effects of rejection on lesbian, gay, bisexual and transgender youth. He said, "I have heard too many youths tell horrifying stories of violent abuse and rejection from their parents." He gave example of a teenage boy from upstate New York, who, when his father learned he was gay, he beat him to a pulp, then threw him out of the house and told him that if he tried to come back, he would kill his son and bury him in the backyard. He also cited another example of a boy

from Florida whose father put a gun to his head and said “You are no longer my son. Leave the house now.” Siciliano also cited an example of a 17-year-old transgender child whose mother attacked him when she learned of his male identity, ripping out a piece of his scalp, and screaming homophobic abuse as her child fled. Another example was of a 15-year-old boy who came out to his family at a picnic in rural Delaware. His father, a Christian minister, jumped on him and tried to strangle him. That evening he gathered his belongings into a few garbage bags and banished his son from his home. Finally, he wrote of a family that drove their daughter out into the backwoods of New Jersey and tossed her from the car for being a lesbian. Although Siciliano’s observations further demonstrate that the “conservative panache” affects both rural and urban areas, programs in rural areas make the mistake of addressing youth homelessness in general and ignoring the LGBT youth’s challenge with handling pressure associated with social isolation and family rejection.

Non-Heterosexuality Among Homeless Youth: A Temporary Developmental Sexual Stage

The CCBYS and Basic Center crisis programs viewed youth sexuality as a temporary or transitory experience. Crisis workers often described homeless youth who appeared to be homosexuals and those who opened up about their LGBT status as “confused,” “experimenting,” and “not authentic.” For example, Lisa, a crisis counselor described one youth who dressed like a boy and identified as a bisexual in the following manner:

She just hides but she is still confused. I don’t really think at that age they really know what’s happening, what they are feeling and what they want. It will change from a week to week basis, honestly, when I talk to them. Oh I am dating a boy this week, oh I am dating a girl now so but she definitely dresses and has mannerisms like a male. I don’t know. She is the only one that I can think of off-top my head. I mean I have some that aren’t very feminine but I wouldn’t say they are confused in that way.

In this case sexual difference is interpreted as representing some form of confusion and psycho-social disorder. For example, referring to one client who she believed to be gay, Lisa, went further and said:

I think he was confused about things. He was seventeen so he was older and never had [a] girlfriend, wasn’t interested in girls. He would act feminine ... but it was never talked about and mom never brought it up.

Commenting on the behavior of homeless LGBT youth that she had worked with, Lisa argued that, “They are just very anti-social and unsure about themselves and you can tell by the way that they act. They won’t make eye contact, just not confident at all.” Because service providers viewed LGBT youth as confused, their concerns were not taken seriously at all. This was

confirmed by one service provider, when I asked her about what they did to help LGBT homeless youth to cope with the crisis of homelessness. In response, she said:

We don't really talk about it. It's not an issue. Most of the time they think they are 100 percent confident and they know what they are doing and they don't need advice from an adult about that.

The positions articulated above show that homeless youth crisis intervention workers did not seriously consider LGBT youth in their work because they viewed their identity as temporary. The idea of viewing youth and their experiences as transient and “full of drama and confusion” has been with us for a long time. Young people's identity practices have often been viewed as playful experimentation rather than authentic ways of being (Gray, 2009; Hart, Calvert, & Bainbridge, 1998). Thus, non-heterosexuality is seen as “a rite of passage”, a path that youth travel on their way to adulthood (Gray, 2009, p.19). For this reason, non-heteronormative practices of youth are not taken seriously because they are viewed as constituting a passing phase. Hence, crisis workers do not worry a lot about issues related to sexuality because they believe that these issues will eventually phase out with time. Invariably, where crisis workers pay attention to these issues, they characterize them as constituting some form of confusion that will end naturally (Erikson, 1968; Hall, 1905).

Like many studies before it, this study also found out that crisis and social service workers were largely homophobic (Crisp, 2006; Morrow & Messinger, 2006). The way that crisis workers responded to and handled LGBT youth concerns was directly linked to their own constructions about adolescence and youth. Interrupting these constructions could be a very critical step towards understanding why they do not take LGBT youth seriously in their work. LGBT homeless youth were not only invisibilized, but their experiences and subjectivities were trivialized and viewed as temporary. Consequently, their interests and concerns were ignored because the mainstream view was that they were still developing and would one day become full “normal” human beings (Hall, 1905). Yet, Appleby & Anastas (1998) argue that non-heterosexuality is not just a passing phase and that to always interpret adolescent same-sex sexual impulses as incidental is a therapeutic error because such a response also sends the message to the young person that to be lesbian, gay, or bisexual is an undesirable and inferior sexual orientation.

Furthermore, in her study of young women's relinquishment of lesbian/bisexual identities, Diamond (2003) found that 48 percent of a sample of 80 women changed their sexual identity

label during and between first assessment and last assessment (5 years) and that twenty-seven percent of the sample changed their label to heterosexual or undefined from lesbian. Her study basically showed that this change did not mean that non-heterosexuality was temporary. She expands:

[My] findings... suggest that it is inappropriate to interpret [sexual] identity relinquishment as an admission that one's previous sexual-minority identity was "wrong." Only one woman in the sample interpreted her prior sexual-minority identification as a phase, and even she acknowledged the possibility of same-sex sexuality in the future. The remaining women spoke in more complex terms about subtle changes and reassessments in other-sex and same-sex feelings and behaviors, and many expressed concern that their personal transformations might be misinterpreted as "proof" that most self-identified lesbian/gay/bisexual youth are just confused about their sexuality. The fact that all of the women in the relinquish group... continued to experience same-sex attractions... suggests that same-sex desires are far less amenable to (conscious or unconscious) change than are behavior and identity. This militates against the success of therapies aimed at altering sexual minorities' predispositions. (2003, p.362).

Her study suggests that homosexuality, bisexuality and uncertainty over one's sexual identity and orientation should not be dismissed as "confusion" but rather should be taken as an important part of the youth's identity.

Although only two homeless youth out of 18 who participated in this study reported that they were bisexual and gay respectively, there is reason to believe that some youth did not open up about their sexual orientations due to fear of victimization and rejection. This was evident in sex and reproductive health education training sessions that I attended which did not address the concerns of youth who had or were interested in same-sex relationships. One girl was laughed at by other training participants when she asked a question about how best to protect herself from sexually transmitted diseases in situations of sexual intimacy with another girl. The facilitators did not do anything to protect her. That was the last time I saw that girl in the training sessions. This demonstrates that those young people who expressed same-sex attractions were not only stigmatized but they also found the process of crisis intervention isolating and intimidating.

