

# A Gender Lens on Affordable Housing

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## Executive Summary

The report lays out a brief history of affordable housing, and uses a gender lens to look at state and federal housing policy in the public and private sectors. Attention is especially focused on looking across the gender spectrum to show groups that are disproportionately unprotected by current housing policy: women who are poor or near poor, veterans, formerly incarcerated people and gender nonconforming youth. In addition, the report offers basic definitions of housing terminology and classifications and a selection of the different types of housing available in the U.S.

A goal of the report is to inspire researchers, policy thinkers, practitioners and advocates to reimagine how better housing policy can engage rather than gloss over inter-connected, enduring structural problems. By applying a full, intersectional gender lens, Re:Gender highlights intersections within the data to break down silos between issues, groups and problems and to reveal potential solutions that can only be seen when looking at the issue in a different way. A so-called “gender neutral” issue like affordable housing does in fact have specific, gender-based impact. For example, it is commonly understood that three-quarters (75 percent) of those living in affordable housing are women, and that the main driver is poverty. That same data can also help tell the story of discrimination against formerly incarcerated African American and Latino men (often from the same neighborhoods struggling with poverty) blocked from public housing because of a conviction, especially those convicted of felony crimes. Using an intersectional gender lens means taking a step back and looking at issues from many different vantage points in order to reveal what uncommon stories the data is telling and to show the structural mechanics are at work.

As a way forward, the data here points to breakdowns in the ability for current housing policy to serve everyone. Likewise, the report can be used to pose questions we all need to be asking about the role that policy is playing, purposely or not, in deciding who deserves a safe, clean, affordable home. Looking at the cycle of homelessness-to-incarceration-to-homelessness we should ask: Is providing supportive housing or opening public housing to formerly incarcerated people cheaper in the long-run than the administrative and social costs of the merry-go-round approach? Research **contradicts** assertions that supportive housing is prohibitively expensive or that formerly incarcerated people are a threat to public housing residents. Or how is it that housing policy has yet to catch up with the need from LGBTQI youth, half of whom are being kicked out of their homes specifically because of their gender identity or expression, even in this post-marriage equality, post-Caitlyn Jenner world? Re:Gender invites you to explore the data, to consider the intersections in an issue like housing and to create opportunities to make better policy that is using a full gender lens.

Sections:     Introduction to the Basics  
                 Affordable Housing and Women  
                 Being LGBTQI: Affording Home and Safety  
                 Homelessness, Incarceration and Veterans

# Affordable Housing: Introduction to the Basics

Social and economic stability, pursued by generations of American families, includes some very basic elements: a secure roof over one's head, enough money left over for food, clothing and other necessities, and perhaps a few occasional luxuries. Yet today, millions of Americans live in housing they cannot afford, and as a result they must struggle to make ends meet. An affordable unit, typically defined, is one that costs its occupants no more than 30 percent of their total income. A unit that requires its occupants to spend more than this represents a housing cost burden, and a unit that consumes more than 50 percent of occupants' total income represents a severe housing cost burden.

## Cost-burden and severe cost-burden

In 2001, 30 percent of American households were housing cost-burdened. In 2012, the most recent year for which data is available, 35 percent (41 million) percent of households reported a cost burden. A subset of these households (18 million, representing 16 percent of total households) struggled with a severe cost burden. Between 2002 and 2012, the ranks of the housing cost-burdened increased by nine million households, six million of which were deemed severely burdened. It is highly likely, according to a recent [report](#) from Harvard, the problem will continue to worsen. For example, it is projected that severe cost burdened households will increase by 25 percent over the next decade.

Although both renters and owners can find themselves challenged by housing cost burdens (and are included in the above percentages), renter-occupied households are more than twice as likely to be housing cost-burdened as owner-occupied households. In 2012, approximately half of all renters spent more than 30 percent of their total income on housing, and more than one-quarter (27 percent) spent more than 50 percent.

Not only are renters more likely to be cost-burdened than owners, they are also at a disadvantage vis-à-vis owners when it comes to ameliorating the effects of their housing cost burdens. Renters' incomes are generally lower than owners' incomes, and owners have an asset to borrow against that renters do not. Owners also have the possibility of reducing their housing cost burdens by refinancing mortgages at lower interest rates. Cost-burdened owners typically have more dollars to spend on necessities like food and health care than cost-burdened renters. Cost-burdened owners are also more likely to own an automobile.

Geography plays a role in the national distribution of housing cost burdens. Severe burdens are more prevalent in states with high housing costs (like New York and California) and less prevalent in southern states (like Mississippi and Alabama) or Midwestern ones (like Michigan and Minnesota). Severe housing cost burdens are also twice as likely to occur in metropolitan areas as they are to occur in nonmetropolitan areas. But rural households are seeing higher rates – up six percentage points since 2000 – of housing cost burden, particularly after the 2008 housing crisis. According to the [report](#) “Housing in Rural America” by the Housing Assistance Council, in 2010, three in ten rural (7 million) households were cost burdened, and close to half (3 million) of these households were considered severely cost burdened. In 2009, the parents of children in renter-occupied households in urban areas were found more likely to struggle with housing cost burdens than parents of children in renter-occupied households in rural areas. When severely cost-burdened, low-income households in rural areas are especially likely to slash spending on food and health care.

People of color households are more likely to bear a severe housing cost burden than white households. As noted in a 2015 [report](#) from the Center for Housing Policy, in 2013, 18 percent of white households, whether owned or rented, suffered a severe housing cost-burden, compared to approximately 25 percent of black and Latino/Latina households, and 28 percent of Asian and Pacific Islander households.

## The role of lost housing stock and low wages

The extent of housing cost burdens among renter-occupied households can be explained, in part, by the dynamics of the rental market. Between 2005 and 2013, the absolute number of renter households grew by more than one million every year. More than one-quarter of these households annually earned less than \$15,000 and close to one-third (30 percent) earned \$15,000-\$29,999. As demand increased, vacancy rates fell and rents rose, increasing competition for available rental

properties and placing more renter-occupied households at risk of housing cost burdens. Also, as reported in the America's Rental Housing [factsheet](#), from 1999-2009, more than one in ten (12 percent) of low-cost rentals were permanently removed from the rental market. And housing units available at a price families with low incomes can afford is **extremely limited**: in 2012, 12 million extremely low-income households competed for roughly 3 million affordable units, a supply-demand ratio of just 29 affordable units for every 100 households.

New housing construction can add to the total stock of rental housing, increasing supply in the face of demand and bringing rents (and the proportions of low-income households that are cost-burdened) down as a result. However, most new construction caters to households at the upper end of the rental spectrum. At the same time, rental housing lost due to deterioration happens most often at the lower end of the rental spectrum. Losses tend to be particularly high in older, lower-quality buildings in under-resourced neighborhoods—exactly the kind of buildings low-income tenants look to for affordable units. Housing loss is particularly pronounced in rural areas, where mobile homes account for a significant portion of total loss. Between 2001 and 2011, 8 percent of rental units in nonmetropolitan areas were lost, compared to 6 percent of units in central cities and 5 percent in suburban areas.

Loss of household income also plays a role in the rising incidence of housing cost burdens among renter-occupied households. Between 2001 and 2012, while rents rose and units were lost, the median income of renter-occupied households declined by 13 percent, from \$36,000 to \$31,500. A full-time job paying the Federal minimum wage produces an annual income of about \$15,000. In 2012, 82 percent of households earning less than \$15,000 per year struggled with a housing cost burden; 69 percent faced a severe housing cost burden. In the \$15,000 to \$29,999 income range, 64 percent of households had a housing cost burden; and 30 percent, a severe housing cost burden. Among low-income households, housing cost burdens have become a way of life. Today, approximately one-quarter of households that rent have an income of less than \$15,000 per year. According to the [National Low Income Housing Coalition](#), a full-time worker earning minimum wage cannot rent a typical one-bedroom apartment in any county in the United States (with the exception of some parts of Puerto Rico) without incurring a housing cost burden.

### **Tradeoffs in the name of housing**

Housing is usually the largest and least flexible item in any family's budget—this means that rent or mortgage payments are often paid first, and food, clothing, health care and other expenses are covered by what is left. When what is left is not adequate, household members suffer the loss. While middle-income families may have to cut discretionary items (like savings) out of their budgets, lower-income families will have to reduce the amount they spend on essential items (like food and clothing). According to the a 2005 [report](#) from the Center for Housing Policy, the cutbacks made by low-income and middle-income families as a result of housing cost burdens tell a “tale of two types of tradeoffs.”

The lower a household's absolute income, the more pernicious the effect of a housing cost burden. In 2005, researchers found that low-income severely cost-burdened renters spent 35 percent less on food, 42 percent less on health care, and 40 percent less on insurance and retirement savings than their cost-burdened counterparts. A 2012 study also found that severely cost-burdened low-income households spent less on food and health care than other low-income households.

To avoid housing cost burdens, some households may “choose” to live in poor-quality housing, housing inadequate to their needs, or housing situated in neighborhoods marred by crime, violence and high levels of unemployment. Other households may take on housing cost burdens and attendant sacrifices to gain access to better schools and safer streets. Unfortunately, a willingness to take on a housing cost burden to obtain better-quality housing or an improved environment does not always have the desired results. Too often, low-income households that have stretched their budgets to the maximum may **still find themselves confined** to dilapidated, unsafe units in distressed neighborhoods, vulnerable to a range of negative health outcomes, including infectious and chronic diseases (like asthma, the development of which has been linked to mold, vermin, cockroaches and dust mites), accidental injuries (due to trips, falls or burns), poor child development (particularly where lead paint has not been abated) and physical and mental illness related to overcrowding (including the spread of respiratory viruses).

### **Federal Rental Assistance Programs**

Research has shown that not all households experiencing housing cost burdens suffer under them indefinitely. Some households experience increases in income that make their current living quarters affordable. Others move to more

affordable units by making trade-offs in quality or location, as noted above. (Mobility rates for low-income families are quite high.) And some benefit from federal rental assistance programs that provide quality housing at a reasonable cost.

**Public Housing.** The construction of **public housing**, the form of federal rental assistance perhaps best known and most visible, was inaugurated in the United States during the Great Depression as part of a Public Works Administration job-creation strategy. In 1937, the **Wagner-Steagall Act** formally established the federal public housing program, allowing local authorities to build and operate public housing developments. By 1942, 175,000 public housing units had been built in 290 communities. By 1946, another 195,000 units had been constructed near military bases and industries supporting the war effort. The Housing Act of 1949 authorized funding for hundreds of thousands more units in pursuit of the goal of “a decent home and a suitable living environment for every American family.” The production of public housing reached its peak in the 1960s.

Today, there are approximately 1 million households (low income, elderly, or disabled) living in **public housing developments** managed by 3,300 housing authorities. Rents are capped at 30 percent of family income, and operating expenses are subsidized by the federal government. Although a large, high-rise development in a desperately poor urban neighborhood is the picture that comes most immediately to mind when public housing is mentioned, not all public housing fits this stereotype. Approximately 40 percent of all units are located in rural or suburban areas, and only 34 percent of units are in developments that house 250 or more families. As of 2008, more than 60 percent of units were located in areas in which less than 30 percent of residents were poor, and only 20 percent of units were located in areas where 40 percent or more of residents were poor.

