

# LGBTQIA+ Needs in Temporary Living Communities

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Temporary Living Communities (TLCs) are one of the biggest providers of housing for LGBTQIA+ (Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, plus additional identities not listed in this acronym) folk, with LGBTQIA+ youth being the most likely demographic to identify as homeless. For brevity and clarity, this paper will refer to the LGBTQIA+ population by the word “queer” (although this term may appear offensive to some, many queer individuals have reclaimed this term as a way to take power away from their oppressors by making the meaning positive instead of negative. I will be using the positive version of this term as well in my paper). Previous studies have estimated between 11 and 40 percent of all homeless youth identify as queer (Ventimiglia, 2012; Cochran, Stewart, & Ginzler, 2002). However, this number is hard to define due to the lack of a nationwide study (Whitbeck, Chen, Hoyt, Tyler, & Johnson, 2004) and because many disadvantaged queer youth do not disclose their identities because of the stigma of identifying as queer and possibly not wanting to risk being outed to their peers (Berberet, 2006). I want to investigate this topic deeper by examining how TLCs in the United States affect queer youth and if they adequately support their transition to being functional members in their communities.

Queer folk are also more likely to be disowned by their families because of their identities and forced into homelessness at an early age (Cochran et al., 2002; Gangamma, Slesnick, Toviessi, & Serovich, 2008; Rew, Whittaker, Taylor-Seehafer, & Smith, 2005; Whitbeck et al., 2004). Therefore, it is reasonable to say that most queer youth currently struggling with homelessness have not had the guidance or support needed to acclimate into the world of adulthood. Many of them have been forced to leave their childhood homes rather abruptly and face independence far before they were ready to do so. It is with this reasoning that it could be argued that TLCs should be focusing on meeting the specific needs of this vulnerable population to ensure their success and further development into adulthood. Unfortunately, current research shows that most TLCs do not offer any LGBTQIA-specific services (Prock & Kennedy, 2017) and many face gaps in the services that they do offer (Maccio & Ferguson, 2016). I outline some of these service gaps in the sections below.

I will also be arguing from the perspective that a TLC's focus is to rehabilitate their residents so that they can thrive in the local economy and social environment. Although some people may assume that homeless people are merely lazy or disorganized, many studies show that homeless people face many obstacles to becoming non-homeless that are deeply ingrained into our societal, political,

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judicial, and economic systems (Nishio, et. al., 2017; Piat, et. al., 2015; Verstraete, Pannecoucke, Meeus, & De Decker, 2018). Many people view aiding homeless populations as representative of giving away unearned services that should be provided by the work of one's own hands. However, most TLCs focus on assisting homeless individuals by preparing and supporting residents to succeed and thrive socially and economically.

### **Methodology**

The purpose of this systematic literature review was to retrieve and curate a list of needs of queer, homeless youth that are not currently widely addressed by Temporary Living Communities (TLCs) across the United States.

### **Search Methods**

An electronic search was performed using the University of Wisconsin-Stout Library's research database, EBSCO. The search was performed by the author in July 2019 to identify published studies from 2005 to 2019. The search terms used include terms such as "LGB", "LGBT", "LGBTQ", "LGBTQIA", "Temporary Housing", "Needs Assessment", "Homelessness", and "Retention". After this initial search, additional articles were identified by searching reference lists of articles already retrieved. In all, 50 database records were identified as potentially relevant documents based on the titles and abstracts. Of the 50 full papers, 20 were selected for inclusion and 30 were excluded from this review based on the inclusion criteria listed below.

### **Inclusion Criteria**

The titles and abstracts were analyzed for relevance to the inclusion and exclusion criteria. Case reports that were based on the needs of queer, homeless youth and related populations (ex. homeless youth, housing insecure youth, youth that are more likely to face abuse and harassment) and provided strategies to fulfill those needs were included in this review. Opinion papers, letters to editor, non-English-language and commentary articles, and participatory programs related to needs assessments of other non-related populations were excluded in this review.

### **Review of Literature**

As part of our review, I wanted to identify current need gaps in domestic TLCs for queer, homeless youth. The following list is in addition to the more general needs that are needed by most homeless youth including employment services, financial assistance programs, legal services, and skill-learning courses. In fact, one could argue that the very purpose of a TLC should be to provide or endorse these specific services so that their residents can thrive and become reintroduced into the local community with a stable job and stable housing.

### **Mental Health Services**

One of the biggest needs of queer, homeless youth, by far, is the need for mental health services. Queer, homeless youth are more likely than their heterosexual

peers to experience clinical depression, anxiety, and other mental health issues (Gangamma et al, 2008; Whitbeck et al., 2004; Cochran et al., 2002; Gattis, 2013; Van Leeuwen et al., 2006). Additionally, many queer-specific counseling centers tend to focus on adult populations which can be intimidating for queer-identifying youth (Maccio & Ferguson, 2016). Queer youth also face discrimination practices and service refusal among mental health service providers which leads to increased distrust in similar services (Kidd, 2003, 2004).