Youth counselors were also not comfortable talking about sexual orientation of their clients. For example, one counselor at the Basic Center argued that:

The Basic Center does not ask questions about sexuality or sexual orientation during the intake process of new clients due to the client's right to privacy... For many youth, questions pertaining to sexual orientation or sexuality would cause stress or discomfort. We do not wish to cause any harm.

While the reasons for not bringing up sexual orientation/sexuality issues in crisis intervention sounds reasonable, it can be argued that this silence reflects an underlying belief that a non-heterosexual orientation is stressful, embarrassing, and a private issue. However, the same was not said of heterosexual orientation. Heterosexual sex was openly discussed with young girls being taught how to correctly use and put a condom on a penis and to use contraceptives to avoid getting pregnant after having sex with a man. No effort was made to discuss how youth who engage in same-sex intercourse could protect themselves from diseases too. Thus, as argued by Spade (2011), social programs that appear to be neutral and benevolent may actually serve to reinforce and reify heterosexist values and beliefs.

This was also evident in the case of Kristy, a fifteen years old runaway youth who openly told me that she was bisexual. She said “I am bi. I like boys and girls.” It was partly due to her sexual orientation that her mother wanted her out of her house. I interviewed Kristy at a local courthouse when she was waiting to attend a hearing because her mother had brought a case requesting the court to declare her “a ward of the state.” She did not want anything to do with a child who had brought shame to her family. CCBYS counselors and the court did not attempt to engage or encourage Kristy’s mother to accept her daughter’s sexual orientation, rather they insisted on her following her mother’s demand that she stopped embarrassing her family by dating and having sex with other girls or else she would remain homeless. In other words, counselors reinforced the parents’ non-tolerance of bisexuality. This created a feeling of helplessness on the part of Kristy who told me that “It looks like there is no one who has my interests at heart. They make me feel like I am dirty [and] very bad. But what I want is to be able to have fun with my friends whether boys or girls. I enjoy having sex with people of both sexes.”

The above stories demonstrate that crisis workers did not try to help non-heterosexual youth to come to terms with the stress and feelings of abandonment that most LGBT youth encounter in their everyday life in ways that subverted cultural norms. They reinforced the heteronormative construction of homeless youth which subsequently led to their marginalization, social exclusion, trivialization and sometimes outright invisibilization. Although crisis workers’ approach to dealing with issues related to sexual orientation was based on trying to protect youth from societal rebuttal, their silence on the issue did not help the situation either. The silence basically kept the heteronormative system intact. The heteronormative construction of homeless youth,

based on the assumption that the safest sexual orientation is a heterosexual one, was also a result of the crisis workers' private homophobic attitudes against non-heterosexuality.

Personal Homophobic Attitudes and the Reinforcement of Hegemonic Binary Sexuality

This study also established that despite their professional training, operational guidelines and progressive policies that emphasize tolerance of diversity and difference on the one hand, and zero-tolerance of discriminatory practices on the other, service providers' personal attitudes and views about non-heterosexuality directly influenced how they defined, treated and related with homeless LGBT youth. Generally, all service providers who were interviewed exhibited some level of discomfort about discussing LGBT issues. However, they at the same time indicated that they would not discriminate against such youth if they were to come to seek for their help. It is almost impossible to know who these LGBT youth are because both CCBYS and the Basic Center programs did not even bother to ask questions about sexuality and sexual orientation during the intake process of new clients. For example, when I asked her about how they address the needs of LGBT youth, Lisa (youth and family counselor) said, "... if they bring it up and they want to talk about it then we will, not very often [though]."

Most crisis workers such as social workers, counselors and monitors presented themselves as open and tolerant to sexual-minority youth in their work. They all mentioned that they did not focus on homeless youth's gender and sexuality but on addressing the challenges that youth faced as homeless persons. However, when I asked them to express their personal views about homosexual youth, most of them held a different view. For example, Mary, a facilitator and counselor at an after-school alternative learning program ran by the CCBYS program, despite underscoring the need to fight prejudice against non-heterosexual youth, she openly told me that she personally believed that homosexuality was wrong. She indicated that her views were influenced by the Christian bible. This dislike, hatred, and in some instances fear of LGBT youth constitutes institutionalized homophobia (Appleby and Anastas, 1998). Nevertheless, she also pointed out that she did not treat LGBT homeless youth differently because they also needed emotional support when they are experiencing the crisis of homelessness. She said she did not focus on their sexuality because her main goal was to address their immediate needs and the challenges they faced as homeless kids. This unwillingness to fully accept the reality of non-heterosexuality among adolescents and youth has been shown by other researchers to reduce the effectiveness of services offered to LGBT youth (Crisp, 2006). For example, all social crisis

workers who were interviewed did not have a specific plan of handling LGBT youth once they sought help in their programs.

This mismatch between crisis workers' personal beliefs and the requirements of their profession, which is, embracing diversity, is problematic. My observation was that due to this disparity, service providers were not comfortable to talk about homeless LGBT youth or even mentioning terms like lesbian, gay, bisexual or transgender during our conversations. I noticed that all service providers would lower their voices each time they were mentioning these terms. It looked as if these were taboo words. This has the negative effect of creating an environment that is unfriendly to homeless LGBT youth. Existing literature demonstrates that one cannot be a community crisis worker in one's public life at work and then go home to one's private life and "turn-off" the values that inform one's work as a community crisis worker (Nelson & Prilleltensky, 2005). Rather, the personal and the political, the private and the public, and the professional and the citizen parts of the crisis worker are connected.

The inconsistency between strongly held personal views and publicly expressed attitudes about homeless LGBT youth was also observed among some youth who were interviewed. For example, even though all youth initially told me that LGBT youth were supposed to be treated with respect and dignity, they described homosexuality as "gross, creepy, strange, and weird behavior" that was deplorable. Although many youth respondents pointed out that all people should be treated equally despite their sexuality and sexual orientation, there was always an underlying tone of disapproval. For example, when asked about what she felt about gay and lesbian homeless youth, Nicky responded:

I feel that you should treat them equally. They are still human beings. I mean that's kind of gross but... [Interviewer] It's kind of gross? Why do you think it's gross? [Nicky] Because it just is. I don't really have words for it.

Whilst most of their counterparts believe that they are equal human beings and deserved the right to express their identity openly and proudly, in practice, there still exists some underlying discrimination and atavistic disapproval of their sexuality and right to be who they are. This paradoxical nature of Nicky's response is characteristic of many responses that I got from all the youth who I interviewed. On one hand, they described non-heterosexuality as "gross" and resembling something dirty and exceptionally culpable and on the other, they described it as a legitimate form of one's identity and personhood.

