Charleston YOUth Count Street Canvassing Study:
A Report of Youth Age 25 and Under Experiencing Homelessness in Charleston County, SC

March 8, 2019

Robert W. Kahle, Ph.D.
Principal Investigator

Chelsea Diedrich
Graduate Research Assistant

Rachel Bradley
Student Assistant
Thank you to our institutional partners!

The organizations below provided invaluable support to the Charleston YOUTH Count through both sponsorship and donations, many directly to We Are Family. The support from these institutions is gratefully acknowledged.
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Data Source
- In the spring and summer of 2018, 62 in-person interviews were conducted with young people experiencing homelessness in Charleston County. This forms the data-base of results reported below.

Estimate of Youth Experiencing Homelessness in Charleston County
- Based on capture-recapture methodology, there are an estimated 125-175 youth living in places not fit for human habitation in Charleston County. This is much higher than numbers derived from the HUD mandated Point-in-Time (PIT) count. PIT count numbers include youth who are with their families, as well as “unaccompanied and runaway” youth. This study includes only unaccompanied youth living without stable shelter.

Demographics
- Charleston is a destination city for youth experiencing homelessness. Most of the youth experiencing homelessness in Charleston are not native. More than half were born out of state and 20% were born in another city in South Carolina. Only 28% report they were born in Charleston and only 7% indicate they are life-long Charlestonians.
- Fifty-four percent of the population surveyed identify as male, 34% as female, and 12% as non-binary or as transgender.
- More than half of participants (62%) identify as heterosexual and 38% report being LGBTQ (lesbian, gay, bisexual, transgender, questioning/queer).

Housing
- Sixty-two percent report they had stable housing at some point during the last 12 months, while 38% have been experiencing continuous insecure housing for one year or longer.
- Lack of financial resources is the key reason these young people do not have stable places to stay. Many have faced evictions and two-thirds report that they have been made to leave a housing situation involuntarily in the last 12 months. Many leave housing due to fear of personal harm.

Hunger
- More than two-thirds of the population surveyed are food insecure. Even among those who report getting enough to eat, it is usually because they can access various soup kitchens, pantries, and/or other charitable sources for most of their nutrition.

Health
- Living without stable housing and lack of access to nutritious food has negative health consequences. Seventy percent of the sample report going to the emergency room at least once in the last year with an average of four emergency room visits annually. Thirty percent of the total sample report spending at least one night in the hospital in the last 12 months.
- Using conservative estimates, uninsured housing insecure youth in Charleston County incur more than $232,564 in unreimbursed hospital costs annually. This includes both ER visits and overnight stays.
- Youth experiencing homelessness need medication and immunizations. Forty-five percent report they are not able to get the medications they need, 83% have not received any immunizations in the past 12 months.
- Mental health issues, especially anxiety and depression, are the most common health complaints.

Youth Life Experiences
- Thirty-eight percent of respondents report that they were in foster care at some point growing up; 51% report that they have been incarcerated (mostly in county jails).
- Nearly two thirds report having witnessed violence in their homes while growing up. Among foster care youth, an astonishingly high 84% report witnessing violence with a gun or other weapon.
- Forty percent of respondents report that they have been coerced into sexual activities. Sixteen percent report that a third party (pimp) was involved in their sexual coercion experiences.
- Half of this sample report interactions with law enforcement in the last year with 56% of these reporting some form of perceived mistreatment.
Highest Priority - Local

- Secure funding to allow appropriate social service providers to house and support young women who are experiencing homelessness and are also pregnant.
- Re-open the Safe House program that was started by We Are Family to provide housing, food and adult mentoring to youth experiencing homelessness in caring and safe homes. The program is currently on hold due to lack of funding.
- Build shelter(s) specifically for youth in Charleston county that could serve the low country region.
- Build and support drop-in centers for youth experiencing homelessness so they can access mental health supports, food, social services and have their basic needs met.
- Educate local, regional and state policy makers, funding sources, social service providers, law enforcement and health care providers about the scope and nature of youth experiencing homelessness in Charleston so that they can develop coordinated interventions beyond the obvious need for shelter and nutrition.
- Train local agencies on Adverse Childhood Experiences and working with LGBTQ+ and other special populations of youth.

Highest Priority - State

- Pass state legislation similar to the federal Runaway and Homeless Youth Act (RHYA). This will place emphasis and ideally bring resources to assist youth experiencing homelessness.
- Coordinate training, research, and programs/services through agencies like the United States Interagency Council on Homelessness (USICH), the National Coalition for the Homeless, the Federal Department of Health and Human Services and Federal Department of Housing and Urban Development.
- Create a state entity that focuses solely on designing, implementing and evaluating youth homeless programs modeled after USICH.
- Seek general funding and allot grants specifically for the purpose of creating and supporting sexual abuse prevention programs that focus on youth.
- Declassify running away as a status or delinquent offense.
- Fund youth specific services to prevent homelessness especially for youth from foster care, with a history of incarceration, and/or who are LGBTQ and may have been cut off from their biological families.
- Develop and evaluate methods to address vicarious victims of violence, especially domestic violence, as part of a strategy to break inter-generational patterns of violence.
- Provide safe and inclusive environments in child welfare, juvenile justice, runaway and homeless youth programs by providing protections based on gender identity and sexual orientation. Train local agencies on Adverse Childhood Experiences and working with LGBTQ+ and other special populations of youth.

Local Law Enforcement

- Develop and then share resources with law enforcement so that their interventions can go beyond relocation of those experiencing homelessness to include referrals to social service agencies that can assist in providing basic human needs for young adults and children without familial support. Provide training for patrol officers.

Local Health Care Providers

- Help identify youth at risk for becoming homeless and refer to agencies who can help. Train medical personnel to observe signs of youth homelessness (and human trafficking) as part of clinical practice. Develop and train clinicians who can effectively serve youth experiencing homelessness.
Background, Goals, and Objectives

In November of 2016, Melissa Moore (Executive Director of We Are Family), approached the College of Charleston’s Riley Center for Livable Communities for assistance in responding to the issue of youth homelessness in the local community. As part of We Are Family’s outreach to youth, especially members of the LGBTQ community, Moore was frequently encountering young people in Charleston looking for assistance with basic needs: housing, food, health care, jobs and other necessities of life. More and more of these youth in need were being encountered, but with very few, if any, resources to support them.

Moore and We Are Family concluded that they needed hard data on the number of housing and food insecure youth in Charleston in order to understand the nature of the challenges facing these youth experiencing homelessness. This would allow them to demonstrate to government officials, social service providers, and philanthropic funding sources that there is indeed a problem in the Holy City.

Staff at the Riley Center began a search for relevant data and quickly determined that existing data from the HUD mandated Point-in-Time (PIT) Count did not provide an accurate account of youth experiencing homelessness. There are few other data sources available specific to South Carolina or Charleston and youth experiencing homelessness.

In response to this call for assistance, the YOUth Count was born and the Riley Center proposed the following research goal.

Research Goal

Inform policy makers and service providers about the size, needs, assets, and coping skills of Charleston’s population (25 years old and younger) who are experiencing housing instability and/or food insecurity.

This research effort is not enough, however. The Riley Center, and its key partner We Are Family, knew that the data were just a means to secure resources and support for this marginalized group. As a result, a formal direct service goal was also defined.

Direct Service Goal

Build resources, support systems, and a coalition of advocates for youth experiencing housing instability and/or food insecurity in order to assist them in preventing and reducing negative physical, mental, and social outcomes caused by the lack of stable housing and the absence of consistent access to nutritious food.

With these major goals outlined, specific research and direct service objectives were also proposed. These are:

1. To develop and implement methods of accurately counting and estimating the size of the housing/food insecure youth (25 and younger) population, as well as increase understanding of their experiences, needs, assets, and coping skills.