Although long wait lists for admission to public housing developments indicate that that units are often of better quality and more affordable than what low-income families can find on the private market, most developments are decades old and in need of extensive, expensive capital improvements. In fact, a 2010 **study** performed by the Department of Housing and Urban Development estimated that it would cost more than \$26 billion to cover unmet capital needs in public housing developments across the country. Because rents are capped at 30 percent of low-income tenants’ incomes, the developments’ operating expenses almost always exceed the rental income they collect, making federal operating subsidies necessary. However, what the federal government provides in subsidies rarely matches what developments need for regular maintenance and repairs, and these gaps have resulted in an unfortunate and unnecessary deterioration of units in some developments.

When the physical deterioration of a development reaches crisis proportions and is accompanied by marked social disorganization, the federal government regards a development as “severely distressed.” Severely distressed developments are, according to a **report** from The Urban Institute, “dilapidated, often largely vacant buildings that show the effects of poor construction, managerial neglect, inadequate maintenance, and rampant vandalism.” They are plagued by crime, violence and drugs, and a very high proportion of their residents are without work and dependent on public assistance or illegal activities for income.

In 1992, the federal government inaugurated the HOPE VI plan to rehabilitate or destroy the nation’s most severely distressed public housing developments, initially estimated to contain 6 percent of the nation’s public housing inventory. Those scheduled for demolition were replaced by mixed-income developments constructed with public, private and nonprofit funds. HOPE VI developments were purposefully located outside poor neighborhoods and combined with resident services designed to encourage economic self-sufficiency. Housing authorities were permitted not only to lease units in the manner of conventional public housing but also to offer residents homeownership options and market-rate or partially subsidized rentals. Critics of HOPE VI objected to the fact that significantly more low-income units were lost to demolition through the program than were replaced by the new developments.

In 1998, Congress passed the **Quality Housing and Work Responsibility Act of 1998** to prohibit federal monies being used to develop new public housing units. This capped a decades-long trend of decreasing federal involvement in the development and construction of public housing. In the early seventies, construction had been **targeted** for “taking too long to develop and being too expensive,” and President Nixon had put a stop to it. Although this moratorium was eventually lifted, fewer than 37,000 “reservations” for new public housing units were made between 1975 and 1979. (As noted in a Congressional Research Service **report**, reservation “reflects a commitment to build or put under contract a unit of public housing.” Not all reserved units are built or occupied.) During the 1980s, according to the same report, new



public housing starts continued to drop dramatically, and the Housing and Urban-Rural Recovery Act of 1983 “limited new construction of public housing to instances in which it would be less than the cost of acquiring existing housing.”

Aside from budgetary concerns, the federal government’s unwillingness to invest in new developments was driven by the public perception that public housing had failed. Although, as noted above, large, high-rise developments do not comprise the bulk of public housing units nationwide, they are especially visible in New York, Chicago, Saint Louis and other major cities, and the difficulties that have plagued some (but not all) have led many members of the public to believe that public housing does not work. The reality, however, is that public housing remains a safe haven for low-income families that would otherwise be unable to secure affordable housing of reasonable quality. As president of the National Housing Institute **noted**, “The best-kept secret about public housing is that most of it actually provides decent, affordable housing to many people. Properly run, it remains one of the best options for housing the poor.”

**Section 8.** The **Housing and Urban Development Act of 1965** included a provision for allowing families on housing authority wait lists to be housed in private rental units and receive payment for the difference between market-rate rent and what they could afford. This provision became the model for the Section 8 housing program created by the Housing and Community Development Act of 1974. The Section 8 program allowed for both project-based rental assistance and tenant-based vouchers. Project-based rental assistance is attached to privately owned and managed properties whose owners or developers agree to rent some or all of their units to low-income tenants. Tenant-based vouchers are awarded to low-income households that assume responsibility for finding themselves appropriate units to rent in the private market. Households participating in either program are required to pay 30 percent of their income in rent. The remainder, up to a “fair market rent,” is paid by the federal government. Tenants receiving project-based vouchers lose their subsidy if they move from a participating property; tenants receiving tenant-based vouchers can take their subsidy with them if they choose to move from one property to another.

Today, the **Section 8 Project-Based Rental Assistance** (PBRA) program serves two million people in 1.2 million qualifying households. Two-thirds of PBRA households are headed by seniors or people with disabilities. The Section 8 Housing Choice Voucher Program serves more than five million people in 2.1 million qualifying households. Approximately 40 percent of households participating in the Section 8 Housing Choice Voucher Program are composed of adults with children; 30 percent are headed by disabled adults; and 20 percent are headed by the elderly. The average Section 8 voucher is worth approximately \$8,000 per year and is large enough to lift many of the families who receive it out of poverty. Both programs are administered by local housing authorities. Today, very small numbers of units continue to come “on-line” through the PBRA program. Most PBRA contracts with owners and developers were signed decades ago, and many units are due to be lost if landlords opt out of the program when these contracts expire. Also, although Congress has historically added new vouchers to the Section 8 Housing Choice Voucher Program every year, since 2003 new vouchers have been allocated only to residents of public housing developments that have been demolished or sold, or to special populations (for example, homeless veterans).

**Tax Credits and Block Grants.** The federal government offers developers an incentive to build or rehabilitate developments to serve tenants with household incomes of no more than 60 percent of area median income through its **Low-Income Housing Tax Credit program**. Each year, this program, which is administered at the state level, funds approximately 90,000 to 120,000 affordable units. The federal government also funds affordable housing activities at the state and local level through HOME and Community Development Block Grants (funded in FY2012 at \$1 billion and \$2.9 billion, respectively). HOME grants must be used exclusively to fund affordable housing, and Community Development Block Grants (CDBGs) can be used for affordable housing or other community development activities.

**Programs for Special Populations.** Smaller federal housing programs serve households with special needs. These include Supportive Housing for the Elderly and for Persons with Disabilities (Section 202 and Section 811, respectively), **Housing Opportunities for People with AIDS**, and permanent housing programs for the homeless.

**Programs for Rural Populations.** The Department of Housing and Urban Development estimates that one-quarter of very low-income renter households in nonmetropolitan areas are severely cost-burdened or “inadequately” housed. Through the **USDA Rural Rental Housing Loans program** (Section 515), the **Rural Housing Service of the U.S. Department of Agriculture** funds developers that build properties to house very low-, low-, and moderate-income families, the elderly, the disabled, and the handicapped. (“Very low income” is defined as below 50 percent of area median income;

“low income,” between 50 and 80 percent of area median income; and “moderate income,” no more than \$5,500 above the low-income limit.) Priority for tenancy goes to individuals and families currently living in substandard housing. In 2010, 60 percent of Section 515 tenants were elderly or disabled, and the average income of a Section 515 tenant was just over \$11,000. To date, 550,000 units have been built under Section 515. Note that Section 515 units are frequently the only rental housing available in the rural communities in which they are built. All told, approximately one in five public housing units are located in rural areas.

**State and Local Programs.** Some state and local governments use their own funds to provide housing assistance to families in need, through state-funded rental assistance (22 states), **state housing trust funds** (38 states), **state housing bond issues** (issued in 2006 and 2007 by California and Rhode Island, respectively), or **state tax credits** (usually less than \$1,000 per low-income household and often restricted to the elderly or disabled). Still, the federal government provides the lion’s share of available rental assistance.

Together, conventional public housing developments, the Section 8 **Project-Based Rental Assistance** program, and the Section 8 **Housing Choice Voucher** Program serve approximately 4.5 million low-income households that would otherwise bear heavy housing cost burdens or be confined to poor quality, health-threatening housing, or both. Households receiving assistance through these or other programs represent approximately one-quarter of eligible households. No other industrial nation offers housing assistance to a lower proportion of households in need.

To be eligible for federal rental assistance, a household’s total income must not exceed 80 percent of area median income. Some programs set a lower limit of 50 percent of area median income, and federal regulations require that a proportion of new households granted assistance have “extremely low” incomes, not exceeding 30 percent of area median income. In 2013, approximately 70 percent of currently assisted households qualified as extremely low income.

In recent years, the number of households eligible for assistance has risen. For instance, according to the Department of Housing and Urban Development, the number of households eligible for assistance climbed from 15.9 million in 2007 to 19.3 million in 2011, representing an increase of 21 percent. Moreover, in 2011, 58 percent of renters eligible for but not receiving assistance were deemed to have a severe housing cost burden or be living in housing that was inadequate.

The National Low Income Housing Coalition (2004) estimates that millions of households are on wait lists for conventional public housing units and Section 8 programs. Millions more households have been unable to even get on wait lists, because many of these have been closed to new applicants. Households added to wait lists must often wait years to receive vouchers or be assigned apartments. The New York City Housing Authority, the largest and one of the best-run public housing authorities in the country, houses 178,557 families in 2,563 buildings in 334 developments. Its wait list for conventional public housing contains 247,262 names, and its wait list for Section 8 housing, 121,999.

Experts agree that without deep subsidies, private sector development will never be able to meet the needs of low-income renters, given the cost of land, construction, financing, operations and upkeep. The elimination of housing cost burdens and the provision of safe, affordable housing for low-income families will therefore require that federal, state and local governments significantly expand the assistance they currently offer.

At least one observer has **noted** that the social contract implicit in the **Housing Act of 1949**, which promised every American family “a decent home and a suitable living environment,” has been broken and needs to be made whole again by making housing assistance a federally funded entitlement.

A number of other housing advocates have suggested that debate on the government’s role in providing low-income families with assistance be reframed to include the notion that housing is a fundamental human right. For instance, the National Economic and Social Rights Initiative (NESRI), founded in 2004, believes that “everyone has a fundamental human right to housing, which ensures access to a safe, secure, habitable, and affordable home with freedom from forced eviction. It is the government’s obligation to guarantee that everyone can exercise this right to live in security, peace, and dignity. This right must be provided to all persons irrespective of income or access to economic resources.” The seven principles fundamental to this right, according to NESRI, are security of tenure; availability of services, materials, facilities and infrastructure; affordability; habitability; accessibility; location; and cultural adequacy.

Buttressing NESRI's argument is the fact that the right to housing has been recognized by article 25 of the Universal Declaration of Human Rights and article 11(1) of the International Covenant on Economic, Social and Cultural Rights. In 1991, the United Nations Committee on Economic, Social and Cultural Rights declared the right to housing a "freestanding right."

Chester Hartman, director of research at the Poverty and Race Research Action Council, believes that, given the social ills that accompany a lack of affordable housing for all, a proper cost-benefit analysis would reveal that not declaring a right to housing is more costly than instituting one would be. He estimates the cost of providing every American with quality affordable housing at \$80 to \$100 billion annually and suggests that a combination of grassroots pressure and selective litigation might move this issue forward.

The lack of affordable quality housing for low-income households remains a blight on the American housing landscape. Insufficient supply and overwhelming demand dog the housing programs that have been developed to meet need. As noted by a [report](#) from the Just Works Collaborative, it is already known how to create more housing opportunities for low-income families. The tools needed are in hand, and with the appropriate political will, much could be accomplished. Adequate funding is the issue, and more of it will be required before all Americans can be suitably and safely housed.

The remainder of this report uses a full, intersectional gender lens to look at state and federal housing policy in the public and private sectors. Attention is especially focused on looking across the gender spectrum to show groups that are disproportionately unprotected by current housing policy: women who are poor or near poor, veterans, formerly incarcerated people, gender nonconforming youth, and homeless adults. In addition, the report offers basic definitions of housing terminology and classifications and a selection of the different types of housing available in the U.S. A goal of the report is to inspire researchers, policy thinkers, practitioners and advocates to reimagine how better housing policy can engage rather than gloss over inter-connected, enduring structural problems. By applying a full, intersectional gender lens, *Re:Gender* highlights intersections within the data to break down silos between issues, groups and problems and to reveal potential solutions that can only be seen when looking at the issue in a different way. Using an intersectional gender lens means taking a step back and looking at issues from many different vantage points in order to reveal what uncommon stories the data is telling and to show the structural mechanics are at work.

