

AN ABSTRACT OF THE MPP ESSAY OF

Julia McKenna for the degree of Master of Public Policy in Public Policy presented on May 11<sup>th</sup>, 2015.

Title: Needs Assessment and Best Practices for Serving LGBTQ+ People Experiencing Houselessness along the I-5 Corridor in Oregon

Abstract approved: \_\_\_\_\_

Mark Edwards

Most studies suggest that LGBTQ+ young adults make up between 20 and 40 percent of the houseless young adult population (Edidin, Ganim, Hunter, and Karnik 2011; Nolan 2006). However, LGBTQ+ young adults compose only 1.3–3.8% of the general young adult population (Rosario, Schrimshaw, and Hunter 2012). Thus LGBTQ+ young adults are overrepresented in the houseless population. By using a methodology based on previous community needs assessment studies conducted in Oregon regarding rural houselessness (Edwards, Torgerson, and Sattem 2009), I (1) identify current services for the LGBTQ+ houseless population and (2) examine the experiences of LGBTQ+ young adults in accessing those services. This paper uses Schneider and Ingram's social construction theory to understand the advantages and disadvantages conferred on this unique population, encompassing the intersection of the experienced identities of youth, LGBTQ+, and houseless. I provide a best practices guide.

©Copyright by Julia McKenna  
May 11<sup>th</sup>, 2015  
All Rights Reserved

Needs Assessment and Best Practices for Serving LGBTQ+ People Experiencing  
Houselessness along the I-5 Corridor in Oregon

by  
Julia McKenna

A MPP ESSAY

submitted to

Oregon State University

in partial fulfillment of  
the requirements for the  
degree of  
Master of Public Policy

Presented May 11<sup>th</sup>, 2015  
Commencement June 2015

Master of Public Policy Essay of Julia McKenna presented on May 11<sup>th</sup>, 2015

APPROVED:

---

Dr. Mark Edwards, Sociology & School of Public Policy

---

Dr. Sally Duncan, School of Public Policy

---

Dr. Qwo-Li Driskill, Women Gender and Sexuality Studies

I understand that my MPP Essay will become part of the permanent collection of Oregon State University libraries. My signature below authorizes release of my MPP Essay to any reader upon request.

---

Julia McKenna, Author

## ACKNOWLEDGEMENTS

I would like to thank...

Dr. Mark Edwards and Dr. Sally Duncan for your support, encouragement, and guidance in the completion of this research.

Jeff Kenney for your mentorship, support, guidance, humor, and care.

Dr. Qwo-Li Driskill for your support, encouragement, and creation of spaces for radical learning, remembering, and connection.

Dr. Dwaine Plaza for your support.

Chelsea Whitlow Shay for partnering with me on this project and for providing vital community support.

Mariana Amorim for involving Community Outreach and setting the groundwork for this project.

Kari Whitacre, director of Community Outreach for your inquiry and support and valuable work in the Corvallis community.

Hillary Fishler. Your love, support, and friendship has meant *the world* to me. The entire world.

Jessica Nguyen-Ventura for your support and for inspiring me with your work and research.

Rebecca Arce for your mentorship and guidance in the beginning of the study.

Elise Korejwa and Rose Hickman for contributing to the study and your willingness to help.

Jeri Williams and Ibrahim Mubarak for your work and support.

Alivia Biko for ongoing support in the completion of this project and the Allies for Equality group for your work and support in this project.

Alexa I. Stefanou for donating your time and designing our flyer and for your humor and friendship.

Madison Turner for helping with recruitment and flyering and for your love and your humor.

My parents for your love and care.

My siblings, Machree, Nadia, and Ethan for your friendship and endless love and laughter.

My PSU friends and PSUWRFC family for your shenanigans and love.

The Hinkle family and Sayre family for your love, friendship, and encouragement.

I would like to thank friends and classmates who supported me during my time at OSU and service providers and community leaders who helped promote my study. I would like to thank everyone who participated and supported this project.

The OSU Policy Analysis Laboratory (OPAL) for investing funds in this project and supporting the inception of this project.

The President's Commission on the Status of Women (PCOSW) for investing funds into my research and into conference travel.

Dr. Brent Steel, Dr. Allison Davis White-eyes, and Dr. Philipp Kneis for your investment in me through funding travel to conferences, the opportunity to participate in the Transatlantic Student Symposium, and support for the LGBTQ+ Public Policy course.

Dr. Terri Vescio for encouraging my academic pursuits and for your mentorship.

I would like to dedicate this report in memory of Lexie Merill, a member of the OSU community. We miss you deeply and remember you well

## TABLE OF CONTENTS

|   | <u>Page</u> |
|---|-------------|
| 1. Introduction .....   | 1           |
| 2. Notes on Language .....  | 2           |
| 3. Theoretical Understandings.....  | 3           |
| 3.1 Matrix of Domination and Intersectionality Theory.....  | 3           |
| 3.2 Structural Violence .....   | 4           |
| 3.3 Social Exclusion.....   | 5           |
| 3.4 Social Construction and Policy Design.....  | 6           |
| 3.4.1 Oregon Specific Social Construction.....  | 9           |
| 4. Theoretical Synthesis: Examining Experiences of LGBTQ+ Young Adults Experiencing<br>Houselessness..... | 11          |
| 4.1 Structural Violence Impacting LGBTQ+ People .....   | 11          |
| 5. Strengths and Resiliency .....   | 13          |
| 5.1 Resilience .....  | 13          |
| 5.2 Protective Factors.....   | 15          |
| 6. LGBTQ+ Young Adult Houselessness Literature Review .....   | 16          |
| 7. Review of Best Practices Literature .....  | 20          |
| 8. The Present Study .....  | 21          |
| 9. Methods.....   | 23          |
| 10. Inductive Thematic Analysis.....  | 25          |
| 11. Statement of Researcher Positionality .....   | 26          |

|   |       |
|---|-------|
| 12. Results.....  | 27    |
| 13. Discussion.....   | 29    |
| 14. Best Practices.....   | 31    |
| 14.1 Safe, Welcoming, and Inclusive Environments.....                               | 31    |
| 14.2 LGBTQ+ Knowledge.....  | 40    |
| 14.3 LGBTQ+ Specific Support and Advocacy.....                                      | 55    |
| 15. Limitations.....  | 59    |
| 16. Conclusion.....   | 60    |
| Bibliography.....   | 61    |
| Appendices.....   | 67-85 |
| Appendix 1. Best Practices Guides Published Prior to Study.....                     | 67    |
| Appendix 2. Best Practices Guides Published During the Study.....                   | 68    |
| Appendix 3. Participant Demographic Summary.....                                    | 69    |
| Appendix 4. Lambda Legal & CWLA Best Practices Summary.....                         | 71    |
| Appendix 5. Recruitment Flyer.....  | 73    |
| Appendix 6. Paper Survey.....   | 74    |
| Appendix 7. Glossary of Terms.....  | 77    |
| Appendix 8. Reclaiming Our Space in Public and Our Home in the Queer Genealogy..... | 85    |

## LIST OF FIGURES

| <u>Figure</u>   | <u>Page</u> |
|---|-------------|
| 1. Levels of Analysis .....   | 3           |
| 2. Social Construction and Policy Design.....   | 7           |
| 3. Social Construction Placement of A Particular Target Population.....                 | 8           |
| 4. Social Construction of LGBTQ+ Young Adults Experiencing Houselessness.....           | 9           |
| 5. Levels of Structural Violence for LGBTQ+ Young Adults Experiencing Houselessness.... | 12          |
| 6. Social Quality and The Quadrangle of Conditional Factors for Quality of Life.....    | 13          |
| 7. Map and Participant Key.....   | 23          |

## Introduction

This MPP essay examines best practices for serving LGBTQ+ young adults experiencing houselessness. I first synthesize a theoretical understanding of the matrix of oppression, structural violence, social exclusion, and social construction theory in relation to the LGBTQ+ population. Second, I move to an examination of risk factors facing the LGBTQ+ houseless young adult population. Third, I examine theoretical understandings of strengths and resilience, including an understanding of shame, thwarted belonging, minority stress factors, and protective factors. I then introduce the present study including a literature review, best practices review, methods and analysis, and resulting best practices guide.

## Notes on Language

### Using Houseless instead of Homeless

In this report and am using the term houseless instead of homeless. The political landscape encompassing various US narratives of pulling oneself up by ones bootstraps and the assertion that the “American Dream” is universally accessible to anyone willing to put in hard work and effort leads to scapegoating of individuals who aren’t “making it”. The characterization of homeless people as lazy, anarchist, drug addicted leeches to the US economy saturate our media. Activist and advocate groups have begun to shift the language from “homeless people” to people experiencing houselessness. This is important because (1) it addresses people as people first (2) it centers an experience a person is having and emphasizes the possibility of it being a temporary reality (3) it allows for “home” to be left for individuals to define and create with networks of belonging and security that may or may not end up being tied to biological family members or physical housing. Many of the people I interviewed identify themselves as people experiencing houselessness. This is an important shift in our language and understanding, as it highlights the experience of not having a physical structure to reside in as being the key defining factor in a person’s situation. This is an important push against the narratives that individualize blame for experiences of poverty and houselessness rather than look at societal and larger economic factors as playing a key role in experiences of houselessness. The way we talk about problems influence the way we think about them, and the characterization of “homeless” as being a personal identity-based group inevitably allows us to shift blame to individuals and pathologize whole groups of people rather than acknowledge experiences of houselessness as a common reality that people of a vast heterogeneous group experience for a multitude of reasons all across the United States. An examination of the discourses around houselessness can be further reviewed in *One Nation: Underprivileged* (2004) by Mark Rank. It is with respect for the people I spoke to and an intentionality for a shift in thinking that I use houselessness and people experiencing houselessness in my paper.

### Youth and Young Adult Terminology Clarification

The best practices guides and literature related to risk factors focused on youth and young adults. The literature I report on is largely geared toward explaining how to better serve young adults. The study originally was centering on experiences of young adults (age 18-25). Due to recruitment concerns, we expanded the age to include anyone over 18, and thus I refer to my results as LGBTQ+ people in general. Suggestions for serving LGBTQ+ young adults are applicable to serving LGBTQ+ people of all ages, so I will still heavily rely on literature and best practices that have youth and young adults as their main focus. In citing other guides, I don’t change the language to LGBTQ+ people, but it can be understood to be applicable to LGBTQ+ people, not only youth or young adults. After gaining an understanding of social construction theory, we can see why advocacy tends to center around youth and young adults, as they are a population that is regarded as positively valued and also dependent on others. Advocacy efforts centering on youth not only offer tangible and important protections for a legitimately vulnerable population, but they also have produced a wealth of guidance on best practices that can be easily translated and tweaked to fit adult shelters and services.

## Theoretical Understandings

My analysis aims to synthesize understandings of **Structural Violence** (encompassing internalized, interpersonal, institutional, and structural oppression), **Social Exclusion** (encompassing individual, neighborhood/group, economic, social, and political dimensions), and **Social Construction Theory** (society, institutions and culture, and target populations). For clarity I break down the levels of analysis into four levels: The *Social Structure*, which includes the media, legal system, political system, and economic system; *Institutions*, which include school, workplace, healthcare system, and public spaces; *Community, Social, and Interpersonal*, which includes family, friends, religious community, intimate partners, peers, and the general public; and The *Individual*, including physical, mental, psychological, emotional, psycho-social levels. These levels of analysis depicted in Figure 1. allow us to examine the complexity of people’s lived experiences in relation to the social reality in which they are situated. Most importantly, it allows us to examine areas to impact change and keeps our understanding of oppression multifaceted and intersectional.

**Figure 1. Levels of Analysis**

### Social Structure

- media, legal system, political system, capitalism

### Institutions

- school, workplace, healthcare system, public space

### Community, Social, Interpersonal

- family, friends, religious community, intimate partners, peers, general public

### Individual

- physical, mental/psychological, emotional, psycho-social

## Matrix of Domination and Intersectionality Theory

People operate within a system of simultaneous, interrelated social relationships, what Andersen & Collins (2013) term *matrix of domination*. Andersen & Collins (2013) explain that socially constructed categories of race, class, gender, and sexuality are often articulated as binaries “man/woman, Black/White, rich/poor, gay/straight, or citizen/alien” (p. 63) These categorizations allow for “the other” to be identified as these socially constructed categories map out onto individual lives in the form of identities. These identities are built into society and are a result of social and historical processes. It is through these categories that are tied to systemic forms of inequality that we may examine their impacts intersectionally, in their many combinations. The term intersectionality was first theorized by Kimberlé Crenshaw in 1989 and the theory seeks to examine how socially constructed

categories intersect and interact on multiple, simultaneous levels resulting in systematic injustice and inequality. These categories are interrelated and connected and often are influenced by one another. The importance of understanding intersectionality is the depth and connections that can be drawn between racism, sexism, biphobia, homophobia, and transphobia an understanding of the mutuality of these systems of oppression (Crenshaw, 1991). Thus efforts to address any type of oppression would do best to combat all forms of oppression and require solidarity between oppressed groups for shared benefit and a richer understanding of systems of oppression. These intersecting identities are ubiquitous, present in the realms of ideas (symbols, language, images), interactions (norms, behaviors), and institutions (government, law, education). Anderson and Collins (2013) state one of the most imperative things to learn about race, class, and gender is that they are systemic forms of inequality. Although most people tend to think of them as individual characteristics (or identities), they are built into the structure of society with impacts that differentially advantage and disadvantage groups depending on their social location and greatly impact people's lived experiences and life outcomes (p. 62).