### **AODA Rehabilitation Services**

Similarly, queer, homeless youth are more likely to abuse alcohol and other drugs (AODA) than their heterosexual and cisgender peers (Cochran et al., 2002; Gattis, 2013; Whitbeck et al., 2004; Van Leeuwen et al, 2006). Many use these substances as self-medication tactics, for survival reasons (for example, staying awake to avoid victimization) or to simply be used as a bridge to socialize with other homeless youth (Cochran et al., 2002; Whitbeck et al., 2004; Ferguson, Bender, Thompson, Xie, & Pollio, 2011; Ginzler, Cochran, Domenech-Rodriguez, Cauce, & Whitbeck, 2003; Tyler & Melander, 2015). Substance use education and counseling is already required for TLCs that are supported by a Family and Youth Services Temporary Living Program Grant. However, queer, homeless youth are also more likely to avoid counseling services due to a fear of being discriminated against by staff and other homeless youth (Durso & Gates, 2012). Despite their refusal to use queer-specific services, queer, homeless youth need such focused services due to their needs being much different from their heterosexual, cisgender (i.e. their biological sex matches with their gender identity; ex. a male identifying as a man) peers.

### **Relationships with Providers**

Since queer, homeless youth tend to avoid service providers, it is important for service providers to be trained in establishing relationships with all homeless youth and providing holistic care. It is also impossible to identify homeless youth with queer identities, especially since most homeless, queer youth are not "out" to their peers (Gattis, 2013; Whitbeck et al., 2004; Hunter, 2008; Shelton, 2015) and often display "typical" masculine and feminine features and personalities to keep themselves safe. Additionally, if providers can show that they care to non-queer, homeless youth, word will spread to queer youth that this provider is not like the rest. These providers should also be trained in the needs of queer, homeless youth so that they can provide the best care possible.

### **LGBT and HIV-Focused Sex Education**

As well as queer-specific approaches and care plans, queer-specific sex education courses were listed as the top two service needs as identified by queer, homeless youth in surveys conducted by Wells, et al. (2013). However, despite being the highest self-rated need among queer, homeless youth, there is hardly any research done on queer-specific sex education for runaway or homeless youth. This is alarming since queer, homeless youth are more likely to engage in survival sex (sexual favors for money, food, shelter, and in exchange for not being physically, mentally, or sexually

abused, among other reasons) than their heterosexual peers (Gangamma et al., 2008; Whitbeck et al., 2004; Rice et al., 2013). Additionally, another study noted that homeless youth who abuse substances and engage in survival sex (three categories that disproportionately affect queer, homeless youth) are also likely to report also having Human Immunodeficiency Virus or HIV (Gangamma et al., 2008). Combined with the fact that queer, homeless youth are also more likely to engage in unprotected sex "all of the time" (Cochran et al., 2002), queer-specific sex education that includes the risks of HIV would be highly beneficial to this vulnerable population.

### **Anonymous Services**

The last need found in the literature encompasses all of the above needs. Without services that allow queer, homeless youth to remain closeted (if they so desire) (Prock & Kennedy, 2017), all action plans to implement one or all of the above needs will not reach their full potential and are more likely to fail. Being "out" is a luxury that most queer, homeless youth cannot afford. Sleeping on the streets and remaining dependent on others to provide their needs means most queer, homeless youth cannot risk being kicked out or denied a service because of their sexual or gender identity (Prock & Kennedy, 2017). This means provided services *should not* be labeled as queer-specific and should be "generic" enough that all people, regardless of identity, can get what they need. One example is that counseling centers should not only be for queer, homeless youth since using the service "outs" all participants as queer. However, a counseling center can offer a range of services that include queer-specific therapies so that participants can "come out" safely to their therapists.

TLCs should also make an effort to use residents' preferred pronouns, names, and bathroom and room choices that make them feel the safest (Prock & Kennedy, 2017). Prock & Kennedy (2017) document one TLC's failure to meet these needs. Daniel, a transgender man, requested that a staff member put their preferred name on the whiteboard outside of their room instead of their dead name (a name that is no longer used by a person. This tactic is typically employed by transgender individuals who do not want to be recognized by their birth name), Danielle. Having their dead name posted on the outside of their room would out them as transgender, since Daniel often "passed" (i.e. appeared) as male. The staff member decided to not honor Daniel's request which led Daniel to choose to stay on the streets instead of the shelter because that was the safer option for them. Homeless, queer youth should not have to choose between living on the streets or being "outed" to their other homeless peers.

As you can see, there is a huge gap in services currently provided for queer, homeless youth. It should be a primary focus for TLCs to make their programs more inclusive and safe for all. TLCs should also acknowledge that minority groups all have different needs and that the needs of the queer community are only a small portion of services needed in all TLCs. Finally, demographics (i.e. religion, race, ethnicity, age, etc.) change from region to region which should be considered as well.