## Affordable Housing and Women

Three-quarters of households living in public housing developments are female-headed, as are three-quarters of households receiving Section 8 Project-Based Rental Assistance. An astounding 83 percent of households participating in the Section 8 Housing Choice Voucher Program are led by women. Significant proportions of these female-headed households include children. More than one-third of households in public housing (35 percent) contain children under the age of 18, as do 43 percent of households participating in the Section 8 Housing Choice Voucher Program. (Data for the Section 8 Project-Based Rental Assistance program is unavailable.)

An obvious reason for the prevalence of female heads of households, especially with children, in affordable housing programs and on affordable housing wait lists is that, according to a National Women's Law Center [report](#), women live in poverty at rates higher than men: In 2013, 14.5 percent of adult women lived in poverty, compared to 11 percent of adult men; and just over 6 percent of adult women lived in extreme poverty, compared to just under 5 percent of adult men. Almost 60 percent of poor children lived in households headed by women; and almost 40 percent of female-headed households with children were poor, compared to about 20 percent of male-headed households with children.

One of the reasons for these gaps is that occupational segregation still pushes large numbers of women into low-paying domestic, health-care and hospitality jobs. As noted in the NWLC report, although women make up approximately half of the national workforce, they compose 60 percent of the minimum-wage workforce and an overwhelming 73 percent of the "tipped" workforce (which earns the federal minimum wage for such workers, which is only \$2.13 per hour before tips). (Note that full-time employment at the current federal minimum wage of \$7.25 yields \$15,080 annually, just under the current poverty threshold for a single mother with one child.)

## Discrimination

Housing discrimination is a barrier to women—especially mothers with children—being able to find the housing they need. Affordable units may remain beyond their reach because fair housing laws are not consistently enforced, and landlords have proven themselves wary of female-headed families due to stereotypes that include “lazy” welfare recipients; poor housekeepers; unsupervised, destructive children; and male friends and relatives that get embroiled in physical altercations and engage in illicit activity (e.g., drug dealing). Such stereotypes are at play in the housing discrimination people of color face when seeking to rent or buy homes, as a 2012 [study](#) by the Department of Housing and Urban Development showed. Prospective white renters and home buyers were shown/offered more and better options by housing providers (realtors, landlords, etc.) than people of color, regardless of income levels. Those at the lower end of the economic scale were often steered toward neighborhoods with higher rates of poverty and crime and lower-quality schools, even if other options were available in other neighborhoods. Likewise, in certain neighborhoods, property owners categorically turn away women who use Section 8 vouchers through the [Housing Choice Voucher Program](#).

Although outright discrimination by mortgage lenders on the basis of gender was once common, Title VIII of the Civil Rights Act of 1968 (otherwise known as the [Fair Housing Act](#)) prohibited discrimination in the sale, rental and financing of dwellings based on race, color, religion, sex or national origin. Additionally, the [Equal Credit Opportunity Act of 1974](#) prohibited discrimination in the granting of credit based on age or marital status. Together, these two pieces of legislation had a “dramatic” effect on lending practices. Overcoming such discrimination is especially important when factoring in potential violence women in need may be facing both inside and outside the home. In insecure, dilapidated housing in neighborhoods with high crime rates, women living in poverty can become victims of general crimes at higher rates than men in the same contexts. Women’s economic advancement may be shaped by their fear of crime and violence and reluctance to attend job-training programs, GED classes, or other activities that are held at night; and children, kept indoors, lack the social and recreational opportunities essential to their development. An understandable urgency therefore attends the desire of women with children to attain safe, affordable housing for themselves and their families.

[Violence inside the home](#) is no less relevant an issue. Women who are victims of domestic violence have historically been given priority for federal rental assistance if they can produce the required documentation. With the availability of rental assistance at an all-time low, however, many low-income victims must wait for an opportunity to enter public housing or to participate in the Section 8 Housing Choice Voucher Program. Their housing choices in the interim are very limited, as even domestic violence shelters may be fully occupied. In 2013, the [National Network to End Domestic Violence](#) released results of a nationwide survey of state domestic violence coalitions. While almost 90 percent of coalitions reported an increase in demand for services, 69 percent reported funding decreases, and over 70 percent said that victim services were scaled back because of funding decreases. According to the National Network to End Domestic Violence, approximately 63 percent of homeless women have experienced domestic violence as some point in their adult lives.

Domestic violence represents an emergency situation, as women lose their homes virtually overnight in an effort to escape injury or death. Eviction is also an emergency event that leaves women without a roof over their heads. Low-income women who are [turned out](#) of their homes due to nonpayment of rent—rent that may have constituted a severe cost burden that made them unable to put food on the table or attend to other essential needs—may have to wait months, even years, to access federal rental assistance. In the interim, it may be impossible for them to locate or afford another apartment. Doubling or tripling up with friends or family may be an option, but when friends and family are also low income and living in already crowded and perhaps dilapidated quarters, it is an unlikely one. It is also possible that doubling or tripling up in close quarters can increase potential for harm, especially when children are present, due to an increased potential for child sexual abuse.

Avoiding eviction when a household is struggling with a housing cost burden, especially a severe one, is difficult under any circumstances, but it is particularly difficult for single women with children. As noted above, women generally earn less than men. Moreover, they must take on the additional financial burden of childcare expenses in order to get and keep jobs. Childcare expenses can stretch an already strained budget to the breaking point, especially when there are multiple children in the home, and childcare can be difficult to arrange when low-paying, “pink collar” jobs require flexible schedules. Employers can be punitive when arrangements fall through because a child is sick or a provider is unavailable, increasing the potential for job loss and reduced income. With children at home, taking on more than one job to pay the rent is



usually not an option. For all these reasons, eviction looms as an ever-present possibility for poor women, and in the absence of available affordable housing, the result of an eviction can be the shelter or the street.

Multiple evictions, or preemptory moves motivated by severe rent burdens or poor-quality housing that does not reliably provide basic services, are events that disrupt the lives of children. The effects of hypermobility have been documented by housing researchers time and again and include poor academic and social outcomes, problem behaviors, higher school dropout rates, and lower adult educational attainment. Children are especially likely to suffer specific physical, psychological and emotional damage when moves result in episodes of homelessness.

### Homeownership

Homeownership can be effective way for women to accrue resources and greater overall economic stability. [Also see Addendum on page 25] Rental assistance, whether it comes in the form of a public housing unit, a project-based Section 8 unit, or a Section 8 housing voucher, brings down the proportion of household income low-income families must devote to rent, relieving them of the necessity of making unhealthy cutbacks to food, health care, and other essential expenditures. Homeownership gives low-income households an asset and a means of building wealth over time, and as such, functions as a particularly attractive alternative to renting. Homeownership can also relieve low-income families of housing cost burdens, provided their mortgage payments are reasonable.

The growth of homeownership, especially among female-headed households, can therefore hasten the speed with which home becomes a positive universal value, benefiting men and women alike. Indeed, in a recent [poll](#) by TD Bank, although both men and women expressed interest in homeownership, women appeared to give it higher priority than men. Sixty-four percent of women said that they considered homeownership an “essential” component of the American dream, versus only 52 percent of men. Also, 66 percent of female renters aspired to homeownership, versus only 57 percent of men. Historically, paths to homeownership were “gender-differentiated,” with women more likely than men to become homeowners by retaining a home after divorce or the death of a spouse or by inheriting a parent’s home, and men more likely than women to purchase their own homes. However, over the last few decades, the number of single-person households has increased and the pursuit of homeownership has become more gender balanced after more women homebuyers entered the market.

The National Association of Realtors [reports](#) that, since the late 1990s, single women, with or without children, have been purchasing homes at higher rates than single men. In 2012, 16 percent of all homebuyers were single females, and only 9 percent, single males. This, despite the fact that (controlling for position in life cycle, education, inheritance and family earnings) the accumulated wealth of single women is lower than the accumulated wealth of single men, and women have proven themselves more likely to have concerns about incurring a debt the size of a mortgage. The latter hesitancy is perhaps understandable, given that in a sample of loans made in 2005, “women received 37.3% of high-cost conventional loans, but received only 28% of . . . market-rate conventional loans; men, in contrast, received 66.8% of market-rate loans and 60.2% of high-cost loans,” leading the [National Community Reinvestment Coalition](#) to conclude, in 2006, that “minorities, women, and low- and moderate-income borrowers across the United States of America [continue to] receive a disproportionate amount of high cost loans.”

For transgender women (and men) housing discrimination in the U.S. is alive and well. Although 67 percent of the general population in the U.S. own their own homes, only 32 percent of the transgender population do. The remainder, who rent or pursue purchase, must pass inspection by landlords and owners who may not understand or be supportive of their transgender status. Nineteen percent of transgender people in the U.S. (almost one in five) report that they were refused a home or apartment they wished to rent or purchase because of their gender identity. Eleven percent (more than one in ten) say they were evicted for the same reason. In 2010, the U.S. Department of Housing and Urban Development [announced](#) that the Fair Housing Act should be interpreted to prohibit discrimination against transgender renters and homebuyers. Advocates have observed that discrimination remains an important issue, and that transgender people need more explicit legal protection to ensure equal housing opportunity.

# Being LGBTQI: Affording Home and Safety

Students of “home” have **described** it as “a safe territory, sustaining self- and social-identity and sheltering fulfilling relationships with family members and others.” A mainstream view is that homeownership is a gender-neutral institution, not an oppressive one, and that women benefit from homeownership no less than men do. This view has been **summarized** by Irwin Altman and Carol M. Werner as follows:

“Homes offer physical amenities that sustain and support the residents, and they are often essential to the very survival of their occupants. Furthermore, homes are important centers for the development and manifestation of central psychological meanings. Individuals develop identities and regulate privacy in homes; families establish, grow, and bond themselves into a unit in homes and often bond themselves to the larger society through their homes. Thus, homes are the repository of central and essential psychological and cultural processes.”

Recent **research** indicates, “feminist discourse on the meanings and values of home has . . . evolved . . . [and] triggered a shift in feminist thought, ‘from the outright rejection of *home* as an oppressive institution to a more nuanced account which seeks to balance the negative experiences associated with home for women against recognition’ of the potentially positive aspects of a relationship with home.” One of these potentially positive aspects is the home’s ability to serve as context for the development of its residents’ identities, making the home a “site for individual subjectivity.” The home can also serve as a safe and private “site of dignity and resistance” for people who face economic or social disadvantage outside of it. And not to be overlooked is the “critical liberating potential” of the home, related to its expression of “uniquely human values.” Homeownership intensifies all of these positive aspects of home:

Another **study** of the meaning of home suggests that the significance of a person’s home as a “repository of central and essential psychological and cultural processes” is compounded by the additional cultural value attached to homes by owner occupiers . . . homeownership has been perceived as conferring greater freedom and independence, and owner occupation has been linked with a greater sense of control within the home territory and increased ontological security.

Studies that have addressed the question of home’s meaning to its occupants have concluded that family is a strong underlying value that exists in “affective association” with the home. This association is not perfect, and for some groups, may be nonexistent. For instance, in Leslie Moran’s **essay**, “The Poetics of Safety: Lesbians, Gay Men and Home,” lesbian, gay, bisexual, transgender, questioning and intersex (LGBTQI) youth and adults may not feel “at home” while at home because other occupants disapprove of their gender identity and expression or sexual orientation. For these occupants, home assumes an ambiguous character. It is “comfort and discomfort, safety and danger, ontological authenticity and security, and threats and challenges to the experience of ‘being myself,’ of insecurity and anxiety.