## Structural Violence

Meyer et al. (2007) examine structural violence specific to health outcomes for LGBTQ+ people and explain the unique ways LGBTQ+ people are targets of structural violence. Structural violence refers to the ways by which social inequalities and political and economic systems place particular groups or identities in situations of extreme vulnerability, a vulnerability indicated by and expressed in patterns of ill health and death (Meyer et al., 2007). Structural violence is subtle, often unseen, and usually has no one specific person who can (or will) be held responsible. Dr. Paul Farmer explains, "Structural violence is one way of describing social arrangements that put individuals and populations in harm's way... The arrangements are structural because they are embedded in the political and economic organization of our social world; they are violent because they cause injury to people ... neither culture nor pure individual will is at fault; rather, historically given (and often economically driven) processes and forces conspire to constrain individual agency. Structural violence is visited upon all those whose social status denies them access to the fruits of scientific and social progress." (Burtles, 2013, p. 1).

In short, the cumulative effects of structural violence on an individual will necessarily mean worse health and shorter life (Burtles, 2013). Structural violence includes interpersonal, institutional, and structural levels of violence. Interpersonal violence is behavior of individual members of one social group that have a differential and/or harmful effect on the member of another social group. Institutional violence refers to the policies of the dominant social group institutions and the behaviors of individuals who control these institutions and implement policies that have a differential and/or harmful effect on marginalized or minority social groups. Structural violence refers to the policies of the dominant social group institutions and the behavior of the individuals who implement these policies and control these institutions which are socially neutral in intent but which have a differential and/or harmful effect on marginalized or minority social groups (Burtles 2013).

## Social Exclusion

Takács (2006) cites the European Council's definition of social exclusion as a: "process whereby certain individuals are pushed to the edge of society and prevented from participating fully by virtue of their poverty, or lack of basic competencies and lifelong learning opportunities, or as a result of discrimination. This distances them from job, income and education and training opportunities as well as social and community networks and activities. They have little access to power and decision-making bodies and thus often feel powerless and unable to take control over the decisions that affect their day to day lives" (p. 12). Further, social exclusion is not confined to issues of unemployment or access to employment; it is also evidenced by barriers that prevent the full participation of people in the areas of education, health, environment, housing, culture, access to rights or family support, as well as training and job opportunities.

Fish (2010) examines Hills et al.(2002) and the ways that LGBT people can be considered as socially excluded based three criterion that are often cited to indicate social exclusion. The first is a discourse that places individuals and their moral values as central to their social standing and situation. This is conceptualized as the "moral underclass discourse", in which those who are socially excluded are blamed for their circumstances and positioned as responsible for being cut off from society (p. 3). The second criterion highlights the role of institutions and systems in perpetuating social inequalities for a particular group. The third is the lack of enforced rights, which is evidenced by rights not being upheld or protected for a particular group as well as rights being withheld and unequal in the legal system for a particular group. Fish (2010) cites a vast literature and assesses the situation of LGBTQ+ people to meet all three criterion having been considered as a moral underclass, shut out of social institutions, and excluded from the rights of citizenship, and thus can be considered a socially excluded group (p. 7). Importantly, Percy-Smith (2000) cited by Fish (2010) draws attention to the fact that an individual or group is more likely to be vulnerable to exclusionary processes when they experience difficulties in relation to more than one socially excluded identity and highlights that for many LGBT people, social exclusion is a multi-dimensional phenomenon involving exclusionary processes such as political disempowerment, social exclusion, and lack of voice (Fish, 2010, p. 7; Takács, 2006, p. 26). Due to overlapping aspects of vulnerability, LGBTQ people, including youth can be "socially excluded as a result of their low incomes, their unemployment, their poor education, health, and housing conditions, their gender, religion, ethnic origin, as well as their inability to realize their autonomy and citizenship rights because of their LGBT status" (Fish, 2010, p. 24).

While a thorough examination of processes of social inclusion are beyond the scope of this paper, I note three dimension that Takács (2006) examines as pathways to social inclusion "1) in gaining respect and representation in national institutions, including the government, workplaces, schools, families, and welfare and health care institutions; 2) in having social dialogues encouraged by institutions, and in a manner which ensures that the concerns of all the parties can be voiced and heard; and 3) by revisiting the norm of the *good citizen* who tends to be heterosexual - or at least a "normal gay "who is "expected to be gender conventional, link sex to love and a marriage-like relationship, defend family values, personify economic individualism, and display national pride." (Takacs, 2006, p. 23). Takács summarizes the need for social recognition of LGBT people, where "recognition is defined as

a cultural or symbolic change involving the upward revaluation of disrespected identities, or even a complete transformation of societal patterns of representation, interpretation, and communication in ways that would change everybody's sense of self" (Takács 2006, p. 22).

While I have examined social exclusion through analysis of LGBTQ+ identity, analyses of social exclusion of people of color and the houseless exist in the literature as well. The examination of social exclusion of the houseless is prevalent in research mostly being examined in a European context so I do not examine it specifically here, though the processes that are described can be seen to fit LGBTQ+ people as a discrete group as well as in their experiences of houselessness and conversely, people experiencing houselessness who are not LGBTQ+ will experience similar processes examined as social exclusion. I emphasize the same processes occurring for people of color, and underscore the heightened risks and marginalizations a LGBTQ+ person of color experiencing houselessness faces, as they are the embodiment of three socially excluded identities. Literature on social exclusion is more central and engaged with in Europe mostly due to cultural factors, not due to different economic realities or prevalence of houselessness, as it is a global problem with complex causes, which may include poverty, lack of employment or income, shortage of affordable housing, reduced government support, poor physical or mental health, and violence or abuse in the home (Stewart, 2010, p. 146).

## Social Construction and Policy Design

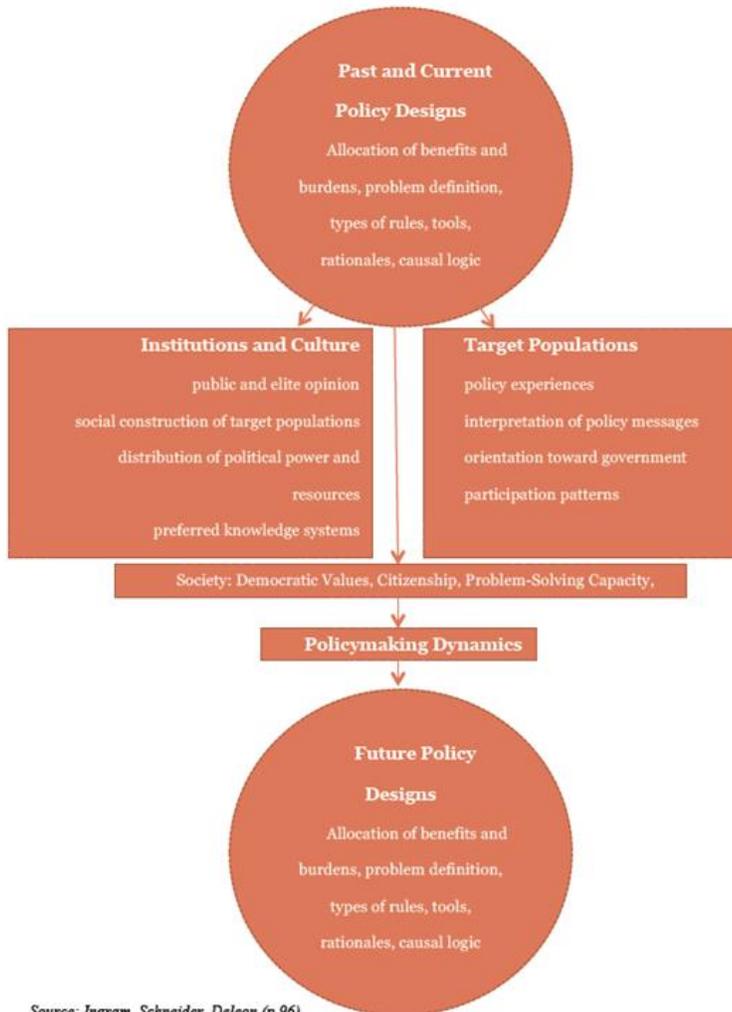
Social construction in the broadest definition is "a world-shaping exercise, or at least, encompasses varying ways in which the 'realities' of the world are defined. This would include images, stereotypes, and assignment of value to objects, people, and events, that is the elements that operationalize policy and politics" (Ingram, Schneider, & Deleon, 2007, p. 95). Social construction describes the meaning-making which people undertake through their perceptions of reality that organize the environment and people within it. The social construction policy framework emphasizes differences in social constructions and political power in the policy process (Ingram, Schneider, & Deleon, 2007, p. 97). Target populations can be organized by two dimensions of target population construction. First, their political power and second, their positive or negative social construction (more or less worthy and deserving) (Ingram, Schneider, & Deleon, 2007, p. 101). This matrix produces four groups: advantaged (high power, positive), contenders (high power, negative), dependents (low power, positive), and deviants (low power, negative). These constructions can be used to understand the differences in policies aimed at the four groups and the differences in social and political support and resources that each group receives in the policy process, with "deviants" receiving policy burdens or punishments enacted through social institutions.

An analysis of social construction theory, when situated within structural violence and processes of social exclusion, allows the arena of public policy to be seen as both complicit in upholding and maintaining systemic inequality and simultaneously offering an avenue of social change and improved quality of life through policy. The social construction theoretical perspective explains that the types of policies (allocation of benefits and/or burdens) that are enacted depend on the "target group", or the proposed recipients of the policy. Our target group is LGBTQ+ adults experiencing houselessness. The types of policies and desired outcomes will depend on how the members of the target group are socially constructed. Policies that remove barriers to institutions and contribute to changes in the social structure and culture may resituate previously disparaged socially constructed identities as deserving

and worthwhile. The social construction framework enables the predictions of patterns of policy change, as constructions of groups can be observed to be shifting through national media, public discourses, and policy arenas. The impact of policy on the social construction of groups involves processes that are multidirectional and may influence one another. For example, policy change can precede a more favorable social construction of a population and a more favorable social construction of a population can also fuel positive policy outcomes for the target group.

The theory describes the interplay of **Past and Current Policy Designs**, which encompass allocation of benefits and burdens, problem definition, types of rules, tools, rationales, causal logic; **Institutions and Culture**, which encompass public and elite opinion social construction of target populations distribution of political power and resources preferred knowledge systems, and **Target Populations** and their policy experiences, interpretation of policy messages, and orientation toward government participation pattern. This interplay occurs in the larger context of **Society**, which involves democratic values, citizenship, and problem-solving capacity (Ingram, Schneider, & DeLeon 1993, p 96). This policy process is shown in Figure 2.

**Figure 2. Social Construction and Policy Design**



Source: Ingram, Schneider, DeLeon (p.96)

An understanding of Social Construction and Policy Design theory by Ingram, Schneider & DeLeon (2007) can be particularly helpful in understanding the potential for policy to shift not only the outcomes for specific target groups, in this case LGBTQ+ young adults experiencing houselessness, but to shift the social construction (position relative to power and to valence) of LGBTQ+ people as a whole and specific marginalized identities within that heterogeneous group, namely transgender and non-binary people.