A more inclusive approach called gay affirmative practice (GAP) is proposed by Appleby & Anastas' (1998). This framework stipulates that human and social service interventions and practices must “affirm a lesbian, gay, or bisexual identity as an equally positive human experience and expression to heterosexual identity” (Davies, 1996, p.25). In other words, affirmative practitioners celebrate and advocate the validity of lesbian, gay, and bisexual homeless youth and their relationships. Such crisis workers go beyond a neutral or null environment to counteract the life-long messages of homophobia and heterosexism that lesbian, gay, and bisexual youth have experienced and often internalized (Tozer & McClanahan, 1999, p.736). This approach is increasingly considered the preferred strategy for working with gay and lesbian clients in a culturally competent manner (Crisp, 2006a; Mullaly, 2002, 1997)).

Generally, all my observations and interviews showed that the crisis workers assumed that their clients were heterosexual. In addition, although they purport to have no problems with their clients' non-heterosexual orientation at the professional level, they tried to counsel LGBT youth out of homosexuality during family counseling sessions. LGBT youth were encouraged to follow their parents' wishes for them to date partners of the opposite sex. Thus, despite the fact that crisis workers indicated that they did not hate or discriminate against LGBT homeless youth, this does not necessarily represent a commitment or a fulfillment of affirmative practice characterized by openness, objectivity, and tolerance. Rather, affirmative practice requires that practitioners celebrate and validate the identities of gay men and lesbians and actively work with these clients to confront their internalized homophobia to develop positive identities as gay and lesbian individuals (Crisp, 2006b). Therefore, despite their stated commitment to equality and inclusion, both the CCBYS and the Basic Center did not openly promote gay affirmative practice in their crisis work with homeless youth.

In addition, the service providers' emphasis on heterosexuality and rejection of homosexuality invokes and reinforces the hegemonic binary view of sexuality that theorists such as Butler (1999) and Oswald and colleagues (2005) have since deconstructed and discredited. The binary view of sexuality trivializes, invisibilizes and negates non-normative practices; outcomes that lead into deeper crisis such as one experienced by Yaya who went into hiding a few days after she was forced to go back to her mother against her will. She never wanted to go back to her mother because she saw her male mannerisms and sexual attraction to other females as a mental problem.

Moreover, Nelson & Prilleltensky (2005) argue that crisis interventions should go beyond merely providing direct services to addressing structural inequalities. They argue that community-based crisis intervention programs should not only be ameliorative but must be transformative. Ameliorative interventions tend to frame issues and problems as technical matters that can be resolved through rational-empirical problem solving such as counseling and medical treatment. Under these interventions, power dynamics are ignored. Ameliorative interventions' desired outcome is enhanced well-being, which is conceptualized apolitically and narrowly at the individual level of analysis. Specific outcomes include the promotion of individual well-being which encompasses self-esteem, independence and competence. In addition, the whole process is expert-driven, but usually involves collaboration with various actors from the community. Whilst the ameliorative approach does so much to improve the lives of troubled youth including the homeless, it does not change the status quo. It merely leads to the provision of basic services that keep the poor youth alive.

To change the status quo that privileges heteronormativity and sameness, a transformative approach to crisis intervention is required. This approach frames issues and problems in terms of oppression, marginalization and inequities in power that require liberating solutions. Social justice, respect for diversity and accountability to oppressed groups are central to transformative crisis intervention. Therefore, given that issues and problems are framed in terms of oppression and inequities in power, the role of the crisis worker is to work in solidarity with oppressed, marginalized, trivialized and ignored groups such as LGBT homeless youth to interrupt, dismantle and change the status quo and thus, create a more just and tolerant society.

The construction of what was an appropriate sexual identity in the CCBYS and the Basic Center crisis programs reflected the dominant societal power relations involved in "doing sexuality." Crisis workers' bias towards heterosexuality inadvertently reproduced the isolation and further marginalization of non-heterosexual homeless youth. For example, Yaya, who was a self-identifying "female-gay" and Kristy, who self-identified as a bisexual, were both forced to go back to live with their parents who apparently forced them to live heterosexual lives. Due to their own biases, crisis workers insisted on the youth following their parents' wishes. They did not encourage or sit down with the parents to encourage them to be tolerant of their children's sexual orientation. In fact, sexual orientation as the underlying cause of youth homelessness was underplayed and ignored. In other words, despite homosexuality being visible as a crisis

intervention issue, crisis workers failed to practically and theoretically incorporate it into their work (Carabine, 1996).

The main goal of this chapter was to examine how crisis workers' constructions of gender and sexuality influenced the way they treated and responded to non-heterosexual homeless youth in crisis programs. This study reiterated the view that LGBT homeless youth face discrimination and rejection in their daily interaction with crisis workers. It also shows that LGBT youth issues are not recognized and, at worst, invisibilized. In order to remedy this situation the study recommends a transformative approach to handling homelessness crises involving LGBT youth. This approach actively emphasizes the reduction of systemic risk factors such as racism, heterosexism and poverty that exacerbate the challenges that homeless youth face particularly in their interaction with social service providers. Specifically, whilst addressing matters of the stomach, that is, providing food and other basic needs is a necessary part of the crisis intervention process, crisis programs need to go a step further and openly stand for the rights and interests of homeless youth including those of minority genders and sexual orientations.

The chapter also showed that crisis workers are often in a dilemma when it comes to taking a position on LGBT homeless youth. Their personal beliefs and professional expectations on the issue are diametrically opposite. At the professional level, they professed a great commitment to serving the interests of all youth regardless of their sexual orientation. However, when they were asked about their personal views about the issue they became tongue-tied. They either could not discuss the issue or would openly express their disapproval and disgust at such youth. Apparently, there were no clearly spelt out policies in the two programs that were studied on how to deal with LGBT homeless youth. My conclusion is that, because crisis workers had a negative view of LGBT youth (especially at the personal level), they did not put enough effort in developing programs that openly invited and catered for such youth. The negative view of LGBT youth was a result of the "conservative panache" that characterizes rural communities. Therefore, because crisis workers personally believed in the heteronormative social order, they did not seriously consider the need for inclusive programming especially as it relates to non-heteronormative homeless youth. For this reason, this chapter suggested that crisis workers who work with homeless youth need to move beyond just providing direct services towards changing systemic inequalities that may be based on gender, sexuality, and power among other potential sources of marginalization and oppression such as race, age and class.