Young people who are lesbian, gay, bisexual, transgender or “questioning” are exceptionally likely to find themselves homeless and unsheltered. Although precise figures are hard to come by, the National LGBTQ Task Force has **estimated** that the total number of unaccompanied homeless children and youth (which differs from the single point-in-time count referenced above) lies between 575,000 and 1.6 million per year, and that between 20 and 40 percent of them identify as LGBTQI (compared to only 3 to 5 percent of the general population). Note that half of homeless LGBTQI youth report that their becoming homeless was in some way related to their gender identity or expression. While it is estimated that transgender people make up approximately 1 percent of the nation’s population, in recent counts, they constituted 2 percent of homeless youth in Seattle, 3 percent in Cleveland, 6 percent in New York City, and 7 percent in Houston. A 2014 **study** performed by the Family and Youth Services Bureau of the U.S. Department of Health and Human Services Administration for Children and Families found that approximately 7 percent of homeless street youth interviewed were transgender. (Note: In all of the text that follows, the term “youth” will be used generically to describe young people, whether under or over age 18, and the term “homeless youth” will refer to homeless youth that are unaccompanied (i.e., not part of a homeless family.)

## Homelessness and Young People

According to the [report](#), “The State of Homelessness in America 2015,” put out by the National Alliance to End Homelessness, Since 2007, with the exception of a small increase in 2010, the total number of homeless people in the United States has been declining steadily, even though the number of homeless people living in shelters has remained relatively constant, at approximately 400,000. In 2013, according to the U.S. Department of Housing and Urban Development, the total homeless population was 610,042 (down from 633,782 in 2012). Part of the decline between 2007 and 2013 was undoubtedly due to a 34 percent increase (between FY2007 and FY2013) in federal funding for the homeless, which helped produce 95,662 beds of permanent supportive housing. Increased support for people with complex combinations of physical, mental and substance abuse problems also played a role in the decline of homelessness.

By January 2014, the total number of homeless nationwide had dropped to 578,424, and analysts attributed this decrease to the highest level of targeted federal funding for homelessness in the nation’s history: \$4.5 billion in FY2015 for a variety of programs implemented by the Department of Housing and Urban Development, the Department of Health and Human Services, the Department of Education, and the Department of Veterans Affairs. Note that 578,424 represents a point-in-time count made on January 1, 2014. 401,051 of the 578,424 persons counted on that day lived in shelters or some other form of transitional housing; the remaining 177,373 (approximately 31 percent of the entire homeless population) were unsheltered (i.e., living on the street or in an abandoned structure). 216,261 were people in families, and 362,163 were individuals.

The National Alliance to End Homelessness broke unaccompanied children and youth (under the age of 18, and ages 18–24, respectively) out into a separate homeless category for the first time in 2013. Although children and youth constitute 8 percent of the January 1, 2014, count (representing approximately 45,100 persons), it is quite possible that this number is inaccurate, or an undercount, given that communities participating in the count are still developing strategies to reach young people. There are a limited number of beds for children and youth available (impacting the size of the sheltered population counted), and homeless children and youth do not necessarily frequent the same locales as homeless adults (impacting the size of the unsheltered population counted). One thing that is known about unaccompanied children and youth is that, compared to other categories of the homeless, they appear to be at particular risk for being unsheltered. They also make up a steady percent of the total homeless population in several states (e.g., 23.2 percent in Nevada, 11.1 percent in Montana, and 10.4 in New Mexico). Concern about their welfare resulted in the designation of November 2013 as National Homeless Youth Awareness Month.

Both LGBTQI and youth who do not identify as such usually owe their departure from home and subsequent homelessness to conflict with parents. They may leave home voluntarily, to escape neglect, physical or sexual abuse, a stressful environment or rules they cannot abide, or they may be summarily ejected by parents who no longer care about their well-being. Sexual activity or expression can be an issue that fuels conflict between youth and parents regardless of their children’s LGBTQI status, but as sexual relationships among non-LGBTQI youth have become more commonplace and less controversial, it is safe to say that the LGBTQI youth’s sexual orientation, or gender identity and expression, are more likely to result in conflict intense enough to cause a domestic break. (Sixty-two percent of homeless LGBTQI youth report that they were rejected by their families, compared to 30 percent of homeless non-LGBTQI youth.) Even with supportive parents, LGBTQI teens are more likely than non-LGBTQI teens to be shamed, derided and excluded at school or in the larger community, and both these environments can become so inhospitable or violent that escaping them may seem like an LGBTQI youth’s only choice.

Although LGBTQI youth are at greater risk of homelessness than non-LGBTQI youth, the risk they face has declined over time, in inverse proportion to the social acceptance they have gained. As gays and lesbians have fought for, and won, the right to love and be loved and to expect complete and unwavering social inclusion in their workplaces and neighborhoods, gay and lesbian youth have faced fewer challenges at home and at school. Today, being young, “out,” and proud is possible, and it seems the rule, rather than the exception, in many communities. Gay and lesbian athletes bring home sports trophies, and same-sex couples attend school proms. But, even as tensions have eased for gay and lesbian youth, another minority has had to bear the brunt of intolerance. Transgender individuals, [defined](#) as people whose gender identity does not match their assigned birth gender,” have emerged on the front lines of the fight for gender equity and sexual freedom.

Of late, more transgender individuals (including high-profile ones like Laverne Cox, Chaz Bono and Caitlyn Jenner) have come out and attempted to educate the public about their perspective and experiences. The intensification of media interest about **gender** in general, and the positive self-acceptance expressed by transgender people both in and out of the public eye have led more transgender youth to make their gender identity known to friends and family at earlier ages. Coming out at an early age can be a positive experience for the transgender youth who do it if they receive support from friends and family and appropriate services, when desired, from local institutions. It can be a negative experience with terrible consequences for those whose honesty is met with disgust, condemnation and misguided attempts at “conversion.” In a recent case that received nationwide attention, a 17-year-old transgender youth committed suicide after her parents hired a religious therapist to “convert” her back to being a boy. “**Conversion**” therapy is common enough to have inspired **legislation** against its use with minors in California, New York, and the District of Columbia. In 2015, 18 other states introduced similar legislation, and President Barack Obama announced his support of states’ efforts to forbid the practice.

Even when transgender youth do not explicitly come out to those around them, they may be perceived as threateningly “different” and subject to social isolation and verbal and physical abuse. According to a 2009 **report** issued by the American Psychological Association, research has confirmed that many transgender adults are rejected by “society, family, friends, coworkers, health care providers, and communities of faith” and are targeted by them for verbal harassment and physical violence. Transgender adults also **face discrimination** when looking for jobs or places to live. Transgender youth are at risk for the same kind of treatment their elders receive: rejection and “stigmatization,” verbal and physical attacks, and discrimination by employers and landlords. Seventy-eight percent of transgender youth in grades K–12 report harassment at school (by students and teachers or staff), 35 percent report physical assault, and 12 percent report sexual violence. Fifteen percent experienced harassment so intense that they left school.

As adolescents or young adults, transgender individuals are dependent upon their families for financial support. Until they are of age, they do not have the resources to independently house, feed, or clothe themselves, especially if they want to stay in school and obtain a high school degree. The earlier they come out or are “outed” by hostile parents, peers or teachers, the greater the risk that they will have nowhere to turn but the street if the response to their revelation is not positive. Supportive parents can ease a transgender youth’s psychosocial adjustment, but most parents react negatively to their children’s transgender status. (Fifty-seven percent of transgender people report that they were rejected by family when they came out; 19 percent report that they became victims of domestic violence.) Many transgender people report moving away from home during adolescence or young adulthood, and one in five transgender people report that they were homeless at some point in their lives. Also, transgender youth are homeless for longer periods of time than gay and lesbian youth. When LGBTQI youth were counted in 2008 by the Empire State Coalition for Youth and Family Services, it was discovered that transgender homeless youth had spent an average of 52 months away from home, almost two years more than their gay and lesbian counterparts.

Jeff Krehely, director of the LGBT Research and Communications Project at the Center for American Progress, believes that the nation is in the midst of a “new epidemic” of homelessness among LGBTQI youth precisely because young people are coming out “at age 12 or 13 instead of 18 or 20.” For example, in New York City, 14.4 is the average age at which lesbian and gay youth become homeless, and 13.5 is the average age at which transgender youth become homeless.

As noted in a **report** by the CAP, LGBTQI youth are more likely than non-LGBTQI youth to become homeless at young ages. Once they leave home, LGBTQI youth are also more likely than their non-LGBTQI peers to choose life on the street over a state care facility. Foster families may offer LGBTQI youth no more acceptance than the families they have left, and hostility and homophobia may run rampant in group homes. Advocates believe that “out-of-home care systems are demonstrably failing gay and transgender youth when they are most vulnerable to abuse” and that these failures are due to “institutional prejudice, lack of provider and foster parent training, and discrimination against gay and transgender youth by adults and peers.”

Once homeless, LGBTQI youth are particularly vulnerable. According to the **National Alliance to End Homelessness**, homeless LGBTQI youth are physically and sexually assaulted more often than homeless non-LGBTQI youth. A higher number have mental health problems and engage in unsafe sex, and they are twice as likely as homeless non-LGBTQI youth to attempt suicide (62 percent versus 29 percent).



**Research** shows that perhaps the harshest challenges are those faced by transgender youth who try to survive on the street. Transgender people who have experienced homelessness are more than four times as likely to have performed sex work as those who have not and more than three times as likely to be infected with HIV. They are more than twice as likely to have been incarcerated and almost twice as likely to have attempted suicide. Lack of access to appropriate medical care also leads some transgender homeless to risk injury or death by injecting themselves with street hormones or industrial-grade silicone.

Absent a place to stay, the discrimination against gender identities of homeless transgender youth place them at risk in public spaces. For example, 53 percent report that they were harassed when they tried to use public accommodations. Emergency shelters, which might offer some protection, are segregated by gender, and shelter operators have been known to turn away transgender youth because they do not meet gender expectations. Twenty-nine percent of homeless transgender youth report being refused entry to shelters because of their transgender status. Even when admitted, transgender youth may not receive appropriate services or accommodations or they may be subject to outright abuse. Forty-two percent of homeless transgender youth report that they had to sleep in a shelter as the wrong gender. Fifty-five percent say that they were harassed; 25 percent, that they were physically assaulted; and 22 percent, that they were sexually assaulted. An additional 25 percent report that they were evicted after their gender identity was discovered. Advocates **conclude** that “the majority of existing shelters . . . are not providing safe and effective services to LGBT homeless youth.”

Safe shelters for homeless LGBTQI youth, and for transgender youth in particular, are a necessity, given the frequency with which these groups find themselves homeless. It is imperative that emergency shelters designed for the general population serve LGBTQI and transgender youth in an effective, nondiscriminatory fashion. The authors of the **report** “Injustice at Every Turn: A Report of the National Transgender Discrimination Survey make the following recommendations:

- Transgender shelter residents should be housed according to their gender identity;
- Policies should be put in place to minimize any risk of violence directed towards transgender residents;
- Shelter staff should receive training on how to meet the needs of transgender residents;
- Shelter staff who refuse to meet the needs of transgender residents, or who assault them, either verbally or physically, should be immediately terminated.