### **Discussion**

This systematic literature review has gathered the evidence related to the needs of queer, homeless youth who use services and housing within TLCs. Our

findings mainly pointed out current gaps in services offered or endorsed by TLCs and focused on providing an economic and social defense of implementing queer-friendly services. Most of the service needs listed above help increase the likelihood of queer, homeless youth finding stable jobs and housing faster than those who do not receive these services. Other service needs help improve the overall wellbeing of queer, homeless residents while they are in TLCs. These services, although they do not directly affect the economic output of TLCs (i.e. producing productive members of society), decrease the hardship some residents may face such as medical bills, substance addiction, mental health issues, and discrimination from service providers. These hardships distract queer, homeless youth (as well as non-queer youth) from making advancements in their careers and personal lives which decreases a TLCs effect on the local, state, and national economies.

One of the limitations of our review was that there were no author searches and no hand searches of selected journals in the searching strategy. Another limitation of this review was that the findings summarized only the results of the published studies and I did not consider unpublished works (e.g., unpublished dissertations) in the searching phases of the review.

### **Policy Implications**

The implications of this review indicate that the needs of queer, homeless youth are widely being ignored (or not fully satisfied) by most (if not all) TLCs in the United States (Prock & Kennedy, 2017). In addition to the biggest needs of all homeless youth (employment services, financial assistance programs, legal services, and skill-learning courses), queer, homeless youth also need queer-specific mental health services, AODA rehabilitation, queer and HIV sex education programs, personable relationships with service providers, and anonymous services and offerings.

Currently some TLCs offer queer-specific services such as support groups, LGBTQ-affirming therapy, gender-neutral bedrooms/bathrooms, medical/hormone therapies, and advocacy programs (Prock & Kennedy, 2017). Prock & Kennedy (2017) also note that these services are not widely used and are almost non-existent in the Midwest & Southern regions of the United States. I theorize that the reason that these services do not exist in these areas is because rural areas in the United States are more likely to have a majority religious population (Dillon & Henly, 2008; Smith & Bautista, 2018) which may fund a majority of these TLCs that do not offer queer-specific services, although more research needs to be done on this topic before any conclusions can be made.

This review has also noticed a surprising lack of definitions of what constitutes being homeless and how participants are identified as homeless in the articles that I used for this review. Definitions have historically varied from organization to organization with notable discrepancies and exclusion of populations who may be deemed as homeless in another setting (Hallett & Crutchfield, 2017). Definitions have varied from highly inclusive within the McKinney-Vento Homeless Assistance Act's definition (which includes populations that live in multi-family housing situations, motels, hotels, trailer parks, and camping grounds in addition to those who live in TLCs and public or private spaces not designated for human beings)

to highly exclusive (e.g. the United States Department of Housing and Urban Development definition: "must be consistently residing on the street or in a homeless shelter over a 12-month period or have 4+ episodes of homelessness over a 3-year period that accumulated to 12+ months") (Hallet & Crutchfield, 2017, p. 58-59). Both definitions have their benefits and drawbacks depending on the goal that they are meant to achieve. In the future, studies should not assume that the definition of homelessness is clear. Instead, they should provide how they determined the target population by describing their defining characteristics.

Lastly, this review suggests several services and policies that should be implemented to serve queer homeless youth who access TLCs and their services. First and foremost, TLCs need to provide mental health services to each and all of their residents. Additionally, counselors should be trained on how to treat and support queer patients that use their mental health services. Providers that offer holistic care and focus on the whole person are much more likely to be trusted and respected by queer youth. Next, TLCs need to offer more AODA rehabilitation services for those affected by alcohol or substance abuse. Queer, homeless youth are much more likely to participate in these risky behaviors as a coping mechanism as well as a social tool to make connections with other oppressed individuals. Next, TLCs should offer more queer and HIV-focused sex education programs to help address the likelihood that queer homeless youth are more likely to engage in unprotected sex "all of the time" and then being infected with sexually transmitted diseases such as HIV/AIDS. Finally, TLCs should focus on providing services that do not "out" their patients as queer. Services should be generic enough that all residents within the TLC are comfortable enough to use them. Once services are branded for queer individuals, the likelihood of queer youth using those services drastically decreases.

I also acknowledge the limitations that TLCs face to implement the services I have suggested above. Many TLCs are underfunded and cannot offer even basic services while others are overcrowded and understaffed (Emanuel, 2005; Brown et al, 2017; Nix, 2009). Reviews and studies that suggest a change in services should also acknowledge that financial support for TLCs also needs to be addressed by those outside of the administration staff in these programs. There are many advocates for increased federal funding for TLCs and programs. However, those advocates face a steep, uphill battle to support their claims in a culture that values those that "pull themselves up by their bootstraps." This American culture also view homeless people as lazy and a "lost cause" and any spending on assisting them is money that is wasted. Before advocates can push their viewpoint, they must first humanize the homeless population by revealing the true barriers people face to getting out of homelessness (Williams, 2016; Williams, 2008; Wilse, 2015).

In this review, I have provided a plethora of information to be used by TLCs in the United States. I acknowledge that some TLCs do offer queer-specific services, although most do not. I also recommend that future studies be aware of where their participants are coming from and how they define the term "homelessness" in their research. Finally, I acknowledge that this information is utterly useless without funding and support from the government and local communities. Our culture also needs to shift to a better understanding of the causes and effects of homelessness so funding homeless populations is not as taboo as it is today.

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