Chapter Six: Rethinking Crisis Intervention for Homeless Youth

This study examined the practices and ideologies of crisis intervention for homeless youth. Using data from semi-structured interviews, observations, and case management reports, I argued that while crisis intervention for homeless youth had positive effects on young people, it was limited in that it approached youth homelessness as an individual rather than a social crisis. By focusing on the individual, homeless youth crisis intervention missed an opportunity to change the social conditions of inequality that bred youth homelessness in the first place. Furthermore, while crisis intervention has been traditionally celebrated as a systematic process for ameliorating suffering among its targeted clients (Aguilera, 1998; Connell, Gambone, & Smith, 2001; Hepworth, Rooney, Strom-Gottfried, & Larsen, 2010), this study revealed another side that is often ignored in existing research and practice. Rather than simply alleviating the pains associated with homelessness, crisis intervention practices and processes also created feelings of worthlessness, powerlessness, and social exclusion among homeless youth, particularly those who were labeled as “dangerous” and “abnormal” due to their sexuality, sexual orientation or histories of delinquent behaviors. As a way forward, I argue that a holistic transformative crisis intervention approach is required. This approach goes beyond merely providing ameliorative services to homeless youth to changing socially ingrained relations of power at family, community, and national levels through policy advocacy and lobbying.

First, I discuss how youth homelessness was constructed as a crisis by both service providers and homeless youth. In the same section, I also revisit the meaning and implications of crisis intervention as an approach for addressing the needs of homeless youth. Second, I summarize the positive and negative aspects of crisis intervention. Third, I examine the limitations of CCBYS and the Basic Center’s crisis intervention model in order to illuminate what an alternative framework should look like. Finally, I provide five policy recommendations for strengthening homeless youth crisis programs in rural towns of the United States.

My findings show that youth homelessness was approached as a crisis that involved young people aged between 12 and 18 years who did not have a permanent place to call home because they ran away, were locked out, or had lost their homes, and lived on the streets or moved from friend-to-friend or relative-to-relative. As a crisis, youth homelessness was defined as a short-term, acute, and unexpected social experience or condition that created a state of disequilibrium in young people’s lives by disrupting their sense of control, belonging, and identity. In response

to the disruptions associated with homelessness, crisis intervention was embraced as a viable approach to ameliorating the challenges that homeless youth faced. Crisis intervention was seen as a regime of care whose focus was to stabilize or limit the negative ramifications of homelessness such as trauma, stress, alcohol and drug abuse, sexually transmitted infections, and other related psycho-medical and behavioral conditions.

This study revealed that the construction of youth homelessness as a crisis and the use of the crisis intervention model enabled service providers to immediately come to the rescue of homeless youth as soon as they were identified. The swift responses were designed to identify and stabilize homeless youth before their situations degenerated into chronic situations which would predispose them to homelessness throughout their adulthood. For example, in chapter three, I demonstrated that the two programs' conceptualization of youth homelessness as a crisis created a sense of urgency among crisis workers. This sense of urgency made both CCBYS and the Basic Center to respond to crisis calls 24 hours a day, seven days a week, a practice that ensured that youth who experienced a homeless crisis would have access to temporary shelter, food, and other basic and protective services at any time of the day.

Providing crisis services ensured that young homeless girls, who could have quite possibly committed suicide, receive counseling. Conceptualizing youth homelessness as a crisis made it imperative for emergency services to be provided to the affected youth who were viewed as traumatized, stressed, and in physical and emotional danger. In chapter three, I described stories of homeless young people like Mitchell who openly indicated that she would probably be dead if she had not received crisis services for the Basic Center. Other youth like Yaya and Nellie received urgently needed treatment of sexually transmitted infections. Rebel, another homeless youth could have been sent to prison for loitering alone at night. However, she was sent to the CCBYS to receive counseling and support so that she could be reunited with her family. In fact, family reunification was a major measure of success for both the CCBYS and the Basic Center programs.

Another positive aspect of crisis intervention was the CCBYS and the Basic Center's focus on keeping homeless youth in school. The two programs provided transport to and from school for all their homeless clients. In cases where the homeless youth had been suspended or expelled from school for any reason, the crisis programs enrolled them into alternative learning schools to make sure that their education is not disrupted due to homelessness. In these centers, homeless

youth received specialized attention to meet their instructional and learning needs. Most teachers, counselors, and homeless youth were happy to be at the school because it was a safe place for them. They saw it as a second chance for homeless youth to receive a high school diploma. In this regard, crisis programs were empowering to young people because the chances of getting a job are far much better for high school diploma holders than for those who do not have it. Nellie, a homeless youth credited her ability to get a job at a local restaurant to the educational and other supports that she received from the CCBYS.

While both service providers and homeless youth had positive stories to tell about homeless youth crisis intervention, they also raised negative issues that need to be addressed to ensure that the programs serve the interests of vulnerable homeless youth. First, some service providers questioned the emphasis on family reunification as one of the key goals of crisis intervention for homeless youth. Many of them noted that such an assumption postulated that homeless youth had families upon which they could rely and that the youth's family of origin was the safest and most suitable environment for them. This study illustrated that this assumption was not always correct. At times, crisis workers sent youth back to families that were conflict-ridden and intolerant. For example, Yaya, a homeless youth who self-identified as "female-gay" was sent back to her mother who had disowned her because of her sexual orientation. Although the result of such a decision was unanticipated, the fact remains that Yaya ran away again and no one from the Basic Center had heard from her at the time I completed my fieldwork. Rebel, another homeless youth actually ran away from CCBYS when her counselor was still processing official release papers for her to be sent to her family. I concluded that she had run away because she revealed in a personal interview that she did not want to go back to her foster family in Kentucky.

Second, some service providers and homeless youth raised questions about alternative learning schools. While these schools were designed to provide safe learning spaces for homeless youth especially those with behavioral problems, there was concern that such schools reproduced the same problems they were trying to address. For example, one teacher and volunteer counselor at the CCBYS believed that the fact that only youth who had behavioral problems were enrolled at alternative learning schools was a cause for concern. She believed that bringing together youth who were struggling to live a "disciplined life" actually created a platform for them to reinforce each other's negative behaviors. She said that over the five years that she had

been working at the school, she had seen more than ten students being arrested for stealing, public fighting, smoking marijuana, and other crimes. In most cases, the young people who were arrested reported that they were influenced by a friend whom they had met at the alternative learning school. Thus, alternative learning schools that were developed as part of crisis intervention for homeless youth and other youth in crisis were also places for the reproduction of youth delinquency.

The third limitation of homeless youth crisis programs that came out from this research is that youth homelessness was seen as a personal problem that could be addressed by providing social services to individual homeless youth. Throughout this dissertation CCBYS and the Basic Center's focus on individual homeless youth at the expense of changing the structural conditions that create, sustain, and reproduce youth homelessness was challenged. In particular, this study demonstrated that merely providing basic ameliorative services was not enough. As indicated earlier, the two crisis programs concentrated on responding to the present or immediate needs of homeless youth. Service providers raised concerns about the restrictions that were imposed by the federal government on the time they could spend with a single case of homelessness. At CCBYS, direct crisis services could only be provided for up to six weeks for each individual youth. At the Basic Center, direct services could only be provided within 48 hours without parental consent, and up to three weeks with parental consent. This restriction on the length of time that could be devoted on each case negatively affected the quality of relationships that crisis counselors could develop with the youth.