Note that the federal government has recently taken steps to ensure that all youth are effectively served by the shelters it funds. In 2012, the Department of Housing and Urban Development prohibited discrimination based on sexual orientation and gender identity in all of its programs, including emergency shelters. In 2015, the department specifically stated that access to emergency shelters must be based on individuals’ self-identified gender. Personal questions about one’s body or medical history cannot be posed, and self-identification trumps any gender listed on identification papers. The extent to which these policies are being enforced is not yet known.

Approximately one dozen nonprofits currently operate shelters exclusively for LGBTQI youth. The oldest of these is the Ali Forney Center in New York City, established in 2002 and currently the “largest homeless provider for lesbian, gay, bisexual and transgender youth in the nation.” In March 2015, a shelter serving transgender youth opened in Washington, D.C. LGBTQ-only or transgender-only shelters offer LGBTQI homeless a uniquely safe space. Given the high proportion of homeless youth that are LGBTQI and their reluctance to seek help where they feel threatened, these service models (currently available only on the East and West Coasts) are deserving of replication and could effectively reduce the number of homeless youth on the nation’s streets.

As noted earlier, the federal government is investing heavily in the fight to end homelessness. Over the years, several pieces of federal legislation have addressed the problem of homeless youth and authorized funding for programs designed especially for them. In 1974, the Runaway Youth Act (RYA), signed into law as part of the 1974 Juvenile Justice and Delinquency Prevention Act, established a Runaway and Homeless Youth Program (RHYP) through the provision of federal grants for the funding of “local systems of care to be developed and shaped by the unique needs of each region, their available resources, and their local policy priorities.” In 1977, the RYA was expanded and renamed the Runaway and Homeless Youth Act (RHYA), with planned reauthorizations of the RHYP every five years (i.e., in 1982, 1987, 1992 and 1997). In 2003, Congress passed the Runaway, Homeless, and Missing Children Protection Act (RHMCPA), which reauthorized programming under both the RHYA and the Missing Children’s Assistance Act. Reauthorized funding for the

RHYP came in 2008 via the Reconnecting Homeless Youth Act. Authorization for the RHYA expired at the end of FY2013, but RHYA programs continued to receive funding.

Programs funded under RHYA and subsequent legislation include street outreach programs (which offer youth under age 18 crisis intervention services, “survival aid,” and information and referrals, including referrals to emergency shelters); basic center programs (which provide immediate, short-term assistance to youth under age 18 in the form of emergency shelter; food, clothing, and medical care; individual, group, and family counseling; and recreation), and transitional living programs (which deliver a range of services to youth ages 16–22 in a supportive housing environment for up to 18 months—among them, substance abuse education and treatment, independent living skills, access to educational opportunities and help finding work). To sum up, street outreach programs aim to get youth off the streets; basic center programs, to provide temporary shelter and some essential services and to reunite families when possible and, when not, to identify appropriate foster care or group home placements; and transitional living programs, to prepare youth for life on their own should family reunification, or state care options, prove undesirable. In FY2011, the U.S. Department of Health and Human Services funded 155 street outreach programs, 342 basic centers (in all 50 states, Guam and Puerto Rico), and 215 transitional living programs.

The homeless, young or not, LGBTQI or not, often face multiple challenges to finding and keeping housing (among them, mental illness, physical disability and drug or alcohol addiction) and, when they do find and keep housing, they can benefit from post-shelter placement in supportive housing where they can receive appropriate treatment and services. Transgender youth also face intense challenges, even without the added stress of homelessness. Convenience samples of transgender people across the United States reveal high rates of depression, substance abuse, suicidal ideation and suicide attempts. American pediatricians **consider** transgender youth “an underserved and poorly researched population . . . at high risk for significant morbidity and mortality” due to rejection by family and peers, harassment at school and at home, verbal and physical abuse and assorted related traumas. The cost of being young and transgender in a society that is strictly gendered is high. Appropriate services for homeless transgender youth in transitional programs (including counseling by providers sensitive to transgender issues and education about medical options for those who wish to transition) could address this cost.

The year 2014 marked the 40th anniversary of the RYA. Critics **contend** that the programs it supports are “severely underfunded and only serve a fraction of the homeless youth community.” Indeed, in 2013, the Congressional Research Service itself **concluded** that federally funded programs were assisting too few homeless youth. Annual appropriations for RHYA programs from FY2007 through FY2015 have been far from generous, ranging from \$103 million to \$116 million, with approximately 15 percent of funds going to outreach, 45 percent going to basic centers, and 40 percent going to transitional living programs. In FY2008, 766,800 homeless youth made contact with RHYA-funded street outreach programs, but only 44,483 were offered shelter beds, and only 3,946 were admitted to transitional living programs. Current estimates are that street outreach programs serve hundreds of thousands of youth per year, basic center programs serve approximately 40,000 to 50,000, and transitional living programs, approximately 3,500 to 4,000.

Moreover, in 2010, advocates **noted** that none of the three programs described above were “administered to specifically address the needs of gay and transgender homeless youth.” Since 2010, the federal government has taken steps to ensure that gay and transgender youth have appropriate, nondiscriminatory access to emergency shelters. The federal government’s general **position**, clarified in 2012, is that many LGBTQI and non-LGBTQI youth become homeless for the same reasons (“family conflict, physical violence, sexual abuse, chronic neglect, abandonment, and poverty”) and that the same interventions to prevent or end homelessness (among them, family reunification, housing and supportive services) can work for both LGBTQI and non-LGBTQI youth, as long as 1) family unification programs include LGBTQ-specific information for the parents of LGBTQI youth, 2) service providers are culturally competent and have received training on LGBTQI issues, 3) housing programs are administered without discrimination, and 4) supportive services include those most important to LGBTQI youth.

In 2014, the **Runaway and Homeless Youth and Trafficking Prevention Act** was introduced in the U.S. Senate. It included a nondiscrimination clause to ensure that all youth seeking services, including LGBTQI youth, receive fair, respectful treatment and “culturally competent and comprehensive” care. Unfortunately, the bill, which would also have funded a national study on homeless youth, failed to garner the 60 votes necessary for its passage by the U.S. Senate, even though it was endorsed by over 200 national, state, regional and local organizations, including the Gay, Lesbian & Straight Education

Network (GLSEN), the National Center for Transgender Equality, the National Gay and Lesbian Task Force, and the National Coalition for the Homeless.

The goal of “Opening Doors: the Federal Strategic Plan to Prevent and End Homelessness” is to **end youth homelessness** by 2020. Until this goal becomes a reality, advocates for LGBTQI and transgender youth will continue to offer guidance on how best to serve LGBTQI and transgender youth.

Jeff Krehely, director of the **LGBT Research and Communications Project** at the Center for American Progress, quoted above, notes that service providers must achieve cultural competence in order to serve the special needs of the LGBTQI population; that supportive services for LGBTQI youth must include family reunification programs, HIV testing / safe sex programs, and “robust” mental health support; and that shelter providers must maintain an awareness of the potential for abuse of LGBTQI youth by their non-LGBTQI homeless peers.

The Center for American Progress **reminds** us that although some homeless LGBTQI and transgender youth must prepare to live independently, because their family situations are unsafe or abusive, and reunification is an impossibility, with appropriate services and education for family members, some transgender youth can resume living at home. Foster care with foster parents who are welcoming of LGBTQI youth (especially those who are transgender) or who are LGBTQI themselves, is also a possibility, as are group homes, provided they can appropriately serve LGBTQI youth and protect them from any hostility or homophobia on the part of non-LGBTQI residents. Preventing homelessness by educating parents who are capable of supporting their children but just don’t know how and by ensuring that school and community institutions are accepting of LGBTQI youth and committed to serving them is a laudable goal.

The Center for American Progress also recommends that the federal government develop clear and appropriate standards of care for LGBTQI and transgender youth by adopting “National Recommended Best Practices for Serving LGBT Homeless Youth,” a set of comprehensive standards created in 2009 by a group of advocacy organizations. (Even well-meaning operators of shelters that have successfully served the gay and lesbian population may be unsure of how to best approach transgender youth.)

Transgender people are a minority within a minority, still subjected to the acts of discrimination and catcalls of derision that many gay and lesbian people have left behind. Transgender youth are particularly vulnerable, without the social, emotional or financial resources adults can call upon to protect themselves. Moreover, transgender youth suffer the slings of disapproval even more now than they did decades ago, because of the young ages at which so many are choosing to come out. They may have to endure verbal and physical assaults from friends and family, parents and teachers and school and community leaders before leaving home with little more than the clothes on their backs. Psychic wounds sustained at home are exacerbated by life on the street, resulting in significant morbidities and mortalities related to loneliness, depression, post-traumatic stress and other mental illnesses. Physical maladies aren’t far behind when alcohol and illegal substances are used to ease the pain of rejection, sex work is traded for a place to sleep or a plate of food and dirty needles pierce the skin with injectable hormones and silicone. Yet, these young people survive, marked by a strong desire to discover and experience their authentic selves.

The nation owes homeless transgender youth a hand up in the form of appropriate services and a safe place to stay, be it an exceptional foster care placement, a home where family are willing to learn how to go the distance for their transgender child, or a first-class transitional living program, like the one sponsored by the Ali Forney Center in New York City or the Los Angeles LGBT Center. Lifting every transgender youth up and transforming the service systems that will support him or her is no small task. It will require new legislation, increased funding and a willingness to educate service providers. Fortunately, many well-established gay rights organizations have joined the struggle to protect homeless transgender youth, and new organizations devoted to their well-being have sprung up (among them, the National Center for Transgender Equality, the Trans Advocacy Network, the Transgender Foundation of America, and pop star Miley Cyrus’s **Happy Hippie Foundation**).

# Homelessness, Incarceration and Veterans

Transgender youth and their gay and lesbian peers are overrepresented in the ranks of the homeless, as are two other populations: the formerly incarcerated and veterans.

**Formerly Incarcerated people.** America contains only 5 percent of the world's population, yet 25 percent of the world's prisoners are **confined** here. In recent years, increases in the number of people we jail and imprison, and in the number of people we *release* from jails and prisons, have mirrored increases in the number of homeless living on our nation's streets and in its shelters. In 1980, America's jails and prisons held 500,000 people; by 2004, they were home to **2.1 million**. In 2010, over 700,000 individuals were **released** from state and federal prisons, and an additional nine million, from jails. Over the course of these same decades, America's homeless **population** "transformed from a small collection of individuals stereotyped as bums and winos to a diverse assortment of families and individuals that, according to best estimates, now include at least 2.3 million who are homeless at some point in a year."

These two populations—those recently released from confinement and those without permanent housing—exhibit **significant overlap**: homelessness is a relatively common experience for former inmates; and incarceration, an unsurprising occurrence among the homeless, particularly the single adult homeless. Members of both groups tend to be young men of color, poor, undereducated and lacking in job skills. When they exit our nation's jails and prisons, they are at heightened risk for homelessness because of circumstances related to their incarceration; and when they live on the street or in a shelter they suffer a greater probability of incarceration because of circumstances surrounding their status as homeless people.

An estimated one in five individuals leaving prison becomes homeless as soon as he or she passes through the prison gates. In urban areas, the proportion of formerly incarcerated people facing homelessness may be even higher—a **study** performed by the California Department of Corrections determined that on any given day in the state's larger cities (e.g., San Francisco and Los Angeles), upwards of 30 to 50 percent of parolees find themselves homeless.