**Figure 3. Social Construction Placement of A Particular Target Population**

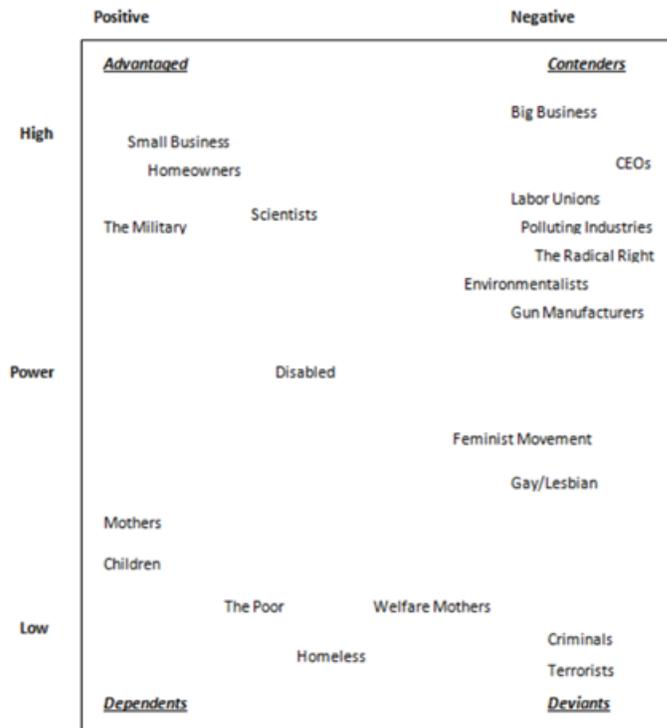
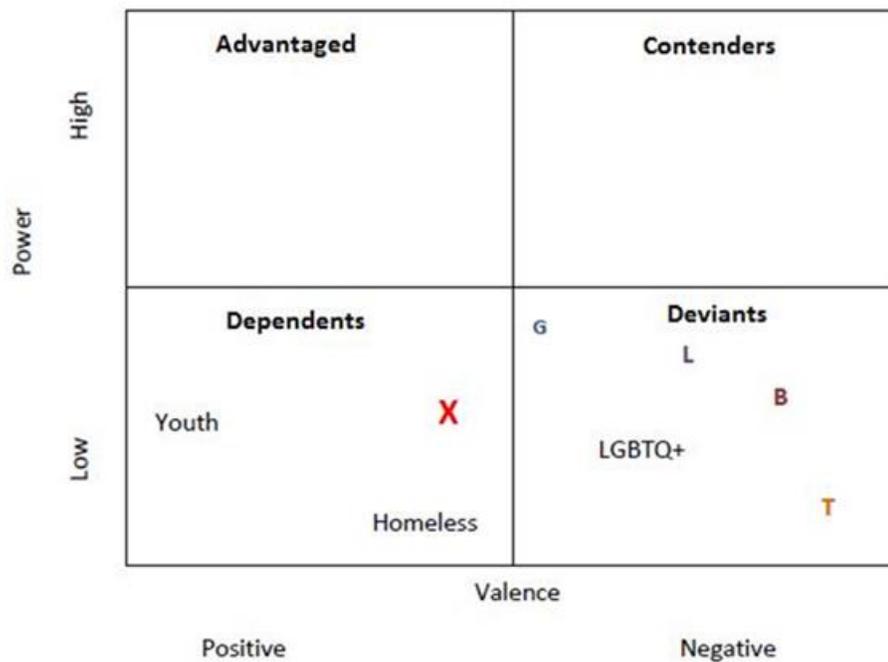


Figure 3 shows the social construction of a variety of social groups. In Figure 4, I theorize the position of LGBTQ+ young adults experiencing houselessness. Arguably, social groups can be charted separately and a group encompassing multiple social constructed identities can be placed in an approximate position. Importantly, my research began with an inquiry about LGBTQ+ young adults experiencing houselessness, demonstrating a valuation of this target population as deserving of further inquiry. Additionally, the outpouring of national level reports published in the short time that this study was underway indicates this target population is receiving the attention of key policy organizations and national level LGBTQ+ organizations such as the 40 to None Network. More broadly, there has been much development in the arena of LGBTQ+ politics and discourses around marriage equality, transgender rights, and a considerable amount of backlash and anti-LGBTQ+ ballot initiatives and proposed policies around the United States.

**Figure 4. Social Construction of LGBTQ+ Young Adults Experiencing Houselessness**



A study examining fully the media discourse even in the last six months would be a huge undertaking, so I will be overly simplistic in my discussion of LGBTQ+ identities and the positions where I put them in the social construction matrix. Gays and Lesbians are the most positively socially constructed and encompass a higher socioeconomic situation, with gay men a bit higher up due to male privilege. Bisexuals are more invisibilized and publicly derided and thus are at a slightly lower and less central location. Transgender people are still publicly disparaged and viewed negatively, as evidenced by overwhelmingly negative portrayals of transgender people in the media *until very recently* with the rising positive coverage of transgender people, namely Laverne Cox, Janet Mock, and Caitlyn Jenner, among others. Just in the last year (2014) Transgender was added to national organizations like the Lesbian and Gay Taskforce and PFLAG (parents and friends of lesbians and gays).

### Oregon Specific Social Construction

In Oregon specifically, we may be at a powerful turning point for the social construction of transgender people, as the advocacy and activism that removed transgender exclusions under the Oregon Health Plan is shifting the landscape for transgender people's access to necessary medical care and treatment. This is a case where there is still much momentum to be had in Oregon for advocacy and advancement of rights and protections of transgender people. The national media, changing landscape of the medical field in Oregon, and the increased activism and organizing of transgender people in Oregon all signal a shift in the social construction of transgender people in Oregon, especially youth and young adults. The focus on youth for this study is understandable given the explanation of social construction

theory that posits youth as dependents, inhabiting the low power and positive valence quadrant.

The variety of identities a person or group of people holds could be examined in infinite ways using social construction theory, so I will only comment briefly on the possibilities. As a person encompasses multiple identities, the identities that are socially constructed as deviant or less desirable may be amplified in public discourses in efforts to ensure the status quo is maintained. This can be seen throughout discourses around poverty and houselessness, where groups are cast as deviant as they face more and more barriers in society (incarceration, drug use, survival crimes). Similarly, those possessing deviant socially constructed identities may be pushed to the margins within a larger group in efforts of those possessing other dominant identities (racially white, for example) to distance themselves from deviants in order to access societal privileges. This is a process that can clearly be seen as the case in the movements for Gay Rights and Lesbian Rights and in the current marriage equality movement. I acknowledge histories of activism of trans women of color and houseless young adults in Appendix 8. as they are largely to be credited for the beginning of the modern LGBTQ+ movement in the US. I highlight these complexities to note the added barriers that people may face in accessing basic rights as they shift away from the normative and privileged identities in the US context.

# Theoretical Synthesis: Examining Experiences of LGBTQ+ Young Adults Experiencing Houselessness

## Structural Violence Impacting LGBTQ+ People

LGBTQ+ people are experiencing structural violence on every level: the individual level, interpersonal level, structural, and institutional levels. LGBTQ+ people experience social exclusion in the following institutions: the family, church communities, the education system, and workplaces. LGBTQ+ people experience discrimination and inequalities that have been encoded in law and policy in the US context. Sexual orientation, gender identity, and gender expression are not universally protected categories, so LGBTQ+ people face varying degrees of barriers in employment and in institutions such as law and the medical field. Generally speaking, LGBTQ+ people's gender identities and expression as well as their relationships and sexual activities have been criminalized. People transgressing gender norms have been targeted by police and have faced a variety of criminalizations of their gender expressions. LGBTQ+ people are targeted due to structural violence in social institutions, law, and policy; LGBTQ+ people experience disproportionate involvement in institutions such as foster care, the juvenile justice system, and prisons, which map out onto our population of interest, LGBTQ+ young adults experiencing houselessness, in numerous risk factors. Structural inequalities, barriers to accessing services, and increased risks facing the LGBTQ+ houseless population are overwhelming and have been thoroughly examined in recent national reports [Cray et al. (2013); Gates (2014); Lambda Legal (2009); Sears et al. (2015); Takacs (2006); Sherriff (2011); Stewart et al. (2010); Sullivan et al (2001); and Rivers (2000)]. I placed each risk factor in the appropriate organizational level in Figure 5. for a visualization of the barriers LGBTQ+ people face. In short, all risk factors are experienced disproportionately by LGBTQ+ young adults experiencing houselessness and many studies indicate LGBTQ+ young adults experiencing houselessness fare worse than their heterosexual counterparts. Granted, these violences are all intertwined and impact one another and are magnified by embodying additional negatively socially constructed identities. People of color, for example, face additional marginalization and targeted violence and higher rates of houselessness (Cray et al. 2013).

## Figure 5. Levels of Structural Violence for LGBTQ+ Young Adults Experiencing Houselessness

### Social Structure

- Prison Industrial Complex, Lacking Legal Protections of Identities, Denied Access to Legal and Economic Benefits of Marriage, Income Inequality, Educational Inequalities, Disparaging Media Representations of Identities and Relationships, Shortage of Affordable Housing, Reduced Government Support for Social Services and Housing.

### Institutions

- Police Profiling and Incarceration, Unsafe Schools Leading to Educational Inequalities, Workplace Discrimination, Denied Access to Shelter, Denied Access to Medical Care, Denied Access to Bathroom Facilities, Involvement in Juvenile Justice and Child Welfare System, Being Profiled and Targeted in Public Spaces, Lack of Representation in Policy Process

### Community, Social, Interpersonal

- Police Violence, Intimidation, Bullying, Harassment, Street Harassment, Intimate Partner Violence, Survival Sex, Risky Sex, Rape, Sexual Abuse, Family Abuse, Rejection, and Violence, Thwarted Belonging and Isolation, Religious Persecution and Conversion Therapy, Disenfranchisement, Invisibility, Being Villanized

### Individual

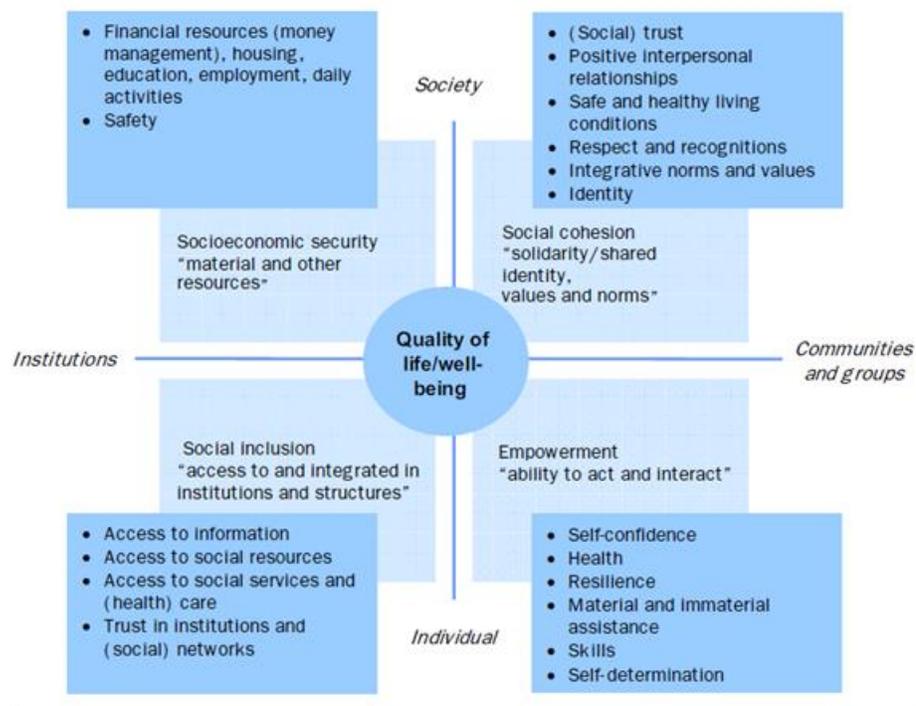
- Shame, Stress, Suicide, Depression, Mental Health Issues, Self-Harm, Poor Physical Health, Elevated STI/STD Risks, Substance Abuse, Houselessness

These inequalities can be examined in literature specific to Oregon that find transgender people and LGBTQ+ people of color to face elevated risks. Specific disparities faced in Oregon have been highlighted by a 2012 report titled *Lift Every Voice: The Black LGBTQ Oregonian Experience* by PFLAG Portland Black Chapter (PFLAG PBC) and The Urban League of Portland as well as a 2011 report *Injustice At Every Turn: A Report of the National Transgender Discrimination Survey* which offers state specific data. Oregon specific data from PFLAG PBC is a result of two community focus groups and a survey of 200 Black LGBTQ Oregonians. Reports on Transgender Oregonians comes from a survey of 147 people. Workplace discrimination and police profiling and harassment among other experiences are reported. **Workplace Discrimination:** 83% of transgender respondents reported experiencing harassment or mistreatment on the job; 25% lost a job; 25% were denied a promotion; 49% were not hired all due to their transgender identity. Multnomah County research found that 25 percent of all gay, lesbian and bisexual people of color live on less than \$20,000 a year. It also found that 9 percent of general LGBT people reported being unemployed; PFLAG PBC found that 43.7 percent of respondents reported an annual income of \$20,000 or less and 18 percent reported being unemployed. Over one third of PFLAG PBC respondents reported having experienced discrimination in being hired or on the job. **Police Profiling and Harassment:** 31% of transgender respondent who have interacted with police reported harassment by officers; PFLAG PBC found that 30 percent of those surveyed had been arrested at least once. While the statistics considering LGBTQ+ people's experiences of systemic violence are alarming, unfortunate, and pervasive, it is important to note the strength and resilience of people who are navigating these systems and living full, happy, fulfilling lives.