2. To use gathered data to analyze characteristics of housing unstable and food insecure youth residing in Charleston County to understand causes, correlations, and risk factors as listed in Table 1.

3. To use the evidence produced by this research effort to advocate for and facilitate community-wide dialogue leading to strategic action planning with the goal of reducing and ultimately eliminating housing instability and food insecurity (as well as its effects) among those 25 years old and younger in Charleston County.

One portion of the response will likely be to develop safe places where youth can come to find food, showers, laundry, electrical outlets to charge their devices and other basic needs.
mobile phones, clothes, and referrals to physical and mental health care providers and other supportive social services.

Table 1. This table provides a list of potential causes and risk factors related to youth homelessness.

<table>
<thead>
<tr>
<th>Life Experiences</th>
<th>Physical Health</th>
<th>Mental Health</th>
<th>Special Populations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of job or familial financial support</td>
<td>Developmental or physical disabilities</td>
<td>Severe and persistent mental illness</td>
<td>College of Charleston Students</td>
</tr>
<tr>
<td>System involvement juvenile/adult criminal justice, foster care</td>
<td>Severe injuries and/or chronic illnesses</td>
<td>Addiction to drugs and/or alcohol</td>
<td>Lesbian, gay, bisexual, transgender, queer, questioning youth</td>
</tr>
<tr>
<td>History of abuse or neglect. Direct or vicarious victim of domestic or other violence</td>
<td>Use of ERs, hospitalization, and accessing medications</td>
<td>Use of ERs, hospitalization, and accessing medications</td>
<td></td>
</tr>
</tbody>
</table>

During the time of data collection, on June 28, 2018, We Are Family along with the City of Charleston and other non-profit partners opened the “All of Us” drop in center, located at 529 Meeting Street in Charleston. This resource center sought to serve people experiencing homelessness of any age. Within days of opening, the resource center was overwhelmed with more than 75 visitors each day. After a few months, We Are Family determined there was a need to keep youth and older adults separate for safety reasons. Several occurrences of vandalism motivated by hate and bias toward the LGBTQ community also contributed to the move. Military Community Connection, a non-profit with a mission of serving veterans has taken over the day to day management of the resource center, now called The Navigation Center. Currently, We Are Family has found a new location for its drop-in center and thrift store in North Charleston, SC. It plans to open it in the first quarter of 2019.

**Methods**

The Charleston YOUth Count is an initiative of the College of Charleston’s Riley Center for Livable Communities, along with key community partners, created to study the scope and nature of homelessness and food insecurity experienced by individuals ages 25 and younger. There are two major parts of the initiative:

1) The College of Charleston Student Survey and
2) The Charleston YOUth Count Street Canvassing project

By documenting the size of this vulnerable population and determining the nature of the services they need, it is anticipated that local, state, and national service providers will be better informed to act on their behalf.

1) **The College of Charleston Student Survey (2017)**

As a first step in the process, the Riley Center completed a survey of the College of Charleston student body to learn more about their nutrition and housing needs. More than 2,000 students responded to the 70-question online-survey.

Findings suggest that 30% of students are food insecure with half of that segment being very food insecure. This estimated group of 1,600 students are neither eating enough to be healthy nor getting enough nutrition to maximize their academic performance.

Thirty percent of the student population report being housing insecure. For most of these cases, the housing insecurity stems from missing a rent payment or fear they will miss a payment as a result of increased housing costs. Though existing in small numbers, some CoC students report sleeping in their cars, public places, couch surfing, and taking other measures to find
safe places to sleep. Research efforts also estimate that 70-90 students are homeless in a traditional sense and actively trying but are unable to gain entry to a shelter.

Like with food insecurity, housing insecurity results in the inability of students to maximize their academic potential, with symptoms like missing class, lack of resources to buy required texts, and not participating in key student academic and co-curricular activities.

In response to survey results, a task force was formed by the Executive Vice President of Student Affairs to help address the concerns uncovered and documented in the 2017 student report. The Riley Center plans to continue to use data to derive action from students, faculty, staff, and administrators to ensure all students have access to the food and housing they need.

The complete College of Charleston YOUth Count report can be found at: http://riley.cofc.edu/About%20the%20Riley%20Center/urban-design,-planning,-and-housing.php

News coverage by the Charleston City Paper on this report can be found at: https://www.charlestoncitypaper.com/charleston/homeless-and-hungry-at-americas-most-beautiful-college/Content?oid=11772859

2) The Charleston County Street Canvassing Project (2018)

The second portion of the project seeks to count, estimate and understand the scope and nature of youth experiencing homelessness and food insecurity in Charleston County. This research relied heavily on working with our primary community partner, We Are Family.

The first step was to recruit street outreach workers who were familiar with and a part of the population we seek to understand: young people who are housing insecure or experiencing homelessness. Once this was accomplished, our small teams started to search for areas where these individuals tend to congregate and sleep at night. Outreach workers then began to systematically identify locations of interest, and create maps/notations about places where we may find our target population. These maps, as well as other information collected from young people currently experiencing homelessness, allowed the team to interview shifts that efficiently covered Charleston County based on the target times and locations determined by this initial exploratory research.

Recruiting Volunteers

Multiple methods were used to recruit volunteers, including presentations made in College of Charleston and MUSC classes, referrals from the Center for Civic Engagement, community meetings where the 2017 YOUth Count information was presented, and most effectively through word of mouth. In total, approximately 135 volunteers were recruited, with about half of these being students from the College of Charleston. Each volunteer signed an agreement form specifying a code of conduct to be followed and other specific expectations of volunteers (a copy of this form can be made available upon request).

Training: Human Subjects Protection and Project Specific Training

Roles filled by volunteers included, but were not limited to, lead interviewers, interviewers, and assembly of care kits. Two levels of training were required for volunteers who desired to be interviewers or lead interviewers. First, the volunteer interviewer was required to become certified in Human Subject Protection protocols. The online training and certification were conducted through Collaborative Institutional Training Initiative (CITI). Each volunteer interviewer was required to complete the Basic/Refresher module, as well the modules specific to research with children and vulnerable populations. Once complete, the interviewer was required to send the certificates to the YOUth Count Volunteer Coordinator for verification.

The second level of training was conducted through a full-day, in-person training session offered on February 1st and February 17th, 2018. This
training included presentations and role play that covered the following topics: street safety, harm reduction, review of project values, review and discussion of human subject protocols (and mandated reporting requirements for participants reporting that they were 17 years old or younger). The vast majority of this day was spent on interviewing skills, becoming familiar with the data collection instrument and role playing to practice implementing the survey.

In total, approximately 100 volunteers attended one of these day long training sessions, during which time video/audio recordings were collected in order to be shown as refreshers or to orient new volunteers who began their involvement with the YOUth Count after the fact. Assessment completed by those being trained indicated that the vast majority felt prepared and confident to enter the field as a result of the training.

**Assembling and Distributing Care Kits**

More than 500 care kits were assembled and distributed during the second phase of the YOUth Count. These care kits were comprised of resources donated by local community members and organizations. Each kit included an assortment of toiletry items, as well as provisions for several meals donated by The Lowcountry Food Bank. When distributed, recipients were also given a resource card with a list of numbers to call for help and further support.

**Field work**

Volunteers were organized into teams to conduct field work. Each team included an outreach worker and at least two volunteer interviewers. Additional support was provided from other on-call volunteers that delivered supplies (care kits, water, survey supplies, clip boards, etc.) to these teams when necessary. Brief field reports were completed by team leaders at the end of each shift to document their overall experience in the field.