In light of the obstacles formerly incarcerated people face when they seek permanent housing, numbers as high as these are quite comprehensible. State and federal prisons are typically located many hundreds of miles away from prisoners' previous homes, and extended periods of incarceration in remote locations can fray the ties to family and friends that might have otherwise produced viable housing opportunities. When confinement occurs at a local correctional facility, relationships with those on the "outside" may be easier to maintain, but **few inmates** will have an opportunity to benefit from prerelease programs designed to help them connect to housing and social services, as programs like these, found inconsistently in prisons, are only rarely available in jails.<sup>1</sup> Without a housing advocate or advanced knowledge of the market, quality affordable housing will always be difficult for former inmates to find, as it often passes, unadvertised, from hand to hand.

Should an formerly incarcerated person be lucky enough to hear of an available unit, chances are slim that he or she will have access to the kind of cash required for even a modest apartment's first month, last month, and security. And even with cash in hand, formerly incarcerated people are unlikely to pass landlords' background checks. Public housing offers no solution. Vacancies are rare in "the projects," and wait lists for the Section 8 vouchers public housing authorities dispense are usually months or years long. A felony conviction usually bars applicants from both conventional and Section 8 programs. It is therefore not surprising that upwards of 80 percent of formerly incarcerated people end up in a relative's spare room, or on a friend's secondhand sofa, until these overcrowded and often fragile living arrangements break down, and a renewed battle with homelessness begins.

What factors are at work in the opposite direction, pushing single homeless adults into the arms of the law? In a 1996 **study** completed by the Department of Housing and Urban Development, 18 percent of homeless adults reported having been



incarcerated in a state or federal prison, and almost one-half (49 percent) reported spending five or more days in a city or county jail. As one expert observer has **noted**, “criminal justice involvement among people who are homeless is hardly new: jails and detention facilities have historically served as de facto institutions for persons who were homeless when they were picked up either for violating vagrancy laws or as a benevolent means of quartering.” Also, due to the perception that homeless individuals are “unruly, threatening, and offensive,” they are more likely than other citizens to suffer arrest and incarceration for misdemeanors and relatively minor crimes. Many of the daily activities in which homeless individuals engage for survival, like panhandling, loitering and sleeping in public spaces, have been labeled quality of life offenses and criminalized by zealous city officials. In 2014, the National Law Center on Homelessness & Poverty, which tracks the passage of measures designed to criminalize homelessness in close to 200 cities, **reported** increased implementation and enforcement of almost every anti-homeless ordinance it looked at.

Research **indicates** that formerly incarcerated people who look to the community post-release and find nothing there more welcoming than a bunk in a homeless shelter or a slab of cold concrete on which to lay their heads are more likely to recidivate than those who find permanent housing. In New York City, a study of parolees found that formerly incarcerated people who entered homeless shelters post-release were seven times more likely than those who did not to violate parole their first month out. Being homeless *before* incarceration can also increase the likelihood of recidivism. A study of 50,000 inmates who were released from New York State prisons and returned to New York City between 1995 and 1998 found that risk of re-incarceration increased by 23 percent when inmates had spent time in a shelter prior to their prison stay.

As noted above, the recently incarcerated and the homeless swim in the same pool of circumstance, and both find themselves in the deep end. What can be done to reduce the risk of homelessness (and recidivism) among formerly incarcerated people, and the risk of incarceration among the single adult homeless people? How can linkages between homelessness, incarceration and recidivism be broken?

According to **experts**, recognizing the primary importance of stable housing is key:

Just as incarceration, with its clinical and social consequences, leads individuals to homelessness, the lack of stable housing is considered to be a criminogenic factor. Therefore, assisting individuals to achieve housing stability can itself reduce returns to criminal justice involvement. Housing stability stands as a prerequisite to service delivery as well as a strategy for preventing returns to criminal justice involvement and incarceration. Promising programs tend to integrate services and treatment with either permanent or transitional housing rather than offer either services (e.g., case management) or affordable housing alone.

Transitional housing offers formerly incarcerated people trying to reintegrate back into their communities a safe but temporary physical space and a personalized array of appropriate services. Physical accommodations run the gamut from SRO’s and dormitory-style facilities to individually occupied apartments with separate kitchens and baths. Services typically include “case management, mental health and medical services, counseling and general issues groups, life and social skills groups, anger management, vocational and educational training, advocacy, and assistance obtaining benefits and identification information.” The housing plus services equation is the defining feature of transitional housing, and residents must avail themselves of the services they are offered. The goal is personal rehabilitation, followed by a move to a permanent and independent living situation. Transitional housing can be short-term, lasting no more than a few months, or long-term, lasting up to two years.

One of the nation’s best-known facilities for homeless formerly incarcerated people is New York City’s Fortune Academy, operated by the Fortune Society. Its transitional housing program (which “prepares able-bodied and employable individuals to overcome barriers to independence—substance abuse, limited employment history or educational attainment, and/or lack of daily living skills—and eventually achieve self-sufficiency”) contains 21 short-term beds and 41 long-term beds.

Supportive housing is permanent housing designed to support formerly incarcerated people and other individuals with significant physical or behavioral challenges. Residents pay subsidized rents based on their income. They receive counseling, case management and assistance accessing medical and mental health services. They also benefit from peer support groups and enjoy social and recreational programming

According to a 2004 **report** issued by the Corporation for Supportive Housing (CSH), supportive housing programs for formerly incarcerated people can be found in only nine states and the District of Columbia, even though research **indicates** that supportive housing significantly reduces the likelihood of future interactions with the criminal justice system: it brings the rate of re-incarceration to jails down by 30 percent, and the rate of re-incarceration to prisons, down by 57 percent. Moreover, it costs *less* than re-incarceration: a 2002 **study** of the median daily cost of incarceration in nine cities concluded that a stay in prison averaged \$69.43 a day, and a stay in jail, \$70.00 a day, compared to \$30.48 a day for supportive housing.

It is interesting to note that formerly incarcerated individuals do not have the option of choosing housing without services—“no documented non-service enhanced subsidized housing models or rental assistance **programs** exist that are specific to persons released from incarceration.” As outlined, transitional or supportive housing programs for formerly incarcerated people tend to be relatively expensive (even though they can, as indicated above, be cost-effective), relatively few in number, and implemented by mission-driven community-based organizations (CBOs).

They also tend to be gender-specific, as almost all of them have been developed to serve men, who are more than ten times as likely to be imprisoned as women. **Formerly incarcerated women** have only recently appeared on the radar of program providers, who have begun to consider the ways in which women’s post-confinement needs might be different from men’s, their interest having much to do with the fact that female inmates are now “the fastest growing population in the criminal justice system,” with a rate of increase 1.5 times the rate of men. In 1980, state and federal prisons held only **15,118** women with a rate of increase **1.5 times the rate of men**. By 2011, they held 111,387 woman, and jails held 93,300 women, for a total of almost 205,000 women behind bars.

Men and women are both at risk of homelessness when their incarceration ends. (A recent study found that 25 percent of women leaving jail did not know where they were going to live **post-release**.) But homelessness looks different on women, both generally (i.e., during pre-incarceration episodes) and at the specific point of reentry into the community.

- First, women are more likely than men to be accompanied by children while homeless—of the one-quarter of the homeless population that is comprised of members of households with children, 65 percent are female. (The remaining three-quarters of the nation’s homeless population are **single**; two-thirds of these singles are male, and one-third, female.) Women who become homeless immediately following a release from confinement will not have custody of their children, and their desire to regain custody may provide them with a motivation to seek a solution to their homelessness that most male formerly incarcerated people will not have.
- Second, domestic violence is a major **precipitating factor** in the homelessness of women and children. **Homeless women** are more likely to have experienced abuse at the hands of an adult partner than are men (or women who are not homeless). According to national **estimates**, between 20 and 50 percent of homeless women with children are fleeing domestic violence. One-half of 24 U.S. cities report domestic violence (presumably with women the chief victims) as a **primary cause of homelessness**. Although domestic violence will not immediately precede an episode of homelessness that occurs upon release from confinement, it can still cause this homelessness by making it dangerous or impossible for a woman to return to her previous place of residence.
- Third, homeless women are more likely than men to have experienced **childhood sexual abuse** and to perform “survival sex” in exchange for shelter. They also tend to be homeless for shorter spells than men and to spend less time, while homeless, in unsheltered locations.

According to some **research**, the abovementioned differences make it likely that programs designed to address homelessness among men (who make up the bulk of the homeless population) will be of limited utility when applied to women.

The same applies to programming for incarcerated individuals—what is appropriate and effective for men (still the majority of the prison population) will be inadequate to the needs of women, due to differences in their pre-incarceration experiences, including those that resulted in their confinement.

Women in prison or jail are more likely than men in a similar circumstance to have experienced physical or sexual abuse before their incarceration. In one **study**, 75 percent of woman inmates reported that they had been targeted for physical violence by their intimate partners; and 35 percent, that they had experienced marital rape. Another three-quarters (77 percent) reported that they had experienced physical or sexual abuse at the hands of those who were not their intimate partners or spouses. In a **study** of participants in prison-based drug treatment programs, women inmates reported childhood abuse at a rate almost twice as high as their men counterparts; and being targets of abuse as adults, at a rate eight times higher than their peers who are men.

According to the **report** “Life After Lockup: Improving Reentry from Jail to the Community,” as a result of the traumas they have experienced, women, more than men in prison or jail are likely to be drug- or alcohol-dependent and to have mental health issues. In one study of state prisons cited by the report, 75 percent of women in the prison population were found to have met the criteria for substance abuse. The report cites another study that shows that 73 percent of women in state prisons and 75 percent in jails were deemed to have mental health problems, compared with 55 percent and 63 percent of men. Nearly one in three women held in state prisons **reported** having committed their crimes in order to support a drug habit, and one in two described themselves as having been daily users.

**Research** shows that substance abuse places women in prison or jail at higher risk for HIV transmission than men who are incarcerated. Indeed, HIV transmission has become an urgent public health issue for women in the criminal justice system, as their HIV infection rates have been estimated to be twice those of men.

The circumstances surrounding women’s initial involvement with the criminal justice system also **tend to be very different than those of men**. Women are more likely to be incarcerated for drug and property crimes and less likely to be incarcerated for violent crime. In 2008, for instance, 54 percent of male inmates were serving time for violent offenses, compared with just 36 percent of female inmates. Twenty-nine percent of female inmates were serving time for property crimes, compared with 18 percent of men; and 27 percent of female inmates were serving time for drug offenses, compared with 18 percent of men.

In 2003, the National Institute of Corrections issued a “gender-responsive strategies” **guide** to correctional policy and practice, the goal of which was to articulate what was known about “how to manage and intervene effectively with female offenders in adult corrections.” The authors and advocates for incarcerated women have **observed** that “historically, correctional programming for women has . . . been based on profiles of male criminality,” and that even “gender-neutral” programming has had a male focus. What is needed, they note, are “comprehensive, integrated, and culturally relevant services and supervision” designed specifically for women, services that would recognize the “traumatic paths” that led many to collide with the criminal justice system.

Post-release, **experts believe** that a similar gender lens should be brought to bear on programming for homeless women who are formerly incarcerated, such that their “unique gendered experiences” are recognized in the form of “gender-sensitive programs for preventing or reducing drug and alcohol use . . . and sexually transmitted infection.” Another important aspect of gender-sensitive programming for these women is the implementation of a “**relational**” **model of treatment** that emphasizes the development of healthy relationships with family, children, significant others, and the larger community. As Stephanie Covington has **noted**, women intensely value their relationships with others, and they have been socialized to “approach life within interpersonal contexts.” While “inside,” women prisoners are **generally known** to maintain closer ties to their children and extended families than men in the same situation. In a **series of longitudinal studies of reentry**, called “Returning Home Study: Understanding the Challenges of Prisoner Reentry,” successful providers of services to formerly incarcerated women recognized the importance of existing relationships and the fact that they can often be counted on to provide women exiting the system with invaluable emotional and economic support, including

housing. When these relationships have weakened or deteriorated over the years women have spent in the correctional system, successful providers will aid in their repair.