## Strengths and Resiliency

In order to keep our focus strengths based, focused on resiliency, and looking toward a goal of quality of life and wellbeing for LGBTQ+ people, I will reference Aletna et al. (2010) Social Quality and The Quadrangle of Conditional Factors for Quality of Life. The quadrangle places wellbeing at the intersections of the Individual, Society (Social Structure), Institutions, and Communities and Groups (Community, Social, Interpersonal). This framework was proposed in order to conceptualize the range of outcomes that interventions should address. In the framework, the quality of life or well-being of individuals is established on four basic conditions (socioeconomic security, social inclusion, social cohesion, and empowerment) and on two levels (either society and the individual or institutions and communities/groups)(p. 638). These four conditions: **Socioeconomic security** (material and other resources), **Social Inclusion** (access to and integrated in institutions and structures), **Social cohesion** (solidarity/shared identity, values and norms), and **Empowerment** (ability to act and interact) point us toward our desired outcomes seen in Figure 6.

**Figure 6. Social Quality and the Quadrangle of Conditional Factors for Quality of Life**



*Aletna et al / Am J Prev Med 2010;38(6):637-645*

## Resilience

Farnsworth (2014) examined resiliency of transgender people and explains the complex social situations and psychological processes that accompany both risks and resiliency. Farnsworth situates the process in relation to experiences of shame and thwarted belonging, which are examined in the context of transgender people and also applicable to other gender and sexual minority groups as well as other minority identities. The processes

involving shame and thwarted belonging described by Farnsworth (2014) and their examination of literature are explored below in addition to Meyer & Cooper's (2003) description of minority stress hypothesis.

**Shame** has a central role in self-harming behaviors, suicidal ideations and attempts, depression, isolation, minimization of abuse, anger proneness, and decreased self-esteem. Farnsworth (2014) states shame is "a global self-evaluation of being a failure, damaged, inadequate, and worthless" and is connected to identity in important ways (p. 38). Shame related to one's identity "creates feelings of helplessness, weakness, and inferiority" and informs "one's beliefs and emotions regarding social suitability and desirability" (p. 38). An evaluation of oneself as unsuitable and undesirable along with experiences of shame leads to methods of coping including "avoidance, social withdrawal, attempts to escape, or otherwise hide" (p. 17). The ultimate escape, suicide, is attempted by transgender people in Oregon at a rate 28 times the rate of the general population with 44% reported attempting suicide at some point in their life compared to 1.6% of the general population (Grant et al. 2011).

**Thwarted Belonging** is a process describing social rejection and subsequent isolation. Belonging is a well-documented fundamental human need. A vast literature suggest social support is related to resilience as it shields and protects individuals with suicidal ideations and self-harming behaviors (Farnsworth, 2014). Experiences of unbelonging can be described as thwarted belonging, which Selby et al. (2010) defines as "the inability to experience positive social connections and be cared for by others, with thwarted implying an attempt to connect that is met with rejection" (Farnsworth 2014, p. 19). Researchers have identified thwarted belongingness as a psychological predictor of suicidal and self-harm behaviors. Thwarted belongingness can also be activated by a person feeling deeply misunderstood by those close to them, a process that may be exacerbated by the compulsion to hide ones true self to avoid stigmatization and marginalization (p. 40).

**The Minority Stress Hypothesis** explains the mechanism by which hostile environments negatively impact individual health and well-being. The minority stress model delineated by Meyer & Cooper describes stress processes, including the "experience of prejudice events, expectations of rejection, hiding and concealing, internalized homophobia, and ameliorative coping processes" (Meyer & Cooper, 2003, p. 675).

**Resiliency** has been defined in multiple ways. Among them are the 'ability to bounce back or recover from stress, to adapt to stressful circumstances, to not become ill despite significant adversity, and to function above the norm in spite of stress or adversity" ; "the ability of individuals to adapt successfully in the face of acute stress, trauma, or chronic adversity, maintaining or rapidly regaining psychological well-being and physiological homeostasis"; and "the process of overcoming the negative effects of risk exposure, coping successfully with traumatic experiences, and avoiding the negative trajectories associated with risk" (Farnsworth 2014, p. 22).

**Resilience** is a process that is learned through adversity and is not experienced in the absence of a significant stressor and/or stressors and attempts to understand resilience are integrative, as they examine vulnerabilities, stressors, risks to mental health, as well as strengths and protective factors at the same time (Farnsworth, 2014, p. 22). According to

Morrow (2004) a focus on resilience is important to “identify protective factors that serve to enhance and support the bio-pyscho-social well-being” of LGBTQ youth (p. 96). This growing literature points to an important shift in the thinking about LGBTQ+ youth and risk factors to one seeking to maximize positive coping and minimize self-harm.

## Protective Factors

Morrow (2004) examines literature that finds that positive and supportive family relationships can be central to the well-being of LGBT youth. Similarly, a validating family system can be “crucial for youth who, on a daily basis, encounter shame and ridicule from the broader society because of their sexual orientation or transgender identity” (p. 96). Protective factors such as “stable intellectual functioning, self-confidence, high self-esteem, a socially appealing disposition, a supportive and validating faith, special talent (e.g., athletic or musical skills), sustainable hope, and supportive school relationships” are cited in the literature (Morrow, 2004, 96). Family support and social support outside of one’s family are two protective factors identified by Hjemdal et al., 2011 (Farnsworth, 2014). Literature reveals family functioning, nurturing and caring parents, and family relationships play an important role in resiliency outcomes in youth with high functioning families offering a buffer to stress exposure. Protective factors that bolster resiliency include, social competence, ability to solve problems, critical consciousness, autonomy, and a sense of purpose, among others. Resiliency is affected both within an individual and through social relationships. For example, psychological/dispositional skills and attributes of the individual; family support and a family climate of cohesion; and presence of external support systems that reinforce efficient coping and adjustment are all protective factors of resiliency (Farnsworth 2014, p. 24). Gates (2014) examines two studies that suggest LGBTQ youth may also benefit from protective factors in distinct ways, in that support of friends and family may be especially important for youth who are sexual minorities. This type of support positively affects measures of well-being among LGB youth, with family support, especially being associated with reduced mental distress. Perceptions of social support, a sense of being connected to other people, and self-esteem in being part of a larger community (such as the LGBT community) were linked to psychological well-being among LGB youth (Gates, 2014, p. 16).

# LGBTQ+ Young Adult Houselessness Literature Review

## Statement of the Problem

Oregon is highlighted for having one of the highest rates of houselessness in the United States. A subset of the houseless population is the LGBTQ+ demographic, which is overrepresented among the houseless community placing estimates between twenty and forty percent of the overall houseless population (Edidin et al., 2011; Nolan, 2006). LGBTQ+ youth have unique needs and may require specific services relating to their LGBTQ+ identity (Ray, 2006). LGBTQ+ youth face obstacles to services due to their LGBTQ+ identity and experience a host of negative interactions within social service agencies (Berberet, 2006). Schools do not recognize the issue of houselessness and when they do, they are reluctant to acknowledge it. The invisible nature of houselessness is compounded for LGBTQ+ houseless youth because their houseless identity is often ignored along with their sexual identity (Billitteri, 2013).

Due to the obscurity of houseless LGBTQ+ youth, this study will assess what services, if any are available to houseless LGBTQ+ youth in the I-5 corridor. An assessment of LGBTQ+ youth houselessness is needed because LGBTQ+ youth are at risk for psychological issues, substance abuse, physical and mental abuse, in addition to houselessness (Ray, 2006). LGBTQ+ youth houselessness has not been studied in the I-5 corridor and the first step for community providers to take action is to know the need for services. The majority of services targeted for LGBTQ+ youth are concentrated in Portland leaving rural and Mid-Valley LGBTQ+ youth unable to access those services.

## Houselessness in Linn, Benton, and Lincoln Counties

Oregon has been highlighted nationally for its high rates of houselessness. Linn, Benton, and Lincoln counties face unique challenges to houselessness due to their rural nature. Fitchen (1992) calls for a standard definition of rural houselessness and argues that definitions for urban areas often overlook the nature of rural houselessness that includes people whose housing is seriously inadequate or insecure, people who are repeatedly staying in doubled-up situations, and people who move frequently. The dispersed nature of rural houselessness contributes to the difficulty of acknowledging houselessness. Because houselessness is ignored, it is hard to “capture public attention, to warrant a special houselessness program, or even to qualify for certain federal and state funds” (Fitchen, 1992, p. 190). There are also cultural factors in rural areas that may inhibit rural houseless people from accessing services such as a culture “characterized by individuation of problems, self-reliance, and privacy, along with a naïveté about the extent and experience of youth houselessness” (Edwards et al, 2009 p. 352). Oregon’s Ending Houselessness Advisory Council (EHAC) adopted the definition of “houselessness” as being without a decent, safe, stable, and permanent place to live that is fit for human habitation.

## Causes of Houselessness

There are multiple interrelated causes of houselessness but the most common are family breakdown, economic difficulties, and residential instability. Youth most commonly leave the home due to disruptive family relationships or family breakdowns. Houseless youth experience high rates of trauma and abuse prior to experiencing houselessness, and houselessness may precede, or be a consequence of trauma. There have been implications of houselessness on neurocognitive development, academic achievement, violence and

trauma, health, sexually transmitted infections, substance abuse, mental health, and access to health care (Edidin et al., 201; Ray, 2006; Rosario et. al, 2012). Exacerbating the issues of LGBTQ+ youth, is the fact that they are at higher risk on the street than their heterosexual peers, because they also face homophobia, discrimination, and hate crimes (Nolan, 2006).

Estimates of youth homelessness for youth aged 12-17 are between 1.6 to 1.7 million a year, which is between 7 and 8 percent of that population. Five percent of 18 to 19 year olds and 7 percent of 20 to 24 year olds are homeless on any given day (Burt, 2007). Studies have found that LGBTQ+ youth compose 15–36 percent of homeless youth, yet LGBTQ+ youth comprise only 1.3–3.8 percent of the general youth population (Rosario et. al., 2012). There may be several reasons for this overrepresentation, specifically family reaction to a LGBTQ+ identity.

LGBTQ+ youth experience abuse from family members as a result of “coming out”, being outed, or the suspicion that they are LGBTQ+; 33 percent of gay men and 24 percent of lesbians report suffering physical violence from family members as a result of their sexual orientation (Woronoff & Estrada, 2006). Family conflict is a primary cause of homelessness for LGBTQ+ youth (Edidin et al., 2011), and these conflicts are specifically about their sexual orientation or gender expression between 25 and 40 percent of the time (Ray, 2006). The family’s lack of acceptance of their sexuality or gender identity may lead to LGBTQ+ youth being kicked out or running away. There are considerable risks to coming out as youth may lose financial and emotional support from their families. Fifty percent of gay males report negative reactions from their parents when they came out and 26 percent were forced to leave home as a result of coming out (Woronoff & Estrada, 2006).

## The Child Welfare System and LGBTQ+ Homeless Youth

Once youth are kicked out of the home or run away, they may enter into the child welfare system or become homeless on the streets. LGBTQ+ youth experience negative interactions on many levels of society, but perhaps most importantly, in environments such as foster care, transitional living programs, and shelters. Possible barriers to services for LGBTQ+ homeless youth can be gathered from existing literature about LGBTQ+ youth’s experiences in foster care, group homes, and transitional living programs, as these residential services provide housing for youth and may be similar in structure to other housing models and shelters.

The child welfare system has not been a safe and supportive place for LGBTQ+ youth, and many have learned to hide their LGBTQ+ identity in order to survive in a hostile environment and others, especially those unable to easily hide their LGBTQ+ identity, turn to living on the streets as a safer place than the system (Woronoff & Estrada, 2006). Jacobs & Freundlich (2006) cite studies from Mallon (2001) that find that LGBTQ+ youth are “often targets of discrimination, harassment, and violence from peers, group care facility staff, and other caregivers” and report that this often results in LGBTQ+ youth running away from their group homes to escape hostile environments. Many LGBTQ+ youth have reported incidents of violent abuse, rape, and harassment while in foster and group homes as a result of their LGBTQ+ identity (Woronoff & Estrada, 2006). One-hundred percent of LGBTQ+ youth in New York City group homes reported being verbally harassed by peers, facility staff, and other providers based on their LGBTQ+ identity. Seventy-eight percent of LGBTQ+ youth in New York city reported running away or being removed from placements because of hostility toward their sexual orientation or gender identity, while 56 percent reported

living on the streets for a time because they felt safer there than in their group or foster homes (Jacobs & Freundlich, 2006).