Field work was originally planned for a single time period in the spring, but a second period of dates were established to collect additional interviews to grow the sample size. Specific data collection dates were:

- **Collection Period 1:** March 23-30, April 11-17 and April 25-31, 2018
- **Collection Period 2:** May 25 through August 17, 2018

This study was reviewed and overseen by the College of Charleston Institutional Review Board (IRB) IRB-2017-09-28-094826.

**Limitations**

Like with every study, the research being reported here has its limitations. As with any effort to collect data about marginalized youth, these young people abhor the stigma of being labeled as homeless so many try hard to fit in and effectively “hide in plain sight.” As many in the target population are system savvy, some will elude even well-intended efforts to assist them.

Another key limitation is that the interviews were conducted in English only. While it was our intent to include Spanish speaking teams, initial pre-testing indicated that the research process made some fearful and the act of locating young, housing insecure Spanish only speakers could put them to danger. While we had a few volunteers who spoke Spanish and made specific outreach to some Spanish speaking youth, no interviews were completed with youth who speak only Spanish. This has the likely effect of underestimating the total number of young people experiencing homelessness. We hypothesize there may be large numbers of Spanish speakers at the low end of the income spectrum who may not have safe, stable places to live.

Charleston county is a very large land mass, 916 square miles according to the U.S. Census Bureau (2017). We did not have the resources to cover all of the rural areas nor to go to every possible encampment site. With unlimited resources, we certainly would have encountered and interviewed additional young people facing housing challenges.
Homelessness in warm climates is seasonal. With unlimited resources we would have conducted our canvassing at multiple times throughout the year and this likely would impact the results.

Lastly, police tactics regarding disbursing people experiencing homelessness change. While we planned very carefully for encountering young people sleeping on the streets, the historical patterns of police behavior in regard changed in the summer of 2018. This likely reduced our count as well.

**Literature Review**

Youth homelessness is a widespread and pressing national reality with limited reliable data resources. According to the 2018 Point-in-Time (PIT) estimate obtained by the U.S. Department of Housing and Urban Development (HUD), approximately 36,361 youth experienced homelessness in the United States on a single night. However, estimates based on Youth Count surveys, a specific type of data collection described below, result in much higher numbers (Henry, Watt, Rosenthal, Shivji, & Abt Associates, 2017).

This disparity in estimates reflects a general lack of understanding regarding youth homelessness. Accurate data on this issue is imperative to convey to policy makers, donors, and the community the pressing challenges and risks facing adolescents and young adults in Charleston and across the country. It is because of this lack of data that the College of Charleston’s Riley Center for Livable Communities conducted the YOUth Count to increase understanding of the scope and nature of youth homelessness in Charleston County, South Carolina.

Youth experiencing homelessness often have specific needs not met by traditional service providers. In particular, South Carolina lacks the necessary infrastructure to assist struggling youth. The True Colors Fund and the National Law Center on Homelessness and Poverty created an index of legal, systemic, and environmental barriers to address youth homelessness in each state (Rush & Santos, 2018). The authors scored and ranked each state based on these measures that included the existence of an established state entity to focus specifically on youth homelessness, the creation of a youth action board or council with youth who have experienced homelessness as members to advocate for and inform policy, and inclusion of youth through the age of 24 in youth homelessness services and legislation. Within these rankings, South Carolina tied with Alabama for 50th place, with a score of 27. Additionally, South Carolina met only 21% of law and policy metrics, 67% of systemic metrics, and 0% of environmental metrics.

Increased support for youth with a higher risk of homelessness also needs to be implemented (Rush & Santos, 2018). For example, members of the LGBTQ community are particularly vulnerable, with a 120 percent higher chance of experiencing homelessness than heterosexual and cisgender youth (United States Interagency Council on Homelessness [USICH], 2018). Those who age out of the foster care system also face a higher risk—a study conducted in Washington State found that one in four youth who age out of the foster care system experience homelessness in the twelve months following their departure from the system (Ford, Shah et al., 2015). Additionally, those who have experience in both the foster care system and the juvenile justice system have an even higher risk and infrastructure to address these specific vulnerabilities is needed in South Carolina (Ford, Shah et al, 2015).

The Arizona State University Office of Sex Trafficking Intervention Research conducts a yearly study using the Youth Experiences Survey to assess needs of housing insecure youth in Phoenix and Tucson, Arizona. Among a sample of 199 individuals, 57.8% of participants report experiencing mental health problems and 33.2% of report experiences of human trafficking. More than half report drug and/or alcohol use, and 20% report that they struggle with addiction. On top of these issues, another 48% percent of the respondents report a physical health problem (Roe-Sepowitz, Brockie, Bracy, Hogan, & Middleton, 2016). A similar study conducted in Kentucky
and Indiana, also using the Youth Experiences Survey method, produced similar results (Middleton, Gattis, Frey, & Roe-Sepowitz, 2018). All of these findings further demonstrate that there are severe and pressing needs among youth and adolescents that are not being met.

Data on youth homelessness is difficult to collect in part because youth often take measures to avoid being labeled as homeless. Youth are typically skilled at remaining unseen, often sleeping in public spaces during the day and staying awake during the night (Kahle, 2018). In order to address this reality, several organizations have begun conducting strategic long-term counts of youth homelessness called youth counts. These counts occur over a prolonged period of time, which provides more reliable data than PIT count estimates.

Chapin Hall at the University of Chicago developed a comprehensive plan for conducting this type of study through its Voices of Youth Count initiative. This tool describes the steps this institution took to count housing insecure youth in Chicago and provided the necessary information for duplicating their methodology. Using this approach, researchers engage a network of service providers and stakeholders to visually count and survey youth during a 24-hour period on a series of different dates (Horwitz, Hinz, Karczmar, Matjasko, Patel, and Vidis). This type of study enables stakeholders to accurately gauge the scope of youth homelessness in their communities in order to better serve those in need. Chapin Hall has created partnerships with 22 counties across the United States to conduct Youth Counts, through which a total of 4,139 youth have been surveyed. Based on this data, Chapin Hall estimates nearly 4.2 million youth and young adults experience homelessness over the course of a year (Dworsky and Horwitz, 2018).

Georgia State University’s Eric Wright also led a youth count in Atlanta, GA in 2015. Using a systematic capture-recapture method of field sampling, Wright was able to identify a large number of youths experiencing homelessness and provide a reliable estimate sample. All youth, ages 14-25, that did not have a permanent residence and were living independently were eligible to participate. The survey was roughly 15 minutes long and covered both past and present experiences with homelessness, including questions regarding the reasons that led them to be in their current housing insecure state. Based on data collected through the Atlanta Youth Count, Wright’s research team estimated that there were between 1,516 and 3,833 youth experiencing homelessness in the Atlanta metropolitan area in 2015.

Consistent with other research, 28% of individuals surveyed identified as being a part of the LGBTQ community, 58% of participants used alcohol, 64% used marijuana, and 63% had a high likelihood of substance abuse disorder. Moreover, 28% of respondents reported symptoms likely indicative of serious mental health conditions. This data shows that youth experiencing homelessness have serious needs that are not unique to their region, and that infrastructure must be improved nationwide to address this issue.

In conducting the YOUth Count, the Riley Center sought to identify the scope of youth homelessness specifically in Charleston County, South Carolina and better understand how South Carolina can better serve its struggling youth populations.

Works Cited

Dworsky, A., Horwitz, B., (2018). Missed opportunities: Counting Youth Experiencing Homelessness in America. Chicago, IL: Chapin Hall at the University of Chicago


RESULTS
I. Estimation of Number of Youth Experiencing Homelessness

Counting and accurately estimating the size of the housing insecure populations comes with a great deal of methodological challenges. These challenges are magnified when focusing on youth. Young people experiencing homelessness often make great efforts to avoid being labeled as homeless and do not want to be associated with older adults living on the street (Salganik & Heckathorn, 2004). The desire to avoid the stigma associated with homelessness leads many to attempt to “hide in plain sight” and blend in to the general population. Youth experiencing homelessness also frequently do not feel safe at adult homeless shelters so they avoid them. These behaviors in turn create difficulties when attempting to complete an accurate Point in Time (PIT) count of youth. This Charleston YOUth Count reflected in this report attempts to address these methodological challenges that have led to underestimations in recent PIT count studies. It is the goal of the Charleston YOUth Count to provide a more accurate measure of how many young people are living without stable and safe housing in this county (Figure 1).