**Veterans.** Just as some populations of children and youth have proven themselves more at-risk for homelessness than others, so have some adult populations. Veterans, for instance, **comprise** only 8 percent of the total U.S. population, but make up 17 percent of the nation a homeless. According to **annual calculations**, on January 1, 2014, 25.5 individuals per 10,000 veterans nationwide were found to be homeless (living outdoors, in a shelter, or in transitional housing). Rates of veteran homelessness in individual states ranged from a high of 146 per 10,000 in Washington, D.C., to a low of 9 per 10,000 in Virginia. Taken together, about **one-half of all homeless veterans** in the U.S. live in California, Florida, New York and Texas.

The **profile** of a typical homeless veteran offered by the National Coalition for Homeless Veterans is a single male resident of an urban area (only one-third live in suburban or rural areas) who suffers from mental illness (50 percent), alcohol and/or substance abuse (70 percent), or other disabilities (51 percent) and has become homeless because of an unexpected or exacerbated economic hardship. Approximately 40 percent of all homeless veterans are black or Hispanic, although only 10.4 percent of the total veteran population of the U.S. is black, and 3.4 percent, Hispanic. Younger veterans are also overrepresented in the ranks of the homeless. Five percent of all veterans are between the ages of 18 and 30, yet 9 percent of homeless veterans fall into this age range; less than one-quarter of all veterans are between the ages of 31 and 50, but 41 percent of homeless veterans fall into this age range. Homeless veterans have served in every major U.S. conflict: World War II, the Korean War, the cold war, the Vietnam War, Grenada, Panama, Lebanon, the Persian Gulf War, Operation Enduring Freedom (Afghanistan), Operation Iraqi Freedom, Operation New Dawn, and antidrug operations in South America. Almost one-half of homeless veterans served during the Vietnam era. Two-thirds of homeless veterans served in the nation's armed forces for at least three years, and one-third were stationed in a war zone during their term of service. **Atypical homeless veterans** include, according to the Coalition, female veterans, single veterans with dependent children, and veterans transitioning out of incarceration.

Veterans are **twice as likely** as civilians to become homeless, and once homeless, they take longer to recover. Homeless veterans spend an average of six years on the street or in shelters, while homeless civilians spend an average of four years. These disparities may be related to weaker social networks among veterans. With homelessness looming, or already arrived, individuals in crisis often look to family and friends for help. They may borrow money to make rent, or spend months on a relative's couch. While in service, veterans suffer the disadvantage of lengthy separations that can weaken their relationships with loved ones. They have low marriage rates and high divorce rates, and once they leave the service, one in five lives alone. When trouble strikes with a job loss or an eviction, they may have no one to turn to for assistance.

Mental health problems resulting from stressful training and military assignments, even when these fall short of participation in combat, can also lead to homelessness, especially if affected veterans attempt to self-medicate with drugs or alcohol. The U.S. Department of Veterans Affairs recently **reported** that almost one-third of veterans receiving medical treatment upon their return from Iraq and Afghanistan showed signs of stress, and one-half of this group appeared to suffer from post-traumatic stress disorder (PTSD). A **high incidence of PTSD** among veterans of Operation Enduring Freedom (Afghanistan) and Operation Iraqi Freedom has been traced back to the fact that these veterans can experience "multiple layers of trauma" due to repeated deployments. (In 2014, 47 percent of all soldiers on active duty had been deployed more than twice, and 16 percent had been deployed three or more times.)

Shortages of affordable housing and a lack of appropriate employment opportunities are important factors underlying homelessness in the general population. When these factors impact veterans, their effects can be particularly harsh. Most homeless veterans are single males and **ineligible** for the many housing assistance programs that are designed to serve families, single parents with children, and persons with disabilities. Veterans are also **disadvantaged** when negotiating the labor market, because their military service does not always translate into skills desired by civilian employers.

The poor are always at risk of homelessness ("one paycheck away . . ."), and **poor veterans pose no exception** to this rule. Approximately 1.5 million veterans (about 6 percent of the entire veteran population) are living in poverty today, and one



in ten of them is likely to suffer the loss of his or her housing. Youth, and its attendant resourcefulness, offers veterans no protection against homelessness, as young veterans (those between the ages of 18 and 30) are almost four times as likely as their nonveteran peers to become homeless.

In recent years, the problem of veteran homelessness has received significant attention, and policymakers at the federal level have moved toward a solution. In March 2009, President Barack Obama **announced** that his administration would seek to end veteran homelessness in five years' time: "Until we reach a day when not a single veteran sleeps on our nation's streets, our work remains unfinished." In November of the same year, the administration's secretary of Veterans Affairs **released** a "Five-Year Plan to End Veteran Homelessness." This plan was incorporated into the **report** "Opening Doors: Federal Strategic Plan to Prevent and End Homelessness," which was adopted by 19 federal agencies in June 2010.

Simultaneous with President Obama's historic announcement, the National Coalition for Homeless Veterans, founded in 1990, released a series of **policy statements**, collectively called the "Veteran Homelessness Prevention Platform," outlining recommended programs and services for veterans already homeless, and for those at risk of homelessness.

To meet the health needs of veterans and prevent the mounting medical bills that often push families, whether veteran or nonveteran, into homelessness, the coalition recommended: 1) implementation of a universal health care enrollment program for veterans, participation in which would be activated before soon-to-be veterans left the service, 2) creation of a National Veteran Health Insurance Program with sliding scale fees, and 3) in areas underserved by VA facilities, contracts with community health facilities that guaranteed Operation Enduring Freedom (Afghanistan) and Operation Iraqi Freedom veterans access to VA care for up to five years from the date of their return.

To meet the emotional needs of veterans and prevent the progression of serious mental illnesses, which could lead to homelessness if left untreated, the coalition recommended: 1) mandatory mental health assessments for all personnel separating from active duty, and 2) 24-7 access to mental health services at all VA medical centers (delivered on-site or through community referrals).

To ensure that all veterans had access to the employment and income opportunities that would help them keep a roof over their heads, the coalition recommended: 1) the expansion of employment preparation and job placement services, 2) the adoption of preferential hiring practices by federal contractors and government agencies, and 3) the funding of community organizations to provide employment and training services to low-income veterans living in supportive housing.

To increase affordable housing opportunities, the coalition recommended: 1) increases in the number of Section 8 housing vouchers earmarked for low-income veterans and chronically homeless veterans, 2) the development of supportive housing for homeless veterans and those at risk of homelessness, 3) the creation of a home loan program for veterans of Operation Enduring Freedom (Afghanistan) and Operation Iraqi Freedom, and 4) the construction of affordable housing "in every community in the nation," with set-asides for low-income veterans and homeless veterans.

The movement to end veteran homelessness received bipartisan support in Congress, which funded related programs at unprecedented levels. The results have been noteworthy. In the five years between 2009 and 2014, an **annual point-in-time count of homeless persons**, overseen by the Department of Housing and Urban Development, showed a 33 percent decrease in homelessness among veterans nationwide. On January 1, 2014, the date of the count, 32,048 veterans were living in shelters or in transitional housing, and 17,885 were living outdoors. (Total number of homeless veterans was 49,933.) Between 2013 and 2014, the number of homeless veterans decreased in 28 states. The biggest decreases were seen in Alaska, New York, North Dakota, Texas and Arizona.

On June 4, 2014, First Lady Michelle Obama announced the **Mayor's Challenge to End Veteran Homelessness**. To date, seven governors, 355 mayors, and 112 county and city officials have pledged to end veteran homelessness by the end of 2015. In January 2015, New Orleans became the first city to **announce** that it had achieved this goal.

Current efforts to support homeless veterans and prevent additional veterans from becoming homeless, include: 1) the Homeless Providers Grant and Per Diem (GPD) program, 2) Supportive Services for Veteran Families, 3) HUD-VA Supportive Housing, and 4) the Homeless Veterans Reintegration Program.

1. **Homeless Providers Grant and Per Diem (GPD) program.** The Homeless Providers Grant and Per Diem (GPD) program is a community-based assistance program that has been aiding homeless veterans since 1992. It is permanently authorized by Congress and administered by the U.S. Department of Veterans Affairs. A total of 15,000 GPD beds serve approximately 30,000 veterans per year. GPD grantees provide the homeless with short-term supportive housing, primary health care, mental health services, substance abuse treatment and employment supports. The goal of the GPD program is to “return clients to permanent housing and income security as quickly as possible.” A unique feature of the program allows some clients to “transition in place” by assuming long-term leases for their GPD residences.
2. **Supportive Services for Veteran Families.** The Supportive Services for Veteran Families (SSVF) program is another community-based program. Created in 2012, it is modeled after the Department of Housing and Urban Development and administered by the U.S. Department of Veterans Affairs. A total of 15,000 GPD beds serve approximately 30,000 veterans per year. GPD grantees provide the homeless with short-term supportive housing, primary health care, mental health services, substance abuse treatment and employment supports. The goal of the GPD program is to “return clients to permanent housing and income security as quickly as possible.” A unique feature of the program allows some clients to “transition in place” by assuming long-term leases for their GPD residences.
3. **HUD-VA Supportive Housing.** The HUD-VA Supportive Housing (HUD-VASH) program is a joint effort that provides chronically homeless, clinically eligible veterans and their families with HUD Section 8 housing vouchers they can use to access private housing while contributing 30 percent of their income to rent. Program participants, who have serious mental illnesses, substance abuse problems, physical disabilities and “co-occurring disorders” also receive intense case management services to aid long-term recovery. Three hundred public housing authorities have participated in the program thus far, and more than 78,000 HUD-VASH vouchers have been awarded through FY2015.
4. **Homeless Veterans Reintegration Program.** The Homeless Veterans Reintegration Program (HVRP) has been administered by the U.S. Department of Labor–Veterans’ Employment and Training Service (DOL-VEETS) for over two decades. In 2014, it served over 17,000 veterans. HVRP grantees provide homeless veterans with job placement and retention services, related supports (e.g., health services, individual and family counseling), and 270 days of post-placement follow up.

Federal funding for all Department of Veterans Affairs homeless assistance programs is determined annually by the Military Construction and Veterans Affairs bill. A **recent version of this bill** provided \$1.265 billion in funding for FY2016, representing the federal government’s continued commitment to ending veteran homelessness.

The same bill requested “an analysis of the challenges facing homeless female veterans and an explanation of how the VA will work to meet these challenges and provide treatment and assistance for female veterans.” This request was timely, given the increasing numbers of women recently returned from deployment in Iraq and Afghanistan. In 2006, 150 female veterans of Operation Enduring Freedom (Afghanistan) and Operation Iraqi Freedom found themselves homeless; five years later, **1,700 did**. Today, homeless female veterans are **more numerous than ever**, comprising approximately 8 percent of the homeless veteran population. Their numbers will continue to rise, as women constitute a larger and larger proportion of America’s active duty military. (By 2035, it is **estimated** that women will make up 16 percent of America’s armed forces, and a similar percentage of all living veterans.)