LGBTQ+ youth, who are in the child welfare system have largely remained invisible and marginalized with their voices often going unheard (Woronoff & Estrada, 2006). Berberet (2006) found that 100 percent of youth who were interviewed in San Diego, CA reported that they “*often* did not share their sexual orientation with service providers because they feared judgment, retaliation, or refusal of services”. Seventy-four percent of youth that did disclose their sexual orientation to staff reported experiencing prejudicial treatment that included harassment and threats. Youth did not feel safe accessing services, and service providers, often encouraged LGBTQ+ youth not to disclose their sexual identity, gender status, or HIV status to other service recipients as a way to avoid harm. Having a LGBTQ+ identity is a significant barrier to services. As Berberet (2006) found that LGBTQ+ houseless youth chose to couch surf or sleep on the street instead of staying in one of the local shelters because they feared harassment and discrimination based on their sexual orientation.

LGBTQ+ youth in non-affirming placements may be passively encouraged to leave placements by having their needs neglected or by being actively discriminated against. Frequent moves or changes of placement for LGBTQ+ youth in the foster care system have been attributed to staff members not accepting the youth’s sexual orientation, youth feeling unsafe because of their sexual orientation, youth’s sexual orientation being seen as a “management problem”, and youth not being accepted by peers because of their sexual orientation (Jacobs & Freundlich 2006).

Though service providers may be taking steps to be more inclusive, there are still great gaps in knowledge about LGBTQ+ identity and related challenges in the social services. Berberet’s study in San Diego, CA determined that 100percent of service providers who were interviewed believed they had inadequate training with regard to LGBTQ+ youth, and 90 percent stated that their place of employment did not have policies and procedures for assisting LGBTQ+ youth. Berberet went on to say that 85 percent reported a general lack of knowledge about LGBTQ+ youth, poor agency performance serving LGBTQ+ youth, and lacked cultural awareness. The service providers interviewed by Berberet (2006) were primarily residential services providers. In addition, interviewees lamented that they did not know enough and expressed desire to learn more about the LGBTQ+ population. The American Psychological Association and the National Association of Social Workers created guidelines of best practice for professionals working with LGBTQ+ people with the main suggestion being education about sexuality development and LGBTQ+ identities that are accompanied by related risk factors due to a homophobic and heterosexist society (Morrow 2004; APA 2012).

The need for specialized services aimed at LGBTQ+ youth is often questioned by service providers because as they see it, there are no discriminatory policies barring LGBTQ+ youth from accessing their current services, and they argue that the short supply of youth beds should be available to anyone who needs them, not just specifically LGBTQ+ -only youth (Berberet, 2006). As has been shown, however, there is a great need for training of staff to assist LGBTQ+ houseless youth, in addition to having services specifically for LGBTQ+ youth.

Despite the forward thinking and diligence evidenced in the ten-year plans to end homelessness in Oregon, none of the reports addressed the needs that are unique to LGBTQ+ individuals, such as the need for culturally competent providers. In addition the unacknowledged specific needs of LGBTQ+ homeless youth, studies geared toward LGBTQ+ youth homelessness have also been absent in the area.

## Services Needed

Programs focusing on LGBTQ+ youth are in demand (Nolan, 2006). LGBTQ+ youth would benefit from comprehensive policies that support open and competent support for LGBTQ+ youth in care, comprehensive training throughout all levels of the child welfare system to build capacity for serving LGBTQ+ youth in care, and the development of services that are designed with the specific needs of LGBTQ+ youth in mind (Woronoff & Estrada, 2006). Rosario et al. (2012) have emphasized a list of interventions that could reduce stress and enhance social support among LGBTQ+ youth with a history of homelessness are necessary in order to reduce psychological symptoms. For example, for LGBTQ+ youth that are currently homeless, efforts should be made to provide shelters that are safe and supportive of LGBTQ+ youth and the establishment of a more permanent housing situation is necessary in order to remove the stressors of homelessness. Secondly, interventions should be based on the stressors that are being experienced by LGBTQ+ youth.

Family conflict stressors should focus on interventions with families to reduce conflicts. Similarly, peer victimization and harassment stressors should be counteracted with interventions to reduce anti-gay victimization (enforcement of anti-bullying, gay-straight alliances). Social support programs such as youth centers and gay-straight alliances can help to give LGBTQ+ youth new and supportive friendships to counter negative relationships.

Housing is the primary need for homeless LGBTQ+ youth with, drug and alcohol services, mental health programs, LGBTQ+ and HIV+ sex education, peer counseling, and legal services being identified as accompanying needs by San Diego LGBTQ+ homeless youth and service providers that work with the LGBTQ+ youth (Berberet, 2006). LGBTQ+ youth may need services that are broadly very similar to heterosexual youth, but they need to have services that are accessible and affirming of their identities. Because of these negative experiences in agencies already existing and the large variety in how accepting agencies may be LGBTQ+ specific services may be needed in order to safely serve LGBTQ+ youth. An atmosphere of acceptance and not simply tolerance is paramount to creating a safe space for LGBTQ+ youth (Nolan, 2006). Some of the best ways to signal to LGBTQ+ youth that an agency is accepting of LGBTQ+ identities are through posting LGBTQ+ friendly symbols or signs (Hate Free Zone posters, for example), having nondiscrimination policies visible, having forms and official documents with inclusive language, having openly LGBTQ+ staff represented in the agency, and having visible information about organizations and programs that serve LGBTQ+ youth (Berberet, 2006; Nolan, 2006; Jacobs & Freundlich, 2006).

## Review of Best Practices Literature

A review of literature was conducted at the outset of the project. The summary of literature above does not include a synthesized and updated version with additional summaries that have been conducted while this project was underway, as it is out of the scope of the time I have available. The literature surrounding best practices for serving LGBTQ+ people emerged as the project progressed. As I met with stakeholders and interviewed service providers, I became aware of more and more literature that was not found through academic journals. Additionally, 12 highly pertinent and influential reports were published during the time my research was being conducted. In summarizing my findings I synthesize the best practices from national level reports and the best practices that emerged from my interviews. This process occurred hand in hand, where general themes became apparent in my interviews and I scanned the literature for larger themes to help with organization of my analysis.

While conducting my study and literature review I came across 29 best practices guides specific to serving the LGBTQ+ population, 12 of which were published while this study was underway (see Appendices 1 & 2). It would not do the guides justice to try to summarize all of their content here, as they each speak to specific subpopulations within the LGBTQ+ community with specific settings (education, medical field, child welfare system, and houseless shelters, among others). Those best practices align with the content from the interviews I conducted. Best practices have been summarized effectively elsewhere [Cray et al. (2013); Gates (2014); Lambda Legal (2009); Sears et al. (2015); Takacs (2006); Sherriff (2011); Stewart et al. (2010); Sullivan et al (2001); and Rivers (2000)].

## The Present Study

For the purposes of this study, LGBTQ+ is defined as: Lesbian, Gay, Bisexual, Queer, Questioning, Asexual, Intersex, Pansexual, Two-Spirit, Genderqueer, 3rd Gender, Non-identified, Omnisexual, and Transgender. LGBTQ+ young adults have unique needs and may require specific services relating to their LGBTQ+ identity (Ray, 2006). LGBTQ+ young adults face obstacles to services due to their LGBTQ+ identity and experience a host of negative interactions within social service agencies (Berberet, 2006).

### Purpose

Services to assist LGBTQ+ young adults are not clearly described in the I-5 corridor. This research team worked to assess the resources available to LGBTQ+ young adults as well as examine the experiences LGBTQ+ young adults have had in relation to accessing those services. The present study involved the service provider network for LGBTQ+ houseless young adults in Lane, Linn, Benton, Marion, Multnomah, and Clackamas Counties in Oregon. The goal of this exploratory-descriptive research was to understand the extent of services for LGBTQ+ young adults experiencing houselessness, possible barriers to access of services, and recommendations for improvement. Specifically, this research focuses on the following inquiries:

- What services are available for houseless people in the I-5 Corridor from Eugene to Portland?
- What are the major obstacles to accessing houseless services for LGBTQ+ young adults?
- What services do LGBTQ+ young adults need?

### Study Development

The research process began in November 2013 as an OSU School of Public Policy Analysis Laboratory (OPAL) project. Our initial research team consisted of four graduate students and a university practitioner, most, if not all of whom identify as LGBTQ+. All of the initial phases were completed collectively. The phases were: question development, Institutional Review Board submission, and community resource inventory and outreach. In spring of 2013 we held 5 focus groups but were unsuccessful in recruiting participants. In October 2014 I took on the main responsibility for the project as my thesis. I continued to meet with Chelsea Whitlow and worked on implementing our updated plan. This included securing funding to cover incentives and mileage, updating our flyer, adding a Facebook page ([facebook.com/oregonlgbtqstudy](https://facebook.com/oregonlgbtqstudy)), and opening up age range to anyone over 18. Research members continued to do outreach for the project and the share recruitment information, as well as meet periodically to discuss updates. Throughout the course of October, 2014 through March, 2015 I worked on advertising and recruiting for the study and conducting the interviews.

The values of Community Based Participatory Action Research (CBPAR) were inherent to the research team and our process. Our process engaged stakeholders early on and was sustained throughout the entirety of the project, as the process evolved and recruitment efforts shifted. We participated in problem solving with stakeholders. The initial impetus for the project was a stakeholder/service provider and our research centered around a pre-set frame of inquiry. This is all to say, our process could have been more inclusive of the

houseless community in the centering of questions most pressing for them to have answered, rather than centering on an already set frame.

There are several critiques of intervention programs aimed at houseless youth, which guided this research study. First, Edidin et al. (2011) and Slesnick et al. (2009) call for a more holistic approach that addresses multiple risk factors and presenting problems confronted by houseless youth instead of just viewing the problem through one theoretical lens. They also call for the incorporation of synchronized services that address these various levels of risk factors simultaneously. This project follows the advice of Edidin et al. (2011), taking a strengths-based approach of houseless youth which focuses on positive traits and positive outcomes instead of the focus on “deficits, pathology, and problems” that existing research has. The project was carried out with values of social justice, community based participatory action research (CBPAR), and a focus on strengths and resiliency and understandings of people as experts in their own lives. This study is unique and important, as houseless youth and young adults are rarely invited to participate in research aimed at improving their access to supportive programs and service and research does not usually address houseless youths’ personal experiences and perceptions (Stewart, 2010).

There were several ethical issues that were considered when conducted this research, as LGBTQ+ youth and young adults, who are houseless, constitute a vulnerable population. The research team worked under the direction of and with approval from the Institutional Review Board (IRB) at Oregon State University in order to adhere to research ethics. In addition to the guidelines that were given by IRB, the research team heeded the advice of several authors who stress the need to focus on the agency, rather than victimization of houseless individuals, to be holistic in discussions about intervention approaches, and to adopt a strengths based approach (Hyde 2005, Edidin et al. 2011, Rosario et al. 2012).