Figure 1. Number of Individual Youth Experiencing Homelessness in Charleston County

<table>
<thead>
<tr>
<th>YOUth Count (Estimated)</th>
<th>YOUth Count (Actual)</th>
<th>Lowcountry PIT Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>125</td>
<td>62</td>
<td>33</td>
</tr>
</tbody>
</table>

Figure 1 – Number of Youth Experiencing Homelessness. This graph compares the number of surveys/overall estimate of youth in Charleston County with a PIT count completed by the Lowcountry Homeless Coalition (SCICH & Civitas, 2018). It should be noted that the LHC number include 18-24 for the entire Lowcountry region (seven counties) and the YOUth Count numbers account for ages 17-25 in Charleston County alone.

Capture-Recapture

To estimate the number of individuals, ages 18-25, in Charleston County that are living in spaces unfit for human habitation, this report uses the capture-recapture method as demonstrated by Dr. Eric Wright in the Atlanta Youth Count! 2015 report (Wright et al., 2015). The following formula uses the total number of surveys captured during the first period of field work ($C_1$), the number of surveys captured during the second period of field work ($C_2$), and the total number of suspected duplicated or recaptures ($R$) to estimate the total population ($P$) of the group in question (Chapman, 1951). In the Charleston YOUth Count study, there were 30 surveys collected during time one, 32 surveys collected during time two, and a total of seven duplicates. In the case of a number of recaptures, the estimation provided in this section could potentially be lower or higher than reported. Plugging these values into the equation provided below results in an estimated population of 125 youth experiencing homelessness in Charleston County.

$$P = \frac{(C_1 + 1)(C_2 + 1)}{R + 1} - 1$$

Recaptures quantify the individuals that were encountered during both sampling periods. These individuals in our experience in Charleston tend to be chronically homeless and became familiar with the volunteer interviewers and outreach workers. A button tag was passed out to participants in order to assist interviewers in identifying individuals who had already participated in the study. However, use of these buttons was inconsistently implemented, which could imply a larger number of recaptures and potentially decrease the estimate of the total population.

Limitations and Estimation

Due to other observations and experiences of interviewers in the field, this report recommends that 125 individuals be used as a base number, as there were several other factors that limited the number of youth that volunteers
were able to reach. Qualitative observations by interviewers suggests that as many as ten housing insecure individuals encountered during field work were too heavily under the influence of drugs and/or alcohol that they were not in a state to provide informed consent or effectively communicate their experiences. There was also a group of young sex workers that were not able to be included to protect the safety of both the interviewers and participants from potentially dangerous third parties involved (i.e. pimps).

Interviewers were also selective in situations where they felt they may be in danger due to the size of the group they were approaching. Personal reports account scenarios that included horseplay and aggressive behavior that made some interviewers feel unsafe and therefore they did not approach the group of young people. Finally, some potential participants were not included due to courtesy for potential respondents. For example, there was one specific encounter of two young people sleeping in their vehicle with two babies, a case in which they should not be disturbed. From previous encounters with this family, we knew they were not able to access stable housing. But we could never complete the interviews with them.

These avoidances and missed encounters should be considered valuable, as they imply that there is an even larger number of housing insecure youth in Charleston County than this report’s capture recapture estimation suggests. Including these anecdotes into the estimated population, the Charleston YOUth Count conservatively estimates a range of 125-175 youth (ages 18-25) struggling with homelessness in Charleston County. Due to potential human error and the series of other methodologically compromising situations, it is difficult to execute this capture-recapture estimation method perfectly. Nevertheless, this range provides the most accurate data foundation on which Charleston County can build a strategic plan to respond to the issue of youth experiencing homelessness.

Works Cited


II. Demographics

While the youth population experiencing homelessness is diverse, the most common respondent type found in this survey is a 23-year-old straight, white male born outside of South Carolina. The majority of respondents to this survey report their birthplace to be out of state, with only 28% of individuals reporting Charleston, SC as their birthplace (Figure 2A). More specifically, when asked where individuals lived immediately before moving to Charleston, only 7% report that they have always been in Charleston (Figure 2B). These results point to the classification of this area as a “recipient” or destination city, not only for tourists, but for a significant number of food/and or housing insecure youth.

**Charleston is a destination city, not only for tourists, but for a significant number of housing insecure youth.**

The age range reported within the YOUth Count survey results is from 17 to 25 – half are 17-22 and the other half 23-25 years of age. Within this demographic category, the age with the highest representation (mode) is 23 years, with 26% reporting this as their current age.

As expected, the majority of these individuals are male (54%), with a surprisingly high number of females (34%). The remaining 12% includes four trans gender individuals and three identifying as non-binary. In addition, respondents were asked to communicate if they identify as straight, gay, bisexual, asexual, pansexual, questioning, or other. The majority of individuals communicate that their sexual orientation is heterosexual (62%), with the remaining 38% reporting to be bisexual (18%) or homosexual (8%); Figure 2C). Of the other 12%, one individual identifies as pansexual, one as asexual, and five indicate that they are either questioning or identify with a sexual orientation option not listed.

![Figure 2A) Birth Location (n=60)](image)

- Charleston: 28%
- Out of State: 52%
- Other SC City: 20%

![Figure 2B) Location immediately before Charleston, SC (n=60)](image)

- Always in Charleston: 7%
- Out of State: 58%
- Other SC City: 35%

![Figure 2C) Sexual Orientation (n=61)](image)

- Straight: 62%
- LGBTQ: 38%

*Figure 2 – Birth location, previous location, and sexual orientation. These pie charts illustrate A) where respondents were born, B) where they were before coming to Charleston, and C) their sexual orientation.
The proportion of respondents in the sample who self-report as LGBTQ (38%) is many times higher than overall state estimate by the Williams Institute. According to the Williams Institute’s LGBT Data & Demographics visualization tool, only 3.5% of SC population is part of the LGBT community, a number calculated from aggregated survey data collected annually beginning on 2012 (2017).

**Race**

Nearly half (45%) of the sample is white, with 24% report being black or African-American (Figure 3). Twenty-two percent report being of multiple races and 9% report some other race. Compared to the U.S. Census Bureau data, the proportion of whites in the sample is lower than the total South Carolina population proportion (69%; 2017). Blacks account for 24% of the sample and about 21% of the total population. Whites are under represented and blacks slightly overrepresented in this sample of youth experiencing homelessness. (Source)

**Education**

When asked whether or not they are currently attending school, only 13% of respondents indicate that they attend regularly, with 5% describing inconsistent school attendance due to changes in housing/family conditions or a leave of absence. Of the eleven participants that attend school either regularly or irregularly, one is in high school, two are working toward their GED, two attend vocational school, and six are in college. Thirty-nine percent of respondents have an incomplete high school education and the remaining 43% have either earned their diploma or GED certification. Six respondents have received their GED and one reports having vocational training.