About one-half of today’s female veterans served in the Gulf War or related conflicts, and their military experiences **differed significantly** from those of female veterans of previous conflicts, due to repeated deployments, a general expansion of the role of women in the military, and “the blurring of combat and non-combat operations in Iraq and Afghanistan.” In 2013, in large part due to the achievements of women during Operation Enduring Freedom (Afghanistan) and Operation Iraqi Freedom, the Pentagon **lifted its ban on female combatants**, and gender was formally retired as a

means of protecting military women during warfare. **Implementation** of the Pentagon's order will begin sometime in January 2016, when 237,000 combat jobs across the armed forces will be opened to women.

The experiences of male and female military personnel converged during the Gulf War and subsequent conflicts, exposing both men and women to traumas that could result in post-traumatic stress disorder, substance abuse, and eventual homelessness. Today, **poor female veterans** are more than three times as likely as their civilian peers to become homeless. The effective delivery of services to homeless female veterans requires an acknowledgment of the wartime experiences they share with male veterans, a sensitivity to their unique needs, and a willingness to design programs that take both of these into account. Research indicates that some veterans, no matter what their gender, are unsure of the exact nature of their status as veterans (especially if they have received a less than honorable discharge) and confused about the types of programs and services they are eligible for post-service.<sup>2</sup> However, additional research also shows that female veterans are particularly unlikely to “self-identify” as veterans and are **hesitant** to access VA services they perceive as “male-oriented.”

To help female veterans, including those who are homeless, understand and access VA benefits and health care services, the Department of Veterans Affairs has **stationed** Women Veterans Program Managers at every one of its medical centers (and most of its Readjustment Counseling Centers). Women Veterans Coordinators also operate out of the VA's regional offices (and most of its State Departments of Veterans Affairs). Comprehensive primary care for female veterans, homeless or not, is now available at all VA medical centers and community-based outpatient clinics. Outreach campaigns encourage service utilization.

The Department of Veterans Affairs has also developed **special programs** for homeless female veterans and for female veterans suffering from post-traumatic stress disorder, including those whose traumas resulted from sexual assault or severe sexual harassment during a term of service. (Ninety-five percent of **reported** sexual assaults in the military are committed against servicewomen.) Women who suffer Military Sexual Trauma (MST) as a result of assault are nine times more likely to **experience PTSD** than those who have not been victimized. They are also more likely to experience homelessness. (Homelessness after discharge can also be related to the traumatizing return of painful personal circumstances that predated enlistment, or were the reason for that enlistment. **Spousal abuse**, for instance, can occur when female soldiers return home.)

Unfortunately, not all VA programs designed to support homeless veterans are set up to effectively serve women, many of whom have dependent children. Fewer than 40 percent of organizations funded by the Homeless Providers Grant and Per Diem (GPD) program provide housing for the children of veterans, and 70 percent of those that do impose restrictions on the number and age of children served. Participating organizations are reimbursed for the cost of housing homeless veterans, but they are not typically reimbursed for the cost of housing veterans' children. The VA recently **funded** a limited number of Special Needs grants to reimburse service providers for additional expenses incurred when children are served.

Even when unaccompanied by children, the experiences of female veterans who access GPD services can be less than optimal. In 2012, an audit of the program performed by the VA Office of Inspector General found that 31 percent of GPD facilities did not have “the segregated and secure living and sanitary facilities, trauma-informed competency, or basic safety procedures in place to provide security to their women clients.” Approximately 6 percent of GPD service providers surveyed **reported** that sexual harassment or outright assault had taken place on their premises.

On the other hand, the Homeless Veterans Reintegration Program (HVRP) administered by the **U.S. Department of Labor–Veterans' Employment and Training Service** (DOL-VETS) specifically targets homeless female veterans through the provision of over \$4 million in Homeless Female Veterans and Veterans with Families Program **grants**. The HUD-VA Supportive Housing program (HUD-VASH) prioritizes the applications of disabled veterans with dependent children

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<sup>2</sup> Eligibility for VA health benefits is “contingent upon active service in the military, naval, or air service; serving 24 continuous months or the full period called to active duty (for those who enlisted after September 7, 1980, or who entered active duty after October 16, 1981); and discharge or release under conditions other than dishonorable.” See p. 2 of “Health and Homelessness among Veterans: A Needs Assessment of HCH Grantees. Final Analysis of Phase 1 and 2 Findings from Key Expert Interviews, Focus Groups, and Needs Assessment Survey.” Published February 2013 by the National Health Care for the Homeless Council ([www.nhchc.org](http://www.nhchc.org)).

(many of whom are women). And, as noted above, the Supportive Services for Veteran Families (SSVF) program serves male and female veterans and their families.

At the end of 2011, the U.S. Government Accountability Office (GAO) reported that homeless female veterans' lack of knowledge of VA housing programs constituted a significant barrier to access. Another obstacle to program participation was the unwillingness of female veterans with dependent children to admit to homelessness, for fear child protective services would step in and separate them from their children. The VA responded to the GAO's findings with an outreach campaign specifically designed to reach homeless female veterans.<sup>3</sup> As part of this campaign, homeless coordinators working out of VA Medical Centers approached homeless female veterans at soup kitchens and other locations to discuss available assistance.

The coordinators who were part of this effort reported that the homeless female veterans they served had typically run through all of their own available resources (in the form of friends and family) before turning to the military for help, and they were therefore often in need of temporary relief before housing could be secured in the form of a GPD bed or HUD-VASH voucher (the processing of which could take weeks, or even months). Unfortunately, temporary relief outside of the military's system proved hard to come by, and 24 percent of the VA's homeless coordinators reported that they were unable to provide the homeless female veterans they served with temporary housing referrals, leaving them in "residential limbo" and vulnerable to physical harm and additional trauma.

Still, outreach to homeless female veterans continues. During the Vietnam War, "Stand Downs" were used to provide units returning from combat with an appropriate respite. Today, these multiday affairs, produced by individual VA Medical Centers in conjunction with other government agencies and community-based providers of homeless services, target homeless veterans. Food, clothing, shelter and showers are provided. Other services include medical and dental screenings. Social Security benefit counselors are on hand to connect potentially eligible veterans to Social Security Administration (SSA) disability benefits, Supplemental Security Income (SSI), or Social Security Disability Insurance (SSDA). (Improving veterans' access to mainstream benefit programs like these was a clearly stated objective of "Opening Doors: Federal Strategic Plan to Prevent and End Homelessness," adopted by 19 federal agencies in June 2010, and referred to on above.) Representatives of community-based service providers are there to make referrals for a variety of services, which typically include substance abuse treatment, mental health counseling, job training and placement, and housing and legal assistance.

Although Stand Downs have typically attracted homeless male veterans, these events have recently been marketed to homeless female veterans as well. In 2011, the city of Long Beach hosted a Stand Down specifically designed for women who might feel uncomfortable attending a large event filled with men, especially if they had experienced Military Sexual Trauma (MST) while serving. The event was organized by the U.S. Department of Labor and the United States Veterans Initiative (a nonprofit organization assisting homeless veterans since 1993). A few days later, in the city of San Diego, the nation's oldest Stand Down—which has historically attracted male veterans from the Vietnam era—set up separate tents for women and brought in a vehicle in which they could meet privately with mental health counselors. Lawyers were on hand to discuss child-support and custody disputes, and a tent full of toys was set up for female veterans' children.

In December 2014, a Stand Down advertised as "the largest ever held in the United States" and "a lightning rod for national attention to the homeless veteran issue" was held inside the Los Angeles Convention Center. It featured separate entrances and targeted service areas for men and women, and the inclusion of female veterans' families was made explicit in marketing materials.



# Addendum

## The American Dream Meets Fannie Mae, Ginnie Mae and Freddie Mac

Before the Great Depression, home mortgage loans, which typically required down payments of 50 percent or more, were **interest-only, short-term loans** (usually lasting no more than three to five years) that had to be refinanced or paid off at maturity. After the Great Depression and the enormous number of foreclosures that accompanied it (which created losses that private mortgage insurers could not cover), the federal government set to work creating a new housing finance system that would eventually open up homeownership opportunities to low- and middle-income households.

In 1932, the **Federal Home Loan Bank Act** created a network of Federal Home Loan Banks (FHLBs) authorized to make first mortgage loans within a 50-mile radius of their home offices. In 1934, the **National Housing Act** created the Federal Housing Administration (FHA), which insured home mortgage loans made by private lenders, making the latter more likely to offer what has become today's mortgage norm: the long-term, self-amortizing loan requiring a small down payment. In 1938, the Federal National Mortgage Association (now known as **Fannie Mae**) was established to allow the purchase of FHA loans on the secondary market. The Department of Agriculture's **Rural Housing Service**, created by the Housing Act of 1949, offered direct loans to rural households seeking to purchase homes and also guaranteed loans made to them by commercial lenders. **Ginnie Mae**, an offshoot of Fannie Mae, was created in 1968, and the Federal Home Loan Mortgage Corporation (**Freddie Mac**), in 1970. By making mortgage credit more available, all of these developments made homeownership more accessible to, and more affordable for, average Americans.

Have any of the steps the federal government has taken to promote home ownership been of particular benefit to low-income households? Barriers to homeownership among low-income households continue to include lack of funds for down payments; an inability to meet high monthly payments (composed of mortgage principal and interest, property taxes and insurance); lack of income for regular maintenance or major repairs; credit problems; lack of information about the home-buying process; and a short supply of affordable properties.

In the early eighties, the federal government approved and enacted a process called *securitization*, which better connected mortgage markets to capital markets and made mortgage products that benefit low-income homebuyers (including those that require less than 20 percent down) less risky for investors. Fannie Mae and Freddie Mac's original charters mandated that they serve low- and moderate-income families. In 1992, these requirements were made explicit with the addition of a "special affordable goal" (for low income and very low-income borrowers living in low-income census tracts) and "geographically defined goals" (for residents of low-income and high-minority census tracts). The federal government also **encourages** other lending institutions (for example, federally insured depository institutions) to better serve low income and minority borrowers, using "a variety of techniques, including goals, data collection and reporting, enforcement, and incentives." Last, it offers a small number of direct loans at subsidized rates to low-income households.

The federal tax preferences from which homeowners benefit (among them, mortgage interest and property tax deductions, the capital gains exclusion applied to home sales and the exclusion of imputed rental income) have also reduced the cost of owning a home. Interestingly enough, federal tax preferences have not benefitted low-income homeowners the way they have other homeowners, because most low-income taxpayers do not itemize their deductions. Instead, they use the standard deduction, because it exceeds what they would have been able to deduct had they itemized. Analysts **agree** that federal tax preferences have therefore done less to promote homeownership among low-income households than "financial policy and market changes."

Analysts have **concluded** that, while regulatory oversight, new goals for serving low-income households, and FHA mortgage insurance have definitely played a role in increasing low-income homeownership, homeownership assistance programs have "contribute[d] only modestly to the preservation and expansion of quality housing unit supply." The reform of restrictive land use planning, zoning and building codes by states and localities holds perhaps the most promise for increasing the construction of affordable housing units for purchase.

It is worth noting that while perhaps nothing is more fundamental to the traditional American dream than homeownership, and the federal government has historically done much to make homeownership possible among low- and moderate-income households, recent years have seen an erosion of the homeownership ideal. In 2013, the U.S. homeownership rate declined for a ninth consecutive year and, at 65.1 percent, was lower than it had been in any year since 1995. In the same year, homeownership rates for all age groups between 25 and 54 were lower than ever (that is, since 1976, the year collecting of that data began). Higher home prices and higher interest rates, combined with falling incomes and student loan debt in the demographic groups most likely to buy (25–34 and 35–44 years of age), put home ownership out of reach for many, as did "credit constraints" in the form of strict qualification criteria for conventional mortgages and high FHA mortgage insurance premiums.

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