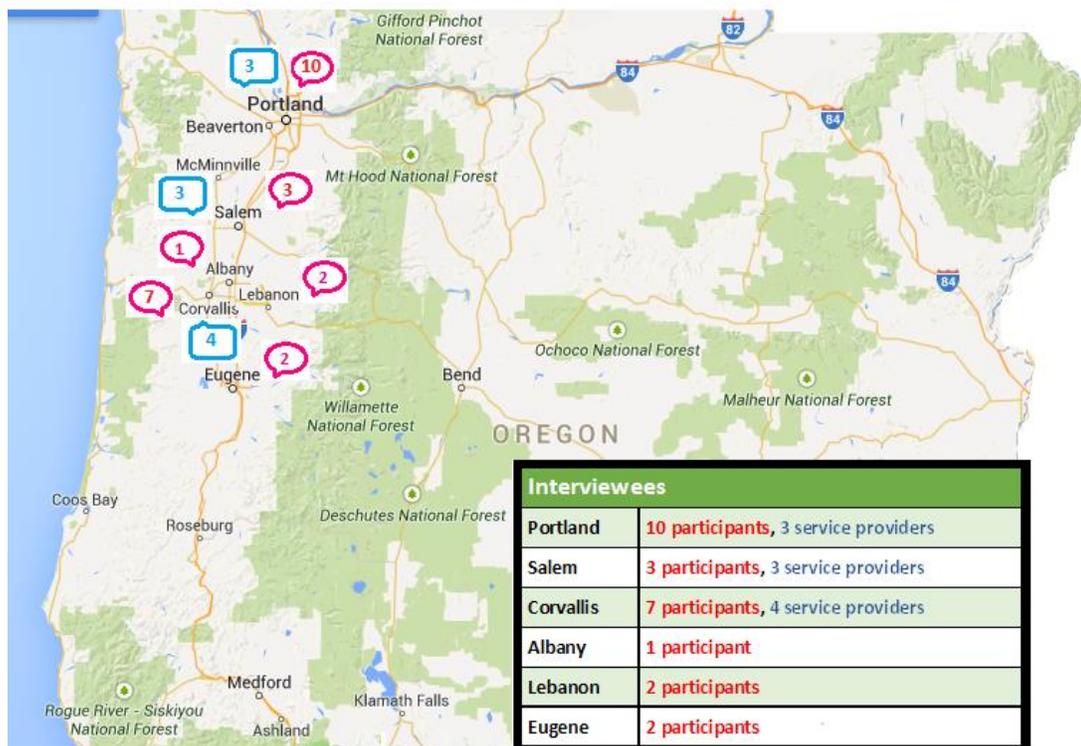
Our OSU School of Public Policy Analysis Laboratory (OPAL) team used principles of Community Based Participatory Research (CBPR). Hills & Mullett, (2000) define CBPR as a collaboration among community groups, practitioners, policymakers, decision makers, and researchers to create new knowledge or understanding about a practical issue in order to bring about change. CBPR is a planned, systematic approach to issues relevant to the target community, in this case LGBTQ+ young adults experiencing houselessness, and CBPR requires community involvement in the research. Additionally CBPR has a problem-solving focus with intent for societal change. CBPR principles center on a lasting contribution to the community. This specific project allows the OSU School of Public Policy Analysis Laboratory (OPAL) to give back to the surrounding community through examining a research question that Community Outreach Inc. Director, Kari Whitacre has asked. This project will address the needs of an often invisible population. There are undoubtedly students experiencing housing insecurity attending OSU who operate under extreme financial stress and face significant barriers attaining higher education. Similarly, the LGBTQ+ population at OSU will benefit from OSU as an institution creating more inclusive and safe spaces for all sexual and gender minority people and assisting students through financial difficulties and/or medical situations that may arise specifically in relation to their gender or sexual identities. Our research spanned from Eugene to Portland along the I-5 corridor, a significantly well-resourced area of Oregon in comparison to the more rural southern and eastern geographies.

## Methods

For the collection of data and project design, this study's methodology is based on previous community needs assessment studies conducted in Oregon regarding rural houselessness (Edwards, Torgerson, and Sattem, 2009) and Canada (Stewart, Reutter, Letourneau, Makwarimba, and Hungler, 2010). This methodology is informed by prior community needs assessments completed by P.I., Dr. Mark Edwards and prior efforts last spring (2013) to hold focus groups. The difficulty in reaching this population has been well documented, as they navigate multiple stigmatized identities.

I conducted individual interviews (N = 25) and service provider interviews (N = 10). Participants and Service Providers are summarized in Figure 7. Individual interviews with LGBTQ+ participants and service providers focused on four main questions centered on best practices. The questions were: 1. How can you tell if an organization or service provider is LGBTQ+ friendly? 2. What information do service providers need to know so that they can better understand and serve LGBTQ+ young adults? 3. What are some of the main things service providers struggle with in serving LGBTQ+ young adults? 4. What services do you know about that might be valuable to LGBTQ+ young adults experiencing houselessness or housing insecurity?

**Figure 7. Map and Participant Key**



To build a network of service providers, I reached out to organizations and resource centers through phone, email, social media, and community and educational events. Service Providers were recruited via phone, email, and in person meetings. Adding the perspectives of service providers improves the richness of the data. Participants were self-identified LGBTQ+ adults (18 years of age or older). Participants were recruited via flyers, social

media, and word of mouth. This is a convenience sample and “snowball” sample, as participants were encouraged to invite other people they knew to participate and flyers and social media announcements were shared by people who are not on the research team and may or may not be participants in interviews. Advertising for the study (flyering, contacting LGBTQ+ specific locations, contacting service providers) and data collection took place November 2014 through February 2015 and the data analysis, thesis writing, and presentation of findings will place March through May 2015.

All 25 individual participants self-identified as LGBTQ+, were over 18, and spoke English. Participants contacted me via phone, email, and the study facebook page. Service providers were recruited to participate and 5 identify as LGBTQ+ and 5 identify as straight. The current study is approved by the IRB. Participants were informed of confidentiality, voluntary participation, and freedom to withdraw at any time. Twenty five interviews were conducted one-on-one in-person. In-person interviewees received a \$10.00 gift certificate to a local retailer (Fred Meyer or Starbucks, for example) as compensation for their time. Interviews took 30 minutes on average. The interviews were audio recorded if consent to record was obtained and the audio was selectively transcribed used in order to carry out an inductive thematic analysis of the interviews. Interviews were conducted and the resulting data were analyzed using qualitative content analysis software (e.g., NVivo). Participation in the study involves minimal risk, which is offset by potential benefits to the LGBTQ+ houseless population in Lane, Linn, Benton, Marion, Multnomah, and Clackamas Counties in Oregon. and benefits to the performance of the organizations that provide services to the houseless population in the County.

## Inductive Thematic Analysis

Inductive Thematic Analysis is a qualitative methods approach commonly referred to as the sociological tradition (Bernard and Ryan, 1998) or the positivist tradition (Bernard and Ryan, 1998; Guest, MacQueen, and Namey, 2012). Bernard and Ryan (1998) describe Inductive Thematic Analysis as a process of reading transcripts repeatedly while recognizing themes to compare and contrast against one another. This relies on Glaser and Strauss' (1967) notion of Inductive Thematic Analysis being a grounded theory where the content derived in the analysis is "grounded" or based on the words of the participants. For this study, I transcribed the notes taken during the interviews and then began to develop a set of codes based on the emerging themes found in the interviews. Once themes were established, interviews were selectively transcribed and quotes that summarized a theme were selected.

In the results section I will highlight important themes and subthemes that rose to the top among the interviews. After reviewing best practices guides and coding and analyzing my interviews I have grouped the best practices into (1) Safe, Welcoming, and Inclusive Environments (2) LGBTQ+ Knowledge (3) LGBTQ+ Specific Support and Advocacy. Each theme has sub-themes that are articulated as a best practice. Suggestions relating to each best practice from the literature were present throughout the interviews. The subthemes I highlight do not place a hierarchy on importance of all of the best practices found in the literature and throughout the interviews, and they are in response to the four main questions I posed in the interviews, so the subthemes speak mostly to those inquiries. I made efforts to quantify the prevalence of the themes and am selecting quotes that illustrate the sub-themes and speak to the larger situation as well as provide personal and individualized perspectives, unique to the speakers' identities and experiences. I will indicate the speakers' age in an age range and will leave other personally identifying information out. The small number of participants and the unique identities they possess may have made them easily identifiable to the larger community if I included exact age, location, gender identity, and/or sexual orientation. Additionally, in the efforts to consolidate and summarize, I did not want to have to make any decisions about the best way to describe someone or to imply a hierarchy in their identities through decisions to list gender identity and/or sexual orientation.

## Statement of Researcher Positionality

Takacs (2002) summarizes the core of my experience working on this project over the course of my two year master's degree: "Education can have no more crucial function than to help students to function most productively and joyously in their communities, to commit themselves to working for a more just society. This means learning to listen with open minds and hearts, learning to respect different ways of knowing the world borne of different identities and experiences, and learning to examine and reexamine one's own worldviews (Takacs 2002, p. 13). Importantly Takacs explains, "To work toward a just world—a world where all have equal access to opportunity—means, as a start, opening up heart and mind to the perspectives of others. We must be able to hear each other and to respect and learn from what we hear. We must understand how we are positioned in relation to others—as dominant/subordinate, marginal/center, empowered/powerless" (Takacs, 2002, p. 169). My identities and life experience are the lens with which I view the world and undoubtedly this fact influences my data analysis. My specific context, my positionality, is discussed below.

I am a graduate student studying public policy with a focus in social policy dealing with LGBTQ+ rights and poverty/houselessness. My interest in policy is rooted in my experience working with young adults in a transitional living program while I was an AmeriCorps member in State College, PA. I studied psychology as an undergraduate at the Pennsylvania State University and focused my coursework on social psychology, examining inequality, race, gender, and sexuality. Studying psychology lead me to want to know more about what larger societal factors are influencing individual people and their wellbeing and what systems and structures individuals are maneuvering through.

I identify as a feminist. I identify as white. I am a genderqueer/gender nonconforming person AFAB (assigned female at birth) who uses they/them/their pronouns. I come from a lower/working-class socioeconomic background. During my experience growing up before the age of 5 my family would have periodically met a broadly inclusive definition of houselessness, as we lived doubled up with another family due to economic instability and we moved around a lot. We qualified for many social programs growing up such as WIC food stamps, free school lunch, and CHIP health insurance. In my adult life I have never made more than \$12,000 in a year. I've had great access to education. Due to my access to education, I am positioned to have advanced job opportunities. I have couch surfed and lived in structurally unsound housing during life transition periods. I was raised in a homophobic religious movement called the Unification Church or Family Federation for World Peace and Unification. I don't associate with it much anymore, but it has impacted my worldview, in positive and negative ways.

My identities impact how I am perceived. My queer identity and gender nonconforming appearance may have enhanced the researcher/participant rapport. My identities also have the potential to cause mistrust in other cases. Additionally, my identities and experiences impact my data analysis.

## Results

The contribution I am making with my study is elevating the voices of members of our community that have been left out and letting them express what they need. I am grouping them according to some of the major themes that arose throughout the interviews. As can be imagined, many of the concerns and suggestions fit into larger best practices that have been outlined in national reports. Statistics and “Do and Don’t” lists only take us so far in understanding why those disparities and additional risks and barriers exist and why taking action as community members, service providers, and policymakers is necessary. After reviewing best practices guides and coding and analyzing my interviews I have grouped the best practices into three main themes: (1) Safe, Welcoming, and Inclusive Environments (2) LGBTQ+ Knowledge (3) LGBTQ+ Specific Support and Advocacy. In my process of analysis, I selectively transcribed quotes from interviews that demonstrated and articulated themes that emerged in my study as well as corresponded to other suggestions in emerging best practices guides.

In offering unconventionally long, unedited quotes, I aim to provide a summary of best practices, which are generally articulated as “Do this, Don’t do this” style of writing. I leave the participants’ words and their specific contexts intact in order to also provide some of the “Why” behind the suggestions of best practices. By hearing participants’ experiences, people may be able to realize the impacts that the suggested changes would have for individuals. I am leaving the majority of suggestions in the participant’s own words to honor and respect the time they took to meet with me; to leave their voices as intact as possible to foster a connection with the reader; and to reinforce individuals’ agency in expressing their needs, telling their stories, and in advocating for themselves.

In order to create **Safe, Welcoming, and Inclusive Environments**, service providers need (1) Welcoming Signage and Visuals, (2) A Variety of People Represented in the Organization, the ability to (3) Resolve Conflicts and Be Supportive of LGBTQ+ People in Dealing With Other Clients, (4) Welcoming Language and Properly Addressing People, and a (5) Reflective and Intentional Organizational Culture. A reflective and intentional organizational culture is key to making and keeping services safe for LGBTQ+ people to access. I identify that a Reflective and Intentional Organizational Culture relies on (a) Openness to Learning and Acknowledgment of LGBTQ+ Identities and Needs (b) Honest Evaluations of the Organization and Services (c) A Strengths-Based and Client-Empowering Services (d) Confronting Stereotypes, Stigmas, and Assumptions (e) Addressing Internalized Biases and Misconceptions (f) Commitment to Continual Learning and Staying Updated

**The LGBTQ+ Knowledge** that is needed involves (1) Understanding Systems of Oppression (2) Understand a Multitude of Identities and Avoid Essentializing One Identity (3) Understand That People Have Multiple Intersecting Identities (4) Understand Common Life Experiences of LGBTQ+ People Experiencing Houselessness (5) Understand Trans\* Identities and Unique Needs. Information on Common Life Experiences of LGBTQ+ People Experiencing Houselessness includes but is not limited to understanding experiences of (a) Trauma (b) Suicide and Self Harm (c) Substance Abuse (d) Police Brutality and Sexual Assault (e) Family and Peer Rejection (f) Religious-Based Persecution (g) Unemployment and Difficulty in the Job Market (h) Survival Crimes, Survival Sex and Sex Work

Additionally, many concerns in accessing housing services revolve around accessibility related to gender. Some of the information that aids in Understanding Trans\* Identities and Unique Needs are (a) Understanding the Variety of Trans\* Experiences (b) Unique Needs of Non-Binary People (c) Disparities in LGBTQ+ Services for Trans\* People (d) The Need for Competent and Confidential Medical Treatment and (e) Safe Physical Spaces.