**Figure 3. Race (n=58)**

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>45%</td>
</tr>
<tr>
<td>Black</td>
<td>24%</td>
</tr>
<tr>
<td>Multi-race</td>
<td>22%</td>
</tr>
<tr>
<td>Other</td>
<td>9%</td>
</tr>
</tbody>
</table>

*Figure 3 – Race. This bar graph illustrates the ratio of races represented within the sample.*

**Works Cited**


III. Housing

In order to qualify to participate in this survey individuals are required to be currently housing and/or food insecure. The first question of the housing-specific module asks if they have had any form of stable housing in the past twelve months. This YOUTH Count study has found that approximately four out of every ten respondents have been experiencing homelessness for over a year (Figure 4). Of the 34 individuals that have had stable housing in the past year, 68% rented, one individual owned their home, and the remaining individuals neither owned nor rented and were likely staying with family or friends. Only two of these respondents received financial assistance for housing from an agency, church, or similar provider.

Respondents were also asked to tell interviewers about their sleeping arrangements from the previous night. The majority of YOUTH Count survey participants found shelter with friends, while another large portion resorted to sleeping on the street (Figure 5). Only four respondents slept in a shelter or similar facility. Of these four, two stayed at One80 Place, one slept at an

Figure 4. Has the respondent had some form of stable housing in the past 12 months? (n=55)

In the past 12 months, 67% of respondents have been made to leave a housing situation involuntarily.

Figure 5. Where did respondents sleep the night prior? (n=55)

<table>
<thead>
<tr>
<th>Sleeping Arrangement</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friend’s home</td>
<td>20</td>
<td>36%</td>
</tr>
<tr>
<td>Street/park/abandoned Bldg</td>
<td>14</td>
<td>25%</td>
</tr>
<tr>
<td>Hotel/motel</td>
<td>9</td>
<td>16%</td>
</tr>
<tr>
<td>Family</td>
<td>4</td>
<td>7%</td>
</tr>
<tr>
<td>Church/shelter/rehab</td>
<td>4</td>
<td>7%</td>
</tr>
<tr>
<td>Bus/train station or airport</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>Vehicle</td>
<td>2</td>
<td>4%</td>
</tr>
</tbody>
</table>
unspecified church, and one stayed at the Oxford House (a transitional facility for those struggling with addiction). More than half of respondents report that they will be able to stay at their current arrangements for the following two weeks.

During the interviews, respondents are also asked to shed light on the reasons they have found themselves to be housing insecure. Many cite financial instability and the rising cost of housing as causes for their current state. Other common reasons include family disagreement, abuse, addiction, physical/mental health, and relationship issues. Looking deeper and further into the past, the results suggest that in the past 12 months, 67% of respondents have been made to leave a housing situation involuntarily (figure 6). This includes 15 individuals who were evicted and four individuals who lost housing due to a fire, flood, or related incident. Additionally, 67% of individuals have slept doubled up, 82% have slept a couch/floor, 36% have slept in a vehicle, 48% have slept in a hotel/motel purchased with their own funds, and only 14% have been provided a hotel or motel.

Another area of concern commonly faced by youth experiencing housing insecurity is the challenge of feeling unsafe. In this portion of the survey, 60% of individuals admit that they have left a stable housing situation in the past year due to fearing for their safety. During this time 63% report not getting an adequate amount of sleep and 28% report not entering a shelter for the same reason (Figure 7). This overall safety concern limits this group’s ability to take advantage of the resources made available to them, which are already difficult to access – 43% of respondents report that they have attempted to gain access to a local shelter but were unable to stay there.

**Figure 6. Have been forced to leave a housing situation (n=55)**

- Yes 67%

**Figure 6 – Forced to Leave.** This pie chart shows the ratio of individuals that were forced to leave a housing situation involuntarily in the past 12 months.

**Figure 7. Due to feeling unsafe, % of individuals that have... (n=54)**

- Lost sleep 63%
- Left stable housing 60%
- Not entered a shelter 28%

**Figure 7 – Feeling Unsafe.** This bar graph shows how a fear for safety impacts the lives of YOUth Count participant.
IV. Hunger

Nearly two thirds of the sample do get enough to eat due to financial instability. Using the USDA 10 question scale (United States Department of Agriculture, 2012) of Food Security, 59% have very low food insecurity (figure 8) and another 6% low security. Only 35% report getting enough to eat and five percent of these are marginal. In short, this means nearly two-thirds of the sample are not getting enough to eat to function normally and stay healthy, a particular problem for adolescence and young adults who are still physically maturing.

Probing further, 78% of respondents say that they are often (37%) or sometimes (41%) worried their food will run out before they get money to buy additional food (figure 9). Nearly half report that they often cannot afford to eat a balanced meal.

**60% of respondents report that they have lost weight due to their food insecurity.**

The food insecurity experienced by respondents also resulted in 84% of the sample to be forced to skip meals in the past year when they could not afford to purchase food, with 61% saying they skip or cut meals monthly (figure 10). Inability to afford food has also led 67% to go a full day without eating. As a result, 60% of respondents report that they have lost weight due to their food insecurity.

Interviewers also collected qualitative reports from YOUth Count participants to determine the various ways this group accesses food. Common responses include: buying from local stores (i.e. convenience stores, gas stations, drug stores, fast food, etc.), being provided meals at work (restaurant staff meals), receiving food from charity (i.e. One80 Place,

**Figure 8. Food Security (n=62)**

![Food Security](image)

<table>
<thead>
<tr>
<th>Food Security Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Low</td>
<td>59%</td>
</tr>
<tr>
<td>Low</td>
<td>6%</td>
</tr>
<tr>
<td>Marginal</td>
<td>5%</td>
</tr>
<tr>
<td>High</td>
<td>30%</td>
</tr>
</tbody>
</table>

**Figure 8 – Food Security. This bar graph shows the ratio of USDA food security levels.**

**Figure 9. Individuals are worried that food will run out (n=46)**

![Worry Food Will Run Out](image)

<table>
<thead>
<tr>
<th>Worry Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never true</td>
<td>22%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>41%</td>
</tr>
<tr>
<td>Often true</td>
<td>37%</td>
</tr>
</tbody>
</table>

**Figure 9 – Worry Food Will Run Out. This chart illustrates how often respondents are worried that they will run out of food.**
WIC, churches, food pantries, using food stamps etc.), receiving food from friends and family, retrieving food via garbage and/or panhandling, stealing, and student meal plans.

Respondents were also asked to elaborate on the types of food they typically eat through these methods of food access. The majority of food being consumed by this sample group are non-perishables, with only one out of 25 individuals indicating that they are regularly consuming fresh fruits and/or vegetables. Foods commonly reported to be a part of their typical diet include pre-packaged snack foods, canned food, frozen meals, sandwiches, fast food, restaurant scraps/leftovers, and “whatever is given”. The lack of balanced and nutritious meals compounds their problems and likely impacts their health. This puts further stress on these young people as many have neither health insurance nor access to basic healthcare services like immunizations or addressing acute illnesses. (Discussed in further detail in Section IV).

**Figure 10. How often respondents skip/cut meals (n=38)**

![Chart showing meal skipping frequencies](image)

**Figure 10 – Skip/Cut Meals Frequency.** This chart illustrates how often respondents skip/cut their meals due to food insecurity.

**Works Cited**

V. Health Status and Health Care Utilization

The five social determinants of health, as defined by Healthy People 2020, are economic stability, education, social & community context, health & healthcare, and neighborhood & built environment (U.S. Department of Health & Human Services, 2018). As described in previous sections, all YOUth Count respondents are affected by one or more of these social determinants, especially economic instability. For youth experiencing homelessness, the relationship between these social determinants and self-reported health status/health care utilization is especially important to understand when considering how to assist them in the future.

Figure 11. Overall self-reported health rating (n=60)

This YOUth Count finds that the young people in Charleston struggling with housing and/or food insecurity are experiencing a decline in their overall health. Thirty three percent of respondents report that their health is worse than the last time they had stable housing. A large portion of the sample perceive their personal health as being in poor (33%) to fair condition (12%; figure 11) and a total of nine individuals (15%) say that their health is currently in critical condition.