In addition, the restriction on time also reflected the assumption that crisis situations were temporal conditions that could be resolved in a short time through addressing the immediate or present needs of the affected client. Focusing on the present needs of homeless youth ignored the larger picture of homelessness. This observation has been supported elsewhere particularly in the study of the regimes of care for immigrant populations by Ticktin (2011). She concluded that "regimes of care allow us [service providers] to ignore powerful histories, entrenched inequalities, and our complicity in these by blocking out all but the present" (2011, p.58).

It was also evident that CCBYS and the Basic Center's focus on the present needs of homeless youth peripheralized other dimensions of crisis, namely the pre-crisis and post-crisis stages (Fustukian and Zwi, 2001). The pre-crisis stage is important because it can help service providers to prevent youth homelessness from occurring. Both programs that were involved in this

study did not have a proactive strategy for preventing homelessness or for identifying homeless youth in their communities. The majority of youth who came to the programs were referred by the police. I will discuss the role of police later in this section.

The post-crisis phase is reached when a homeless youth is calm and a relationship of trust has been built between the crisis worker and the youth. However, post-crisis does not mean that the shock and disruption that is caused by homelessness has ended. This phase can also be called the “care and maintenance” stage (Fustukian and Zwi, 2001) because it involves consolidating and maintaining youth’s sense of confidence that a solution is on the way and setting them up for permanent housing and/or reunification with family and relatives. The post-crisis follow-up was entirely lacking. For this reason, it was not possible to interview youth who had previously received services from CCBYS and the Basic Center crisis programs.

Although the CCBYS and the Basic Center programs worked very hard to ensure that homeless youth achieved what they called the stabilization stage whereby youth had a safe place to live and a recovery plan, certain questions arose regarding the neutrality of the highly medicalized and top-down actions which were characteristic of both programs. Crisis workers did not adopt practices and attitudes that could facilitate long term sustainability, self-sufficiency, and autonomy. The consequences of the top-down counselling and mental health treatment of homeless youth were negative. For example, the case of Rebel who ran away from CCBYS despite attempts to stabilize her situation suggests that the exclusion of homeless youth in the making of decisions about their pathway toward stabilization made them very uncomfortable.

Fourth, another limitation of the CCBYS and the Basic Center crisis programs was that they unintentionally produced disempowered, hyper-sexualized, and heteronormative subjects who were seen as needing specialized treatment for them to become “normal,” particularly among girls. In addition, crisis intervention unintentionally produced and reinforced hegemonic social boundaries whereby homeless youth were seen as either dangerous or innocuous based on their past experiences particularly with regards to their sexual histories. The creation of the dangerous homeless youth subject was also gendered in that girls were often hyper-sexualized and seen as “confused” while boys were seen as physically aggressive and destructive. Oftentimes, homeless girls were described by counselors as overtly sexual subjects who required strict monitoring to prevent them from sexually acting out. Sexually acting out involved engaging in prostitution and

unprotected sex. While only four boys were interviewed in this study, it was evident that young males were often seen as predisposed to engaging in physical violence and property-destroying behaviors such as starting fires or wantonly destroying shelter properties. Although there was only one boy who once had tried to burn his foster parents in their house after a domestic conflict, Basic Center crisis workers firmly believed that boys needed a great deal of monitoring in order to make sure that young males did not engage in unruly behaviors while staying at the Center.

The construction of homeless youth clients as dangerous reinforced hegemonic practices, ideas, and actions about homeless youth based on paternalistic and heteronormative biases. Programs that were designed and implemented with the goal of helping or empowering young people to take control of their lives ended up, in many ways, making youth feel embarrassed, manipulated, controlled, and over-surveilled. Homeless youth were subjected to rigid laws and round-the-clock surveillance. Surveillance and control over homeless youth was evident in the following operational practices at both the Basic Center and CCBYS crisis intervention programs, namely: intake interviews and personal information gathering, intrusive physical searches at check-in, round-the-clock monitoring and observation of homeless youth, and online client data management. I argue that although the crisis programs that were studied had good intentions, their actions had unanticipated negative effects of limiting homeless youth's freedom of association and movement.

Homeless youth were subjected to "therapeutic incarceration," a structured process that, although meant to change human behavior for the better, actually resembles imprisonment, social isolation, and policing of the actions of homeless youth. Most youth indicated that living in the Basic Center (homeless youth shelter) was like living in a prison while for others it was like living in a psyche ward. These feelings were justified because homeless youth lived under a "state of permanent visibility" (Staples, 1997), which was made possible not so much by the threat of punishment, but through practices of official scrutiny, assessment and unbounded monitoring. Generally, I found out that crisis intervention was more than just relieving suffering for homeless youth as it appears on the surface, but also a process of containing the sufferers through subjecting them to the power of surveillance and control.

A fifth problem with the CCBYS and the Basic Center crisis programs was that youth voices were often ignored or trivialized in the process of resolving their homeless crisis. Most youth

raised concerns about crisis counselors insisting that they must follow the demands and rules of their parents and legal guardians even when the family environment was clearly inappropriate for the youth. “She does not listen to my side of the story. She always tells me that my mom [grandmother] is right. She says that my mom [grandmother] knows what’s best for me.” said Pretty while complaining about the tendency of her crisis worker to ignore her own narrative about the family conflict that caused her to run away from home. Pretty became homeless after running away from her grandmother who did not allow her to “have fun” with her friends on weekends. Pretty noted, “My grandmother would beat me up for not doing school homework. I hate school. She denied me food as punishment for failing to clean plates or making my bed.”

Instead of listening to Pretty’s narrative and engaging with her grandmother to help her find alternative ways of training her granddaughter to be responsible, the crisis counselor insisted on changing the young person’s perception about her relationship with her mother. This approach reflected one of the master narratives of the crisis paradigm in human services delivery which insists that professional crisis intervention is about helping the individual to cope with the situation rather than changing the structural relationships of power at family level that created the crisis in the first place. In addition, such an approach constructed young people as lacking knowledge and capacity to make meaningful decisions about their lives. The idea that adults should lead while youth blindly follow can further entrench the problems especially in situations where the parents are the abusers of the youth.

Finally, I found the involvement of the police in crisis intervention to be problematic. Although most service providers believed that the involvement of the police in identifying and recommending crisis services for homeless youth was helpful, this compromised the neutrality of both programs. As part of the repressive arm of the state, the involvement of police made young people feel threatened as they were constantly reminded that if they did not follow the rules of the crisis agencies they could be sent to prison. Some youth equated the crisis programs to prisons.