**LGBTQ+ Specific Support and Advocacy** includes efforts to (1) Advocate for LGBTQ+ People and LGBTQ+ Services (2) Help People Navigate Services and (3) Provide Emotional and Social Support.

## Discussion

This study is Oregon-specific, but it is safe to say that many of the experiences that were shared with me are likely similar to LGBTQ+ people living in other parts of the US and the suggestions I make for Oregon specifically would be beneficial areas to address in any state and should be approached with a customized focus based on state laws, capacity of advocacy organizations, political climate, and social service provider networks. Two areas to focus on for further efforts are (1) accessing available resources and education to update shelter policies and practices to fit fair housing requirements and (2) doing outreach and education with faith-based service providers, as they are often crucial providers of emergency housing.

### Shelter Policies and Practices

As my study progressed, it became clear that there is a wide variety of information available regarding best practices, for example I came across a guide from the year 2000 indicating how to respectfully and appropriately serve trans youth in the child welfare system (DeCrescenzo, T., & Mallon, Gerald P., 2002). I say this here to indicate that while this information may not be at the forefront of service providers' attention, it is available and has been for a while. The vast literature I was able to come across is more than enough information for service providers and policy makers to be informed, in fact, it's almost overwhelming how much information there is out there given the recent surge in reports. It is important to note that many of the guides I was able to find are not included in academic search engines, and thus may be being missed altogether by people seeking this information. These best practices guides may not be being accessed or publicized. The negative experiences respondents described indicate that this information is not making it to the service provider level and it is not being prioritized as essential training. The responses from participants highlight significant gaps in service provider knowledge and significant barriers to accessing services. Forms and data collection are not uniform and opportunities to disclose sexual orientation and self-identify gender vary wildly. Service provider education on LGBTQ+ identities is not mandated or required and when it is being done, it is often to a limited degree.

Additionally, it became clear that according to fair housing law, shelters should already be accessible to transgender people, but because in Oregon these policies are not uniform statewide and have been left to each individual shelter to develop for themselves, it unfortunately has not been prioritized in all shelters and this inconsistency in what to expect from shelters can pose a huge barrier to transgender people seeking shelter at all. Further resources relating to fair housing are a 2007 report by the Fair Housing Council of Oregon: *A Guide to Fair Housing for Shelter and Transitional Housing Providers* and two 2012 reports by The National Center for Transgender Equality, *A Blueprint for Equality: Housing and Homelessness* and *Know Your Rights: Fair Housing and Transgender People*. For shelters seeking more information on becoming trans-friendly there is the 2003 guide *Transitioning Our Shelters: A Guide to Making Homeless Shelters Safe for Transgender People* by The National Coalition for the Homeless and the National Gay and Lesbian Task Force Policy Institute. Additionally, the American Institutes for Research as has a 2015 strategic planning tool available titled *Improving Policies and Practices for LGBTQ children and Youth* (Poirier, 2015).

## Faith-based Services

Faith-based services are not being held to standards requiring universal access to services or affirming services and their faith-based nature presents a large barrier to attempts to access services and people accessing religious based services reported discriminatory and abusive experiences. Religious-based services pose unique challenges, as they are not held to the same standards according to the law in being universally accessible and non-discriminatory. This need not be a reason to deride religious-based services or to make blanket statements about religious-based services, as there are many places doing wonderful work. However, there are also places that are sometimes discriminatory and when they are the only option in an area for shelter, the risks for LGBTQ+ people accessing those services are amplified. People are put in situations where they have to weigh the benefits of having a place to sleep versus the drain on their emotional, psychological, and mental well-being due to discrimination and hate.

In many cases, there is a lack of awareness of LGBTQ+ identities. In religious based services, there is a wide variety of levels of LGBTQ+ affirming or rejecting churches. There is a lot to be gained by investing in dialogue and education between LGBTQ+ religious people and allies, as many providers seek to offer care and assistance, not abuse and harm. Unfortunately, religious groups that are affirming are likely going to be lumped in with bad experiences LGBTQ+ people have had with religious people or churches until there is some way to know with credibility that a religious-based service provider or church is in fact affirming and safe for LGBTQ+ people. Religious organizations may need to do extensive outreach and relationship building along with education about LGBTQ+ identities before being recognized as an affirming place by LGBTQ+ people. I think there is growing interest and focus on mending some of the religious based harm and persecution people have faced, and those efforts may prove to be quite fruitful for all involved.

## Best Practices

### Safe, Welcoming, and Inclusive Environments

People accessing services who are LGBTQ+ need to have services that are safe. This includes, physical safety, psychological safety, and emotional safety. In a homophobic society, LGBTQ+ people have grown up with messages that their identities are shameful, wrong, sinful, immoral, etc. and while there is more awareness and representation in the broader media of positive valuations and representations of LGBTQ+ people, the landscape of acceptance varies drastically across various cultural, religious, and geographic spaces. Because people's identities have been under attack in some form or another or they have witnessed the mistreatment of people who share their identities, people have learned to manage information about themselves in order to attempt to keep themselves safe, which may include not disclosing their LGBTQ+ identities. An understanding of thwarted belonging, shame, and minority stress factors can frame our discussion and approach to addressing LGBTQ+ needs in a customized and culturally competent way.

People learn to assess their surroundings for safety and acceptance toward LGBTQ+ identities and use the signals from surroundings to decide their level of disclosure of their identities or if they will even enter or remain in a space. If service providers think of their spaces, signage, educational materials, forms, and language all as signals that can either dissuade someone from accessing needed services or encourage someone to access services, it becomes clear that intentionality in creating welcoming spaces is needed to address vulnerable populations of any kind.

In response to the question "How can you tell if a service provider is LGBTQ+ friendly?" The majority of respondents indicated visual cues, language cues, and spatial cues, that would indicate to them a service provider was LGBTQ+ friendly. Importantly, several respondents indicated they did not know how to tell if a service provider was going to be friendly, and that while visual and language cues help, ultimately a person's experience walking in the door is going to be the only way they find out for sure. Word of mouth is a big way that LGBTQ+ people share information about service providers who are affirming and competent.

#### (1.) Welcoming Signage and Visuals

**As critical as I am of like things like rainbow stickers, I am comforted as hell when I see one of those like, right? Like I can philosophically pick it apart like all day long AND when I see a rainbow it's like "oh, shit, okay, its fam jam", you know.**

--Service Provider

First of all, As member of the LGBT community I'm always really weary as to if I'm going to disclose that or not because I do feel that sometimes it is an important piece of what's happened[...] The other thing is that anytime I walk into an organization and see anything like[...]on some of their doors **they have the safe space sign with the LGBTQ+ and a little explanation and things like that and that just makes it seem... it honestly takes a great weight off of my shoulders to know that I'm in a safe place and I'm going to receive not**

**only the same sort of help that non LGBTQ people will but also that they more than likely know the additional um kind of facets the different struggles that LGBTQ people go through so they might be more educated.[...]**

Also if any of their staff you know is openly you know either trans or LGBTQ or if they ask you know if they have somebody dedicated specifically to working with... I mean preferably it would be everybody would be versed on you know the issues but if they have be someone specifically like who is like the most sensitive and most helpful and resourceful for LGBTQ people. [...]

Really a lot of it is like attitude and just subtle things like using more inclusive language that's really not that hard to include. Um going into a bathroom you know **even just seeing the male female or no family restroom or no lactation room or no gender neutral or no handicapped accessible like those are all signs that they are more than likely they are not really willing to outstretch their hand to do a little extra for people of different communities.** [...]

Instead of using words like gay, lesbian, bisexual it leaves out a lot, a lot a lot, some people include trans and some won't but it's like just using those three most known terms makes it feel like those who identify that way are most important are those who they have knowledge of so just have language you know so things like "regardless sexual orientation" or like gender identification or things like that [...]

Um and like even though I would prefer for it to not have to be like this even having things that say like **"We will not discriminate based on sexual orientation"** um you know gender identification those sort of things just because we have to have that at this point because **if they didn't have anything I would wonder if they left it out because they didn't care**, or if they left it out because if they were thinking like I was but more than likely it is not like that.  
-- Participant 21-25

I mean I think when I go to a space if there is nothing visual in my mind that is immediately a little bit less friendly, right, so like **not that a safe zone sticker doesn't make a safe space but a safe zone sticker says "we think about you"** and that is very different than "we don't think about you" um and it doesn't mean we don't think about you but that visual actually does have impact you know[ ... ]and there is also a reason that we have multiple languages. Right so like there's ways where you can say "we think about you, we demonstrate we think about you".

--Service Provider

## **(2.) Have A Variety of People Represented in Your Organization**

I think the number one thing is like education, not education from someone who is doing a training who has never seen this adversity or experienced it or talked with people who have. Um really bringing it down to the person level like "how is it going to make that person feel?" Because that's really the biggest thing.

--Participant 21-25

They are never going to know everything, give yourself permission not to know everything. I mean judging is just really awful stuff. Don't judge. **Hire people, work alongside people, you know if they had representation of the people they want to help in their ranks, you know, if you had ex-cons in there and you had people who were previously mentally ill but**

they're recovered, you know, um battered women or battered men, you know, having them in their ranks. Those are things that are the best indicator that you are going to have really good service and if you're not being a hierarchical place, you know, working collectively then you'll get all that information you'll understand and people grow and understand and enjoy your process. So hire people. And representative not just gay and lesbian. there's like a whole lot of people on the streets here. And we should all be working together. That would be nice.

--Participant 35-55

### **(3.) Resolve Conflicts and Be Supportive of LGBTQ+ People in Dealing With Other Clients**

**They should realize they should definitely have some conflict resolution skills because homophobia and transphobia and stuff like that will still happen within homeless communities and straight people will still be homeless and will need help so they deserve to be able to get that help as well but you need to be able to deal with those sorts of conflicts when they come up.**

--Participant 18-20

All I can do is my experiences with them. Now, here we had an overnighter badmouthing a trans person and we really responded well, in fact I wanted off with his head almost, but then I thought "well no because we all have our prejudices" and the only way to overcome a prejudice is with understanding and so, but you know I said "he needs to be pulled aside and made aware of what he's doing and that it will not be tolerated" but there is also some of the agencies may even softpedal. If there is somebody else that may be "Well that's not a dude" you know, that type of thing. **Service providers, they'll be maybe too tolerant even of it um because that person needs to be educated and it should be their job to educate them, not tolerate them. Sometimes we can be a little bit too forgiving[....]you need to be a little bit more responsive just so, you know, let them know that this is really unacceptable, but say "if you want to learn then, this is, I would be happy to teach you". I had the same prejudices 20 years ago, but now, the same way I feel about homelessness, I used to just despise homeless people. I always thought they were awful and now my whole life mission is to protect them. So if I can change anybody can change.**

--Service Provider

### **(4). Welcoming Language and Properly Addressing People**

On a more actually on the inside the organization level if the employers **recognize your pronouns and apologize if they accidentally misgender you or don't misgender you at all**, that's always a plus. If they **don't automatically assume heterosexual** when talking about romantic stuff and if they're willing to talk about queer issues [with the same or] in the same way that they talk about straight issues. Generally things like that are my main concerns **I don't really need anything more than just being treated with respect.**

--Participant 18-20

My number one concern is just have people get out of the habit of saying sir or ma'am because that really just kinda automatically addresses something as such as really goes out of your way to assume a lot about someone and frankly I can't stand it, so. It really drives me insane about some of the places out here that are resources, but I just kind of, there is not really a lot I can do about it because, I mean it's just me by myself in this place where

I'm trying to accept help from someone and it's not really my place to, I don't feel like it's my place to say because I'm accepting help from them, but that puts me in a really crappy position. **That's kind of an annoyance and I've sometimes had to correct people and, you know, you don't want to correct someone either it's kind of just a pain for everyone there you just wanna kinda get out of the situation and run for it, so I mean getting people out of the habit of gendering specifically using formal address.** There's other ways to address people you don't even need to gender specifically address someone say "good morning" or "hi how are you doing".