Among survey respondents, there were a total of 25 physical and 98 mental health challenges reported. Youth struggling with housing and/or food insecurity are likely to be challenged with one or multiple mental health disorders.

The five most frequent mental health concerns reported are anxiety, depression, post-traumatic stress disorder, alcohol/drug addiction, and ADD/ADHD (Table 2). Other notable conditions include two respondents who were pregnant at the time of their interview, one with AIDS/HIV, and one recovering from a traumatic brain injury.

Table 2. This table provides a list of the top six mental health issues faced by YOUth Count respondents.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Issue</th>
<th>Count</th>
<th>% (n=62)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Anxiety</td>
<td>29</td>
<td>47%</td>
</tr>
<tr>
<td>2</td>
<td>Depression</td>
<td>27</td>
<td>44%</td>
</tr>
<tr>
<td>3</td>
<td>PTSD</td>
<td>11</td>
<td>18%</td>
</tr>
<tr>
<td>4</td>
<td>Alcohol/drug addiction</td>
<td>10</td>
<td>16%</td>
</tr>
<tr>
<td>5</td>
<td>ADD/ADHD</td>
<td>9</td>
<td>15%</td>
</tr>
<tr>
<td>6</td>
<td>Bipolar</td>
<td>7</td>
<td>11%</td>
</tr>
</tbody>
</table>

Some of the common physical health issues found among respondents include asthma and sexually transmitted infections. Volunteer interviewers also observed a considerable number of individuals in need of dental and vision care (i.e. missing teeth, broken glasses, etc.), as well as those battling current infections.
It should be noted that only a small percentage (16%) of respondents report that they struggle with alcohol or drug addiction. While addiction is an ailment that is often expected to be seen among individuals experiencing homelessness, this is not the case among the vast majority of youth experiencing homelessness in Charleston county, at least based on their self-reports.

Health Care Utilization

Nearly half (42%) of respondents told interviewers that they are currently not covered by health insurance. Of this group of uninsured individuals, 65% report that they have gone uncovered for longer than one year, with 35% having gone several months without insurance.

With or without health insurance, these individuals often head to emergency rooms when in need of medical attention. When asked about their primary method for healthcare, qualitative responses suggest that 46% of individuals use hospitals (i.e. MUSC and Roper) and 24% opt to “tough it out” and use over the counter medications when they need medical attention. Other responses include the use of Medicaid, student health care, walk-in clinics, and primary care physicians, which account for the remaining 30%.

Using conservative estimates, uninsured housing insecure youth in Charleston County incur more than $232,564 in unreimbursed hospital costs annually.

Results show that 69% of respondents have visited the emergency room at least once in the past year. Insured individuals are more likely to have utilized emergency room services at least once in the past year, suggesting that those remaining uninsured are more likely to “tough out” their health issues instead of seeking medical attention (Table 3). Respondents average a total of three emergency room visits per year and eight individuals report at least eight ER visits during this time (x̄ uninsured = 2, x̄ insured = 4).

Table 3. This table summarizes utilization of hospitals care by YOUth Count respondents over the past 12 months, comparing those with and without insurance.

<table>
<thead>
<tr>
<th>Type</th>
<th>No Insurance (n=26)</th>
<th>Insurance (n=27)</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least one ER visit</td>
<td>16 (62%)</td>
<td>20 (74%)</td>
</tr>
<tr>
<td>Multiple ER visits</td>
<td>8 (31%)</td>
<td>14 (52%)</td>
</tr>
<tr>
<td>Hospitalized at least one night</td>
<td>8 (31%)</td>
<td>7 (26%)</td>
</tr>
</tbody>
</table>

Extreme reports include two respondents that report 23 and 70 emergency room visits within the last year (latter was omitted from the overall averages). YOUth Count participants also report a total of seventeen (29%) incidents of hospitalization. Data concluded there was an average of one night spent in the hospital per respondent over the past year (x̄ uninsured = 1, x̄ insured = 1), with three individuals stating that they were hospitalized for eight or more nights.

According to the data received from Medical University of South Carolina (C. Adams, personal communication, February 22, 2019) the range of cost for Emergency Room visits is from $547 (with no additional service and no hospital admission) to a most likely estimate of $1,211. These estimates are similar to other published estimates of ER costs. The Kaiser Family Foundation estimates costs for non-profit hospital in South Carolina per night of stay as $1,966.

Using the capture-recapture method, it is estimated that 53-74 of the study population is currently uninsured, averaging 106-148 ER visits and 53-74 overnight stays per year. Applying the average costs for these visits (MUSC and KFF estimates), and combining ER visits with overnight stays, the total uninsured respondent group hospital expenditures range from $232,564 - $324,712 annually.
Table 4. This table lists the estimated costs of emergency room visits and overnight stays at MUSC in 2017, as stated by Dr. Cristin Adams, associate professor of family medicine at the university.

<table>
<thead>
<tr>
<th>Type</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergence Room Visit</td>
<td>$128,366</td>
<td>$179,228</td>
</tr>
<tr>
<td>Overnight Stay</td>
<td>$104,198</td>
<td>$145,484</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$232,564</strong></td>
<td><strong>$324,712</strong></td>
</tr>
</tbody>
</table>

Annual costs are likely much higher than these estimates, as these values do not include the existing co-pays and/or additional bills of insured individuals who are unable to pay. These costs are most likely falling on the state. Improving access to healthcare for this vulnerable population could limit suffering, prevent long-term complications and reduce indigent care costs.

**Immunizations**

Youth experiencing homelessness need medication and immunizations. Forty-five percent of individuals are not able to get the medications they need, 83% have not received any immunizations in the past 12 months, and only six participants report that they received a flu vaccination. Failure to provide needed medications and immunizations certainly adds to the collective long-term expense of caring for these youth and likelihood that they will need to utilize hospital services more often.

**Works Cited**

VI. Experiences with Government Systems, Violence and Abuse

Foster Care and Incarceration

A child’s upbringing, along with past experiences of abuse and incarceration, can have a direct impact on their ability to maintain housing as they mature. A significant portion of respondents (37%) have been a part of the foster care system (Figure 12A). Sixty percent have been incarcerated in some form (Figure 12B). Of the 35 reporting they have been incarcerated 80% went to jail, 46% spent time in a juvenile detention facility, and 6% were in prison. Special attention should be paid to the higher ratio of jail-time experiences as qualitative evidence suggests some purposefully get arrested in order to be provided with the food and warm place to stay during cold weather months.

Violence

Seventy-five percent of respondents indicate that they have been exposed to violence while growing up (Figure 12C). Eighty-seven percent of these 44 individuals communicate that this violence was witnessed within their own family. Special attention should be paid to the higher ratio of jail-time experiences as qualitative evidence suggests some purposefully get arrested in order to be provided with the food and warm place to stay during cold weather months.

Figure 13 – Witnessed Violence vs Sexual Orientation and Foster Care. This graph compares individuals that witnessed violence in youth by sexual orientation and foster care experience.
homes and 57% say that it included the use of a gun or other weapon. Both sexual orientation and experience in foster care show a correlation with witnessing violence in adolescence (Figure 13). Of the 23 LGBTQ identifying individuals, 83% report that they witnessed violence growing up (compared to the 63% of straight individuals). A similar difference in percentage is seen in those who lived in foster care, of which 87% of 23 individuals had witnessed violence in contrast with the 65% of individuals who were not in foster care in the past (Figure 13). Among former foster care youth, an astounding 83% report having been subjected to witnessing violence with a gun or other weapon.