An Alternative Crisis Intervention Framework

An alternative understanding of the notion of crisis intervention for homeless youth and other individuals facing difficult circumstances is captured in Orbinski’s Nobel peace prize acceptance speech in 1999. He said:

Our action is to help people in situations of crisis. And ours is not a contented action. [It] is an attempt to defend them against what is aggressive to them as human beings. [It] is more than simple generosity, simple charity. It aims to build spaces of normalcy in the midst of what is profoundly abnormal. More than offering material assistance, we aim to enable individuals to regain their rights and dignity as human beings.

Orbinski is a former president of Medecins sans Frontieres International (Doctors Without Borders), an international organization that provides crisis support and care to victims of natural and human-induced disasters all over the world. To him, the goals of crisis intervention were very clear: systematic action to help people, build spaces of normalcy and safety, provide material support and services, and enable affected individuals to regain their human rights. Crisis intervention should therefore be understood as more than providing ameliorative services (Evans, Hanlin, & Prilleltensky, 2007). It should also involve defending the weak from the aggressive forces of society and creating conditions for them to exercise their human rights and live a life free of embarrassment and marginalization.

Furthermore, Orbinski's statement suggests that it is possible to think of crisis intervention beyond the short-term and "survival-minimalist biopolitics" (Redfield, 2005, p.329) of control that characterized CCBYS and the Basic Center crisis programs. For instance, centered around a crisis intervention approach that focused on minimal basic needs, an explicit social justice oriented approach was absent at both the CCBYS and the Basic Center. Although these programs were couched in a holistic, community-centered approach, they emphasized rapid provision of ameliorative services and often ignored to fully address young people in their own right as people. This critique of the CCBYS and the Basic Center programs challenges the traditional understanding of crisis intervention. Since its discovery in the early twentieth century, crisis intervention has been viewed as an intentional helping response aimed at assisting a person or persons to cope with events or conditions of intolerable difficulty that exceeds their current resources and coping mechanisms (Aguilera, 1998; Flannery & Everly, 2000; Hoff, Hallisey, & Hoff, 2009; James & Gilliland, 2001). This traditional understanding of crisis intervention was espoused by service providers in this study.

In almost all my conversations with crisis workers and homeless youth, crisis intervention was depicted as a helping process that was designed to guide individual homeless youth from pain, anger, stress, and confusion. The focus was on changing or altering the clients' cognitions and perceptions of the events or situations that precipitated the crisis of homelessness. This approach fits within the mainstream view of crisis intervention which believes that changing the

facts and actual events that have occurred is not possible (Hepworth, Rooney, Rooney, & Strom-Gottfried, 2010). What needed to change were homeless youth's perceptions and cognitions rather than the structural conditions of society that makes it possible for young people to have no housing and safe place to call home. The underlying structural causes of the crisis were often ignored.

My conversations with homeless youth indicated that their problem of homelessness was a result of many factors including parents' failure to pay rent, family conflicts, overbearing parents, and intergenerational conflicts. Despite the evidence that showed that youth homelessness was a manifestation of deeply embedded relations of power that were also mediated by the cultural notions of heteronormativity, crisis workers responded to it as if it was solely a behavioural malfunction that could disappear through counselling and mental health treatment. However, this study contends that although systematic counselling and mental health treatment of homeless youth made them "feel better [and] helped them to stay out of trouble," these procedures only patched-up or band-aided their suffering rather than challenging or changing the relations of power at the family level that led to youth homelessness.

Fustukian & Zwi (2001) concurs with the view that crisis intervention should not just provide palliative services. They argue that "although meeting basic needs is essential in [crisis] situations, attention to power and resource imbalances are equally fundamental" (2001, p.17). This school of thought believes that understanding power and resource imbalances helps to elucidate the differential experience of vulnerability, marginalization and inequity among crisis-ridden populations. Such concerns are embodied in a "transformative model of crisis intervention" which asserts that crises are produced by conditions in the wider natural, social, economic, and political environment and by individual, family, community, and institutional responses to these multiple environments. Williams engaged in this debate in her analysis of the anthropological and public health dimensions of "caring for those in crisis" (2001, p.1). She concluded that while the priority of intervention should be focused on saving lives through meeting essential survival needs during the acute or early stage of the crisis, understanding and challenging the failures of the larger socio-cultural context of the crisis experience must be a central part of the broader goal of crisis intervention.

Hence, rather than thinking of homeless youth crisis intervention as an "event" with a precise beginning and end, this study reinforced the real crisis of homelessness is that it is a "social"

crisis that is caused by multiple distal and proximal factors (Bronfenbrenner, 1979, 2005; Bronfenbrenner & Morris, 2006; Fraser & Galinsky, 1997)). This view is also called the ecological systems perspective and it accounts for intraindividual factors (e.g. cognitive development, biological maturation), as well as environmental and socio-cultural influences (crisis provider-youth relationships, family context, socio-economic forces, cultural values and beliefs). Individual homeless youth are viewed as “embedded within mutually interacting systems and levels of context, including family, neighbourhood, school, community, and the broader society” (Kilmer & Gil-Rivas, 2010, p.7). Contrary to the person-centred and behaviour-focused approach that characterized CCBYS and the Basic Center crisis programs, this study showed that the crisis of homelessness occurs at multiple nested levels, including each youth’s unique characteristics and the contextual influences (gender, sexuality, race, socio-economic status, sexual orientation, family background, etc.). The advantage of this approach is that it captures particular configurations of power, structures, actors, and beliefs or grievances in crisis intervention (Fustukian & Zwi, 2001).

The stories that were highlighted throughout this dissertation show that homelessness is neither an event nor a simple issue that can be resolved by anti-depressants or post-traumatic counselling and treatment. Youth homelessness is a crisis that reflects a much larger crisis within the political, social and economic systems in the society. It could be a result of a young person running away from sexual and physical abuse by their parents and close relatives. It could be a result of parents’ losing their jobs or a young person being locked out because he/she has “come-out” and declared to be gay, lesbian or bisexual. These issues require a radical overhaul of the systems of beliefs and values that shape young people’s relationships with adults. It calls for a change in the social welfare and family systems that throw-away its weak and punish those who dare to be different (Giroux, 2009; Wacquant, 2009).

Policy Recommendations

This study raised several limitations in the current practices of homeless youth crisis intervention. Most of these limitations were linked to the prevailing federal and state laws and policies that dictate how homeless youth grants should be used and how long crisis programs can keep a crisis case open. Based on this observation I suggest five policy recommendations. First, the current focus of crisis programs on the immediate needs of homeless youth is not enough. A holistic approach should take into consideration all stages of the crisis (pre-crisis, acute crisis,

and post-crisis). Doing so will ensure that crisis agencies do not concentrate on direct service provision but also on prevention and empowerment of homeless youth after the crisis. Second, efforts to empower local crisis programs to make decisions about length of crisis support must be supported. The current funding regime has limitations on the length of time that both the CCBYS and Basic Center programs can keep a crisis case open. This top-down approach limits the quality of care that crisis workers are able to provide to youth in crisis. Third, crisis programs must be more family friendly. When families are functional efforts must be made to keep such families intact. The current Basic Center crisis programs do not cater for homeless families. Separating youth from their families during a family crisis can cause further trauma and stress for the whole family. Funding should be made available for supporting homeless families in Basic Center programs. Fourth, current programs tend to focus on providing immediate ameliorative services. There is an opportunity to include diversity and advocacy training so that crisis agencies can also be able to address the needs of diverse populations and advocate for local resources to be channelled towards fighting homelessness. Last, efforts to strengthen alternative learning schools should be considered. Alternative learning schools can be safe places to empower homeless youth. However, there is need to connect them with the larger community and school systems to ensure that homeless and other youth in crisis who go there do not feel like outcasts.

Future Research Direction

This study examined the on-the-ground workings practices of homeless youth crisis intervention. However, there are some issues that need to be further explored in future research. For example, early in my fieldwork I discovered that the recruitment of homeless youth into the crisis service program was mainly through the police department. The question that lingered in my mind that was never fully answered is “How would these programs be different if the agencies had a deliberate strategy to identify and reach-out to homeless youth in their communities? How does the involvement of the police in the process of identifying homeless youth influence or alter the care of this population? This study partially argued that both the CCBYS and the Basic Center were a hidden extension of the penitentiary system especially for status offenders such as homeless youth. Wacquant’s (2006) view that the state is always present in the civil society seems to hold water here. More research about CCBYS and Basic Center’s autonomy will shed more light on “governmental power” and how it permeates every aspect of

human existence including the control of presumably dangerous subjects such as homeless youth.

Another area is the impact of crisis work on providers of care themselves. Research shows that working with those who have experienced or are currently experiencing a traumatic crisis can be traumatizing to the service providers as well (Gil, 1998). Future research should investigate questions such as: What is the impact of working with homeless youth on crisis workers? How do they deal with the trauma of interacting with traumatized youth every day? How do these experiences impact their perceptions about society and its people? Addressing these questions will provide a deeper understanding of crisis intervention and its effects on youth and service providers.

Furthermore, the role of religion in crisis intervention needs to be explored further. The reasons that were cited by crisis workers for working with homeless youth and holding certain values were directly linked to their Christian beliefs. For example, while all crisis workers indicated that they did not discriminate against non-heterosexual homeless youth, they also indicated that they personally were against the homosexual behavior from a Christian perspective. Thus, while religious beliefs were a source of motivation for crisis workers, they were also a source of discriminatory tendencies against non-heterosexual youth.

Nonetheless, despite its conceptual limitations cited above, this study charted an alternative way of thinking about crisis intervention for homeless youth. It showed that crisis intervention provided ameliorative services. It met homeless youth's basic needs such as food, clothing, shelter, and safety. However, an analysis of the on-the-ground workings of crisis intervention as a regime of care for homeless youth revealed that a process that is often understood and celebrated as a moral imperative grounded in benevolence and compassion is actually anti-political. This meant that crisis intervention veiled rather than challenged existing relationships of power. Furthermore, crisis intervention's focus on "the present" or immediate needs reproduced and reinforced underlying vestiges of social domination characterized by the subjugation of non-normative sexual, gender, and other social practices and experiences of homeless youth. Nevertheless, instead of reinforcing experiences of marginalization, subordination, and embarrassment crisis programs have potential to be contexts for youth empowerment.

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Appendix A: Interview Protocol and Demographic Questionnaire for Homeless Youth

Thank you for agreeing to be part of my study. I would like to ask you some questions on your experiences as a person who is receiving assistance from this center. This interview will take about 45- 60 minutes. The interview has two parts. The first part will involve a detailed discussion about your experiences in this shelter. In the second part, I will ask you general demographic questions. You can choose to terminate the interview/discussion at any time if you so wish. You can also choose not to answer certain questions if you don't feel comfortable. I will keep your name confidential and everything that we will talk about will be kept as private and confidential.

Life before becoming homeless

1. Can you please describe your life before coming to live in this shelter?
2. Who did you live with before moving into this shelter? Where did you live?
3. Describe any special memories (good or bad) that you have about your life before moving into this shelter

Reasons for leaving home

4. When did you leave your home?
5. Was this your first time to leave home?
6. What were your reasons for leaving home? The first time and subsequent times?
7. Did you ever try living with other people (friends, relatives, etc) or in other places such as at your friends' or relatives' houses or on the streets? If so, what was that like?

Entering the shelter

8. When did you move into this shelter?
9. How long have you been living here?
10. How did you know about this shelter?
11. What did you have to do to be allowed to live in this shelter?
12. What do you think about the process of entering the shelter?

Everyday life for homeless shelter clients

13. Can you please describe how you spend your typical day in this shelter?
14. How do you spend your evenings?
15. What do you do during the night?
16. What do you like most about this place?

17. What do you dislike most in this shelter?
18. Are there people here that you get along with well? (other youth, staff and volunteers)
19. If so who are they? Why do you think you get along well with these people?
20. Are there people whom you do not get along with well? If so... Why not?
21. How would you describe your relationship with staff and volunteers in this shelter?
22. How would you describe the living conditions in the shelter?

Services and policies in the homeless shelter

23. What types of services are available to youth in this place? Meaning what do you get here?
24. How do you feel about these services? Are they necessary? Are they adequate?
25. Are all young people/clients in the shelter given access to the same types of services? If not, why not?
26. On a scale of 0 (extremely bad) to 10 (excellent), how would you rate the quality of the services that are offered here?
27. What rules are you required to observe in this shelter? To what extent do you follow these rules?
28. How do you feel about these rules? Are they necessary? Are they fairly implemented
29. On a scale of 0 (extremely bad) to 10 (excellent), how would you rate the fairness of these rules?
30. If you could make changes in this shelter, what would you change? Why?

Non-normative gender/sexual identity

31. Do you know of boys and/or girls here who may not act or look like typical boys or girls?
Please tell me about them.
32. Do you know of boys here who like boys? Girls who like girls? Or both? Please tell me about them.
33. Do you think that their experiences in the shelter are similar or different with the typical youth? Why?
34. How do you see these young people being treated by other youth? By staff? By volunteers in the shelter and staff?
35. Do you think other factors (such as race, class, immigration status, etc) influence young people's experiences of living in a homeless shelter? If so, how?