**Bullying, Abuse and Harassment**

Seventy-eight percent of YOUth Count participants say that they have been subjected to some form of bullying, abuse, or harassment. These negative experiences are often coming from more than one source. Out of the 48 individuals that have been victimized by bullying, harassment, or abuse, 68% say it has come from their peers, 68% from family, 40% from adults, and 21% from romantic partners. There is also a difference seen in these experiences between heterosexual and LGBTQ identifying individuals. This comparison shows that among our respondent group, identifying as being LGBTQ increases an individual’s likelihood of reporting experience with bullying, abuse, and/or harassment by 13 percentage points (Table 4).

<table>
<thead>
<tr>
<th>Table 5. This table compares experiences with bullying/harassment/abuse broken down by sexual orientation. Percentages of experiences inflicted by peers, adults, RPs (romantic partners), and family are taken out of the number of individuals that responded yes for each group.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 5. Bullying/Harassment/Abuse and Sexual Orientation</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>LGBTQ (n=23)</td>
</tr>
<tr>
<td>Straight (n=38)</td>
</tr>
</tbody>
</table>

**Sexual Coercion**

The past experiences described above often took the form of sexual coercion (situations in which individuals are persuaded or forced to partake in sexual acts to which they did not consent), which is found to be the case among 42% of respondents (Figure 14). Of these reports, 40% occurred at the hands of a romantic partner. Twenty-six percent of respondents have fallen victim to sexual coercion in the form of survival sex (partaking in sexual acts in exchange for housing, food, money, or access to drugs in order to “get by”). For this specific experience, interviewers spoke to four individuals that had third-party involvement in their exchange of sex for money, and one individual that was transported against their will for this exchange. Due to the difficult nature of these questions, several individuals declined to answer this portion of the survey which implies that these rates of coercion could be higher.

**Figure 14. Sexual Coercion (n=59)**

Sexual Coercion (n=59)

Correlations are found between experience with sexual coercion and gender identity, as well as sexual orientation (Figures 15 & 16). Individuals identifying as LGBTQ are nearly four and a half times more likely to have been victim to this type of violence. Females are twice as likely to report sexual coercion as males. While the sample size is very small among
transgender and non-binary respondents, 75% and 100% respectively of these individuals report experience of sexual coercion.

**Individuals identifying as LGBTQ are four and a half times more likely to have been victims of sexual coercion.**

![Figure 15. Sexual Coercion vs. Sexual Orientation](image)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Experience of Sexual Coercion</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGBTQ</td>
<td>82%</td>
</tr>
<tr>
<td>Straight</td>
<td>19%</td>
</tr>
</tbody>
</table>

![Figure 16. Sexual Coercion vs. Gender Identity](image)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Experience of Sexual Coercion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>27%</td>
</tr>
<tr>
<td>Female</td>
<td>55%</td>
</tr>
<tr>
<td>Transgender</td>
<td>75%</td>
</tr>
<tr>
<td>Non-Binary</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Law Enforcement**

A large portion of respondents have also had recent encounters with law enforcement. In the past year, 50% of individuals report that they have either been stopped, questioned, or arrested by police (Figure 17) – of the 29 individuals that described the location of their encounter, 72% say their experience occurred within Charleston County. Many of these individuals report having experienced one or more of these encounters with a total of 74 reported run-ins with law enforcement for this group.

During these experiences with stops, inquiries, and arrests by law enforcement, 56% of respondents report some degree of perceived mistreatment during their encounter (out of 25). Only six of the fourteen individuals went on to describe the type of mistreatment they experienced. These anecdotes described instances of perceived abuse of power, use of pepper spray, perceived unjustified questioning, verbal abuse targeted at disabilities, and threats of arrest.

In regard to demographics, law enforcement encounters and mistreatment reports did not vary greatly within the data collected. Cross-tabulations between these two questions with gender identity, sexual orientation, and race did not show any significant trends to be reported.

![Figure 17. Stopped, Arrested, Questioned (n=60)](image)

**Figure 17 – Law Enforcement Interactions**. This shows the ratio of individuals that have been stopped, arrested, or questioned by law enforcement in the past year.
Recommendations

Overview

1. The United States Interagency Council on Homeless provide national leadership on strategic plans to end youth homeless by 2020. As locally relevant, Charleston leaders and institutions should adopt these same strategies. The full document can be found here. [https://www.usich.gov/resources/uploads/asset_library/Ending_Youth_Homelessness_Coordinated_Response.pdf](https://www.usich.gov/resources/uploads/asset_library/Ending_Youth_Homelessness_Coordinated_Response.pdf)

Key components of the plan include:

- **Prevent youth** from becoming homeless by identifying and working with families who are at risk of fracturing.
- Effectively **identify and engage** youth at risk for, or actually experiencing, homelessness and connect them with trauma-informed, culturally appropriate, and developmentally age-appropriate interventions.
- **Intervene early** when youth do become homeless and work toward family reunification, when safe and appropriate.
- Develop **coordinated entry systems** to identify youth for appropriate types of assistance and to prioritize resources for the most vulnerable youth.
- Ensure access to **safe shelter and emergency services** when needed.
- Ensure that assessments respond to the unique needs and circumstances of youth and emphasize **strong connections to and supported exits from mainstream systems** when needed.
- Create **individualized services** and housing options tailored to the needs of each youth, and include measurable outcomes across key indicators of performance, including education and employment.

2. Adopt the ten principles summarized in “Addressing the Intersections of Juvenile Justice Involvement and Youth Homelessness: Principles for Change.”

3. These include common sense suggestions like diverting youth experiencing homelessness from the juvenile justice system. “Ensuring efforts prioritize LGBTQ, gender non-conforming youth, youth of color and other over-represented populations to address the disproportionalities that exist in both youth experiencing homelessness and and/or involved in the juvenile justice system.” (USICH, 2017)

**Highest Priority - Local**

4. Secure funding to allow experienced social service providers to house and support young women who are experiencing homelessness and are also pregnant. Barriers, like lack of social security number and inability to prove SC residence, must be removed so that any young women (under the age of 25) can access prenatal care and live in safe environments at least until the child is born.

5. Re-open the Safe House program that was started by We Are Family to provide housing, food and adult mentoring to youth experiencing homelessness in caring and safe homes. The program is currently on hold due to lack of funding.

6. Build shelter(s) specifically for youth with a capacity of at least 125 beds focusing on youth in Charleston county.

7. Local governments and County of Charleston need to dramatically increase resources to address homelessness and hunger in the area.
There are few, if any resources specifically targeted to youth experiencing homelessness.

8. Educate local policy makers, funding sources, social service providers, law enforcement and health care providers about the size and scope of youth experiencing homelessness in Charleston.

**Highest Priority - State**

9. Much of what is needed in order to begin solving the issue of youth housing and food insecurity is an increase in funding to establish the necessary support programs. The state of South Carolina pass legislation similar to the federal Runaway and Homeless Youth Act (RHYA) of 1974 (updated 2017). According to this legislation (34 USC Subtitle I, Chapter 111, Subchapter III: Runaway and Homeless Youth), Congress has established the following:

   a. Youth who have become homeless or who leave and remain away from home without parental permission, are at risk of developing, and have a disproportionate share of, serious health, behavioral, and emotional problems because they lack sufficient resources to obtain care and may live on the street for extended periods of time thereby endangering themselves and creating a substantial law enforcement problem for communities in which they congregate;

   b. many such young people, because of their age and situation, are urgently in need of temporary shelter and services, including services that are linguistically appropriate and acknowledge the environment of youth seeking these services;

   c. services to such young people should be developed and provided using a positive youth development approach that ensures a young person a sense of –

      i. safety and structure;

      ii. belonging and membership;

      iii. self-worth and social contribution;

      iv. independence and control over one’s life; and

      v. closeness in interpersonal relationships.