Youth well-being in the homeless shelter

10th grade

7. How many times have you changed schools because your family or you have moved in the past 5 years?

- | | |
|-------|-----------------|
| None | 3 times |
| Once | 4 times |
| Twice | 5 or more times |

8. Are you currently enrolled in one of the following programs?

A special education class part of the time

A full time special education program

An alternative learning program

A job training program

A drug rehabilitation program

A youth mentoring program

None of the above

9. Which of the following best describes your employment status?

Full- time employee

Part- time employee

Part-time volunteer

Full- time volunteer

Unemployed

Not working because I go to school

10. Are you currently looking for a job? _____

If yes, how long have you been looking for a job?

Less than 1 month

1 to 3 months

4 to 6 months

7 to 12 months

More than 12 months

I can't remember

Family History

11. Where was your father born?

City: _____

State/Country: _____

12. Where was your mother born?

City: _____

State/Country: _____

13. Which best describes your parents' marital status?

Never married to each other

Divorced, mother remarried

Married -- Never divorced or separated

Divorced, father remarried

Father deceased (dead)

Divorced, both remarried

Mother deceased

Other (Describe: _____)

Separated

14. Do you have siblings? If yes, how many? _____

15. Are any of your family members with you here in the shelter? If yes, how many?

16. How much education did your father (or other adult man you live with) complete?

Elementary or junior high school

High school

Some college or technical school

Graduated from a 2-year college or technical school

Graduated from a 4-year college

Some school beyond 4-year college

Professional or graduate degree (Ph.D., M.D., M.A., law degree, etc.)

Don't know

No father or other adult man lives with me

17. Does your father (or other adult man you live with) have a job?

No

Yes

17a. What is his job? _____)

18. How much education did your mother (or other adult woman you live with) complete?

Elementary or junior high school

High school

Some college or technical school

Graduated from a 2-year college or technical school

Graduated from a 4-year college

Some school beyond 4-year college

Professional or graduate degree (Ph.D., M.D., M.A., law degree, etc.)

Don't know

No mother or other adult woman lives with me

19. Does your mother (or other adult woman you live with) have a job?

1 = No 2 = Yes

19a. What is her job? _____)

20. What is your religious affiliation?

None Born Again Christian

Catholic Jewish

Protestant Other (what? _____)

21. How important is religion in your life?

Not at all important

A little important

Somewhat important

Quite important

Very important

22. How often do you go to church?

1 = More than once a week

2 = Once a week

3 = At least once a month but less than once a week

4 = Less than once a month (e.g., on holidays)

5 = Never go to church

Concluding Question

23. Finally, do you have any questions or comments for me concerning this study?

Appendix B: Interview Protocol and Demographic Questionnaire for Service Providers

Thank you for agreeing to be part of my study. I would like to ask you some questions on your experiences as a service provider to homeless youth. This interview will take about 60-90 minutes. The interview has two parts. The first part will involve a detailed discussion about your work with homeless youth. In the second part, I will ask you general demographic questions. You can choose to terminate the interview/discussion at any time if you so wish. You can also choose not to answer certain questions if you don't feel comfortable. I will keep your name confidential and everything that we will talk about will be kept as private and confidential.

Youth Lives before becoming homeless

1. What stories do young people tell you about their lives before they became homeless?
2. What do these stories tell you about the condition of life of youth before they came to this program/shelter?
3. What efforts do young people make before they finally decide to seek help from your program/ shelter? Do the youth try other solutions to their problems before coming to your program/ shelter?

Reasons for leaving home

4. What reasons do young people give for leaving their homes?
5. What reasons do youth give for choosing this specific program/shelter (rather than other local programs/shelters) or alternative options such as living with their relatives or friends?
6. What do you think about the explanations young people give?

Entering the shelter

7. What do youth have to do to be allowed to enroll into your program/shelter?
8. What kind of checks and procedures are undertaken during the entry process?
9. What do you think about the process of entering the program/shelter?

Everyday life in the homeless program/shelter

10. Can you please describe your typical day working in this program/shelter?
11. What is it like working during the evenings and nights in this program/shelter?
12. What do you like most about working in this program/shelter?
13. What do you dislike most about working in this program/shelter?
14. How would you describe your relationship with the youth who live in or are part of this program/shelter?

Services and policies in the homeless program/shelter

15. What types of services are available to the youth in this program/shelter?
16. How do you feel about these services? Are they necessary? Are they adequate?
17. Are all young people/clients in the program/shelter given access to the same types of services? If not, why not?
18. What types of resources/supports are available to you as an employee/volunteer to aid young people?
19. What is missing? What would you like to see?
20. On a scale of 0 (extremely bad) to 10 (excellent), how would you rate the usefulness/quality of the services that are offered here?
21. What rules do you require the youth to observe in this program/shelter? To what extent do they follow these rules?
22. How do you feel about these rules? Are they necessary? Are they fairly implemented?
23. On a scale of 0 (extremely bad) to 10 (excellent), how would you rate the fairness of these rules?
24. If you could make changes in this program/shelter, what would you change? Why?

Non-normative gender/sexual identity

25. Do you know of boys and/or girls here who may not act or look like typical boys or girls?
Please tell me about them.
26. Do you know of boys here who like boys? Girls who like girls? Or both? Please tell me about them.
27. Do you think that their experiences in the program/shelter are similar or different with the typical youth? Why?
28. Generally, how do you see these youth being treated by other youths? By staff? By volunteers?
29. What other factors do you think affect youth lives in this program/shelter (race, class, their position as immigrants)?

Youth well-being in the homeless program/shelter

30. How would you describe the condition of life for most youth currently in this program/shelter?

Graduated from a 2-year college or technical school

Graduated from a 4-year college

Some school beyond 4-year college

Professional or graduate degree (Ph.D., M.D., M.A., law degree, etc.)

5. What specialized skills and training do you have for working with homeless youth?

Social work

Nursing

Education

Human Development and Family Studies

Community Health or Public Health

Psychology

Community Development

Other (Specify _____)

- 6 What is your position (job title)? _____

7. How long have you been working

a) in this position _____

b) in this agency _____

c) with homeless youth _____

8. Which of the following best describes your employment status?

Full-time employee

Part- time employee

Full- time volunteer

Part- time volunteer

9. What is your religious affiliation?

None

Born Again Christian

Catholic

Jewish

Protestant

Other (what? _____)

10. How important is religion in your life?

Not at all important

A little important

Somewhat important

Quite important

Very important

11. How often do you go to church?

More than once a week

Once a week

At least once a month but less than once a week

Less than once a month (e.g., on holidays)

Never go to church

Concluding Question

12. Finally, do you have any questions or comments for me concerning this study?