10. With acknowledgement of this, RHYA asserts certain guidelines for allotment of funds and grants to states and private entities to build the programs described in part three (specifically no less than $200,000 per year, per state). Additionally, this legislation also assigns responsibility to the Secretary and Attorney General to coordinate training, research, and programs/services through agencies under the Department of Health and Human Services and Department of Housing and Urban Development (Part A, letter b). Additionally, Part E recommends that grants be allotted specifically for the purpose of creating and supporting sexual abuse prevention programs that focus on youth who “are at risk of being subjected to, sexual abuse, prostitution, sexual exploitation... [and] sex trafficking”.

11. Create a state entity such as the office of Homeless Youth Services – that focuses solely on designing, implementing and evaluating youth homeless programs.

12. Declassify running away as a status or delinquent offense.

13. As part of a state plan to prevent and end youth homelessness include explicit strategies to address both children aging out of foster care and LGBTQ youth.

14. Fund youth specific services for those experiencing homelessness, especially youth from foster care, incarceration, and/or who are LGBTQ and have been cut off from their biological families.
15. Develop and evaluate methods to address vicarious victims of violence (those who have witnessed violence), especially domestic violence, as part of the process to break the inter-generational patterns of DV.

16. The creation of statewide effort is required as many homeless youths in Charleston come her from other SC cities.

17. Develop a youth focused, LGBTQ affirming homeless shelter in CHS.

18. Provide safe and inclusive environments in child welfare, juvenile justice, runaway and homeless youth programs by providing protections based on vicarious victimization, previous incarceration, and gender identity and sexual orientation.

19. Close loopholes in SC law that allow older men to impregnate and then marry children under 18 without legal consequence.

**Local Law Enforcement**

20. Both municipal and county agencies should provide training for its patrol officers specific to youth experiencing homelessness and adults experiencing homelessness. Approaches need to go beyond re-locating individuals experiencing homelessness.

21. Develop and then share resources with law enforcement so that their interventions can go beyond relocation of those experiencing homelessness to include referrals to social service agencies that can assist in providing basic human needs for young adults and children without familial support. Provide training for patrol officers.

**Local Health Care Providers**

22. Help identify youth at risk for becoming homelessness and refer to agencies who can help. Train medical personnel to observe signs of youth homelessness as part of clinical practice. Develop and train clinicians who can effectively serve youth experiencing homelessness.
Works Cited (in-text):


Dworsky, A., Horwitz, B., (2018). Missed opportunities: Counting Youth Experiencing Homelessness in America. Chicago, IL: Chapin Hall at the University of Chicago


Additional Resources


**Individual Acknowledgements**

First and foremost, the driving force that initiated the Charleston YOUth Count should be credited to Melissa Moore and We Are Family and their team of dedicated individuals. Moore presented the possibility of this collaborative research effort to the Riley Center Team in November 2016, which has since led to production of this report and provision of outreach to hundreds of Charlestonians experiencing housing and/or food insecurity.

Eric Wright, Ph.D. and his team at Georgia State University kindly welcomed the Youth Count to their offices and openly shared their methodology and successes and challenges of conducting the Atlanta Youth Count and Needs Assessment (2015).

Several student employees of the Riley Center for Livable Communities also provided endless support to Dr. Robert Kahle throughout the both phases of the YOUth Count. This team of talented young individuals included three undergraduate assistants and one graduate assistant: Katie Joiner, Joanna Furmanchik, Rachel Bradley, and Rebecca Hopkins.

The College of Charleston’s Community Assistance Program (CAP), under the direction of Ali Titus, also offered a great deal of expertise and support throughout the development and first phase of data collection. Chloe Stuber and Macy Adams created and tested the survey instrument for field use, Nick Mercer took the lead on volunteer recruitment, and Steve Fletcher served as the training director for field work preparedness. It should also be noted that Macy Adams was responsible for a great deal of IRB preparation. Without the efforts of the CAP team, the YOUth Count would not have been possible.

The training days organized by Steve Fletcher included a wide range of experts and professionals that prepared volunteers for field work. These individuals and the topics they trained on are: Charleston Policy Department Officer KJ Ivery (street safety), Carolina Youth Suicide Prevention Program’s Dr. Alex Karydi (mental health), MUSC’s Meg Wallace (harm reduction), and the CAP team (instrument familiarization).

Volunteer coordination was handled by two separate individuals at different times during the YOUth Count. First, Emily Beck served as the initial volunteer coordinator, responsible for organizing, scheduling, and supervising field efforts. During the second round of field work, Bonnie Miller took over this role and carried out these responsibilities through the remainder of the research efforts.

Technical and investigative support for the YOUth Count was provided by several College of Charleston faculty members. The Riley Center’s Director Dr. Kendra Stewart assisted with government and community relations and attended the IRB meetings with Dr. Kahle. Sampling and GIS support was provided by Dr. Kevin Keenan, and analytic/field support was given by Dr. Jen Wright and Jennifer Saunders and a team of data entry volunteers.

In addition to those listed above, there are many other individuals that were vital to the success of the YOUth Count. Outreach and survey team leadership were provided by Vanity Deterville, Demi Hickman, (William Milroy) Memo, Chinesta Anderson, and Reverend Walter Strawther. MUSC’s Family Medicine program was responsible for telemedicine healthcare used during field work and was led by Dr. Marty Player. In addition to assisting with the telemedicine dimension, analytical support and review were also provided by MUSC’s Dr. Cristin Adams, Dr. Vanessa Diaz, and Linsey Passarella in the preparation of the section covering health status and health care utilization in this report.

The management of care kit donations, as well as organization and purchasing of YOUth Count logo items (t-shirts) was organized, led and funded by Shawn Kahle.

Finally, the Riley Center would like to end this report with the acknowledgement of countless efforts provided by the estimated 135 volunteers of the Charleston YOUth Count. These individuals sacrificed a
great deal of time and energy to address the issue of housing and food insecurity being experienced by young people in Charleston and this report would not have been possible without them.

List of Interviewers who Completed IRB required Training

Rachel Crowder  Hannah Marie Rozier
Joanna Furmanchik  Riford Hefka
Bonnie Miller  Victoria Davis
Laura Oprisch  Demi Hickman
Grace Orr  Melissa Moore
Sara Perry  Chinesta
Jennifer Potts  Memo
Mika Ross  Vanity Deterville
Jennifer Saunders  Gabby Mullins
Tyrone Smith  Haley Lovsin
Diamond Thompson  Hannah Williams
Nancy Wilson  Walter Strawther
Ayiesha Zaman  Alex Baldauf
David Zimmerman  Jasmine Shabazz
Daniel McCalley  Lindsey Ocock
Casey Roche  Jonatan Ramirez
Christopher Ciarcia  Steve Fletcher
Calista Pulin  Nick Mercer
Kristen Dunaway  Macy Adams
Britten Cowen  Chloe Stuber
Emily VanWagener  Katie Joiner
Emily Beck  Darina Debeneditis
Mitchell Jones  Nicolas Kainz

List of Additional Volunteers

Eliza Bower  Morgan Sweeney
Kati Blanchet  Bailey Keck
David Brown  Raygen Wells
Patrick Carlson  Jordan Day
Lienne Barrise  Kevin Gustafson
Rose Hefferon  Taylor Widener
Danielle Bloom  Katherine Merritt
Donna Hurt  Allison Lanford
Reyna Lasch  Hunter Macdonald
Sage Jadrnicek  Dana Bushell
Jose Ventura Gonzales  Dallyn Ferguson
Pierce Frayga  Elisabeth Sundberg
Abbey Grady  Tahtiana Castillo-Garcia
Anna Russell  Stephanie Masline
Nicole Beech  Nicole Simon
Coleman Ott  Xandre Clementsmith
Hannah James  Sydney Mitchell
Cheryl Braxton  Jessica Houston
James Harrison  Zainab Dossaji
Liza Gadsden  Sierra Votapka