--Participant 26-30

Um really like the, the power alone of someone asking your name and using your name instead of referring to you by your gender is a powerful thing, but it's hard to get used to and I have friends and family who identify as trans, but um in terms of like gender pronouns that they would like to have used they don't have any. They would prefer just "they" or "theirs" or things like that can be really hard to get around and hard to understand "who is 'they' who are we talking about here, 'they'?" and so even though I know I understand that struggle, it's still a barrier. **You don't want to hear that one more time, you know. It just makes you not want to ask for help or approach anyone unless you talk to someone from that community and they have reassured you time and time again that it's an organization or, you know, a program that is inclusive and that you won't have to go through that with.**

--Participant 21-25

The first question when you start with a doctor have them ask: **"how do you want to be addressed?"**, you know...**You say your name, gender pronoun preference, and you just get that out of the way.** First meeting with a doctor if they would just ask that so that we would know they're OK, that they are going to be professionals about it.

--Participant 35-45

## **(5) Reflective and Intentional Organizational Culture**

### **(a.) Openness to Learning and Acknowledgment of LGBTQ+ Identities and Needs**

**So Really it's the idea of being trying to be an ally, where you're not accepted as an ally until the community finds you as one, because you take the time to asks questions, be respectful, educate yourself, to be educated on the issue that the community faces so that you can better serve them without all those awkward unknowns and awkward questions and unprofessional questions.**

--Participant 21-25

Particularly in some professions **there is a reluctance to admit that they don't know everything um which is another barrier**, I think. you don't want a provider asking a client information that they should know um and so **that becomes that "I don't know that so I'm not going to ask that question" and pretend that I know** that and it's like so um honesty and trust you know patient, you know, in the client- provider relationship really suffers because of that.

--Service Provider

**First and foremost they have to realize there are queer people that might come and use their services that a person who comes through their door might identify differently.** and um that goes for anyone. I identify as queer or bisexual depending on what term I feel like

using what day I need to realize a person who is coming in might be straight or they might be trans so there is just a level of consciousness that people might be different than me that my language can automatically make a person feel at ease or not [...]the **consciousness and the inclusive language I think are two things that are really important and then to recognize that the needs might be different and to be willing to accommodate to meet those I think is really important.**

--Service Provider

**People just don't know, like how to ask, like, people get super awkward, like how do you even ask like "what's going on here?" you know, without being rude** so just some kind of like training or just cultural exposure to "this is how you treat people with respect regardless of their situation" is desperately needed I think in all fields but especially in social service would be good to have. Um and there are some trainings like that I just don't think they're thought of as very crucial. **I think people tend to think that they know how to be appropriate but they don't when they're in the moment.**

--Service Provider

**Educate yourself and don't be a jerk covers it pretty well.**

--Participant 18-20

### **(b.) Honestly Evaluate Your Organization and Services**

How I evaluate being LGBTQ+ friendly? **Most of them say "oh yeah, totally, we have gay people come in all the time" like that's the first kind of it's like the service equivalent of being like "I have a gay friend" like that's super common.** And that's why I'll ask questions[...] **I also find that an indicator of somebody doing it well is critical thinking when they are like "this is the places we are not as good at, it to me that means that they are thinking about it and they are trying to identify gaps [ ...] and you know considering the diversity within that notion of LGBTQ and all of the other letters, cause we could add a lot more letters, um you know it may be that you are really gay friendly but you're not bi friendly, you know, and so it's also a matter of you might even want to probe deeply and say, you know, so how do you define being queer friendly? you know, um and obviously you know of course if I'm also digging in, I might touch on intersectionality which of course isn't just about being queer friendly, but are you QTPOC friendly, it's obviously going to be another piece of being trans friendly, you know. [...]**

**I think the biggest mistake is like "oh we fixed it. we fixed homophobia at our place" I think that the places that are most willing to be honest and say "we don't do this perfectly but we're going to continue to reflect on it" even when they don't hit the mark, they are more likely to admit they were wrong, they are more likely to make amends and they are more likely to try and sort through the problem and make changes in the future because they are reflective.** And I think if and so I think if you're going to say you are queer friendly, you actually have to recognize that you probably aren't 100% queer friendly. I mean, Pride Centers aren't 100% queer friendly, you know? And so I think that there's that. **The biggest mistake that can be made is to say "we solved for this already". You know and obviously the next biggest mistake is not to do anything.** You know. And honestly I think that those two can actually be worse than being like "No we're not. Don't come here. Don't come here because it will hurt you, so you just shouldn't". I think that that is actually more ethical than being like "come on in" and then hurting somebody because we are talking about vulnerable

people um and I hate that in some ways, but like people that aren't going to be friendly to me I just know to avoid them that's way less hurtful [...] if my friend hurts me its way worse, right? Cause I let down my guard.

--Service Provider

### **(c.) Have Strengths-Based and Client-Empowering Services**

I think providers need to form bold exciting ambitious lives for their client's right? Um **have an optimism and an enthusiasm and truly believe in the realization in all of the things that they want.** Um it's kinda like I would compare it to how corporate mentors project the glass ceiling onto aspiring female professionals. they coach them into low expectations of what could be and that's so damaging it's even more damaging than, like, active resistance, right, cause at least then someone's got an enemy, but if you have positioned yourself as a person whose like "I'm a good guy I'm on your side" "and there is only so much you can expect out of life". That's really fucked. So **there needs to be an optimism and an appreciation.**

-- Service Provider

I mean just knowing that **people who are any part of the queer spectrum are still people and still loveable and reasonable and we aren't different and need to be treated extremely differently because of that, like we're not some delicate population that you have to tiptoe around or something.**

--Participant 21-25

**Often there is a power dynamic um there's an agency/client um distancing. It's the "I know what's best for you as my client" not "let's talk about what the options are, you know where you're at and where you're going and what out of these options are, um, relevant to what you are doing right now"** particularly with youth there is ageism that goes on you know "if I can get you into this place life would be so much better" "You don't know where I'm coming from. Why are you saying that?" you know, and that builds a barrier with clients because "you just put me on a path that you feel comfortable about not where I am comfortable". So you have to meet people where they are at.

--Service Provider

### **(d.) Confront Stereotypes, Stigmas, and Assumptions**

The whole just safety issue with being LGBT and trying to keep educating people in the world about, how, what is and what isn't a choice and transgender people, **transgender isn't a choice otherwise I definitely would have chosen a long time ago not to be transgender because I already been deciding it's not how I'd want to live and that just kind of how it is, so I just have to pursue transition and further the process and try to get where I want to be in life and that its actually going to make me able to be at least happy in life, at least happy as myself.** It's something basically that it, of course no one would choose that. Why would they choose that? Why would they choose to be a part of such a demographic that is so widely accused and considered to be bad people and that we have mental problems or something like that? I mean that's not it at all and so many people are just so full of accusations and they're really just not accurate at all. **I mean there's a lot of successful, a lot of very intelligent capable people out there that are LGBT and a lot of them just get a bad rap and it's like we're not all like that. We're not all promiscuous. And were not all like sex workers and shit like that. It's just not how a lot of people I know are and a lot of the LGBT community that just gets a bad rap for it. I mean the ones that do there is**

**nothing against that. I'm not, I wouldn't try to shame anybody for the way they try to live their life. But if everyone would just drop the stereotypes and realize that this is another individual that is their own person and makes their own choices in life and doesn't add up to stereotypes as a person, as an individual or a whole.** I mean LGBT people are just part of civilization as they've been for thousands and thousands, millions of years probably, tens of thousands of years at least there have been LGBT people all over the world in different histories and different cultures you'll find them and it's not anything new. I mean the only difference is that now we know more about it so we can stop the ignorance and the hate.  
--Participant 26-30

One of the things are stigmas and stereotypes even as a member of the LGBTQ community I still struggle with stigmas and stereotypes um when you look as somebody like psychologically you are supposed to use your filing cabinets and kind of place them places in order to know how to best respond and so when you don't know how to I dunno it gets challenging um so like let's say if somebody who, looks like more LGBTQ maybe has short hair maybe piercings or whatever, even though that's super stereotypical, comes in and let's say they are dealing with homelessness and may be dealing with addiction or something or may be seeking services for STDs or STIs. [...]

Knowing that with the stereotypes with stigmas that we have, if someone comes in you can offer all those services to them and if that's true for them that's awesome to have that knowledge, but most of the time that's not going to be the case, and so when even if you try to take away some things, like, okay maybe they don't need resources for STDs, maybe they don't have addictions um maybe they are just homeless. I'm sure they've probably struggled with homelessness, like right? so even just that trying to minimize that it's still hard because you don't know everybody's story, **so I think really I think the easiest solution to that is just listening**, but the problem that service providers and programs have is that they don't have a lot of time they don't have a lot of resources or money to do trainings and to be knowledgeable. [...]

**The other stigma you know is**, is whether or not you know everybody who has this stigma believes this part of it or not, **about people who are LGBTQ are just like partiers; they like to have sex a lot; they are not committed to anything, so whether you are trying to get a job, trying to get a place to live, trying to be professional, you know, just like everybody else. If you know, the knowledge is there or even the thought that this person might be LGBTQ, their validity and the respect for them goes down immensely, and so really holding off on those like judgments and on those biases, taking off those glasses and just looking at them as a normal person, as if it was one of their friends coming in that they haven't talked to for a long time, really just sort of like "what can I do for you, like, tell me what I can do for you"** rather than making judgments even if like making suggestions, like you want to make a suggestion but if it's going to be offensive that's hard, but also if you don't make the suggestion are they going to ask? Do they need this kind of service and are they going to ask? but really that's, just, that's up to the person seeking the services, the client, because everyone that comes in looking for services isn't going to disclose everything that's going on in their life that they could probably get services for. It's like what do I need right now and this is what I need you to focus on and not anything else, not the way that I look what else you assume I'm going through, you know, things like that.

--Participant 21-25

### **(e.) Address Internalized Biases and Misconceptions**

I think with any sort of trying to provide cultural competency services you know everybody makes mistakes you know you don't want to hold every little microaggression against somebody, but I think it's more like "Are people really dedicated to trying to understand?", you know, **when we're talking about oppression the fact that everybody has biases you know sometimes you even have internalized biases against, you know, groups that you identify as, you know, and being able to kind of acknowledge that and work through it versus just feeling that everybody just always has to be perfect and that's not realistic, but just trying to honor the humanity in each person and trying to figure out, let that person guide you, you know, how do they want you to interact with them?**

--Service Provider

Mistakes? **Assuming. Assuming from ignorance. Not taking care of themselves is another one. Self-care is very important. And I think even prejudice it's like those are ongoing struggles for everybody even if you are gay or lesbian, too still struggle to deal with prejudice and homophobia etc. because that is part of the way everybody was raised together**, um so it's kind of a unified struggle, um and I think in trying to address your coworkers and trying to have conversation with them about things. It's really hard not to get other people defensive, um so I guess one of the rules around that is to get your anger out before you have those conversations. Don't go at them when you are angry, um be curious about the other person and try to relate to where they're at, trying to really change their thinking

--Participant 35-55

Service Provider: It's you creating, setting so much of the stuff you are aside and then saying it's like laying down the game field the playing field you clear the field and open it up for sharing "now game is on tell me what it is" and it takes you, **you have to put a lot of stuff aside. I mean like I said you, you know, walk around thinking "I know it" you read it, you had a class on it, you know. You don't know it, you don't know it until it gets close enough to you that you realize "I did have a lot of preconceived notions" or "I thought I understood and I understand intellectually, but I don't emotionally understand. I don't at the core of my being". And then to understand that disconnect. That discord. How hard would that be?** My friend said, she came out when she was about 50, and she had been a successful male as an actor and um I said, so tell me how about your parents "oh my parents always knew" she said "when I was at home I got to play with dolls and wear dresses and when we went out in public" because this was many years ago she's now 70 something um she said "but when we went out in public", she said, **"I knew my roles. I was an actor. That's why I became an actor. I was always an actor. I acted the role of a male when I needed to and I acted the role of... I didn't act the role of a female because that was who I was."** and I thought that that was a really profound statement because it, it asks people to **assume the role of an actor if they're not behaving in a way that we expect them to or that we are comfortable with them. We force them to act them to act in some way different. [...]**

Service providers need to know how to listen, how to be able to get beyond their discomfort. We all have our biases. We grow up in whatever communities and families and we all have our biases, but we have to be able to learn to set those aside and be accepting and welcoming to the person in front of us. I think we make it too hard[...] **I love the platinum rule "treat others as they want to be treated", not the way you want to be**

**treated. Know how other people want to be treated. Treating people the way that you want to be treated assumes everyone shares your values and biases and they don't.** So just assume that someone has, see the value of the person sitting in front of you they matter because they are another human being that you are sharing an experience with. [...]

Well I think I've seen people go down the checklist and their body language screams something else altogether you can ask all the right questions and yet 80% of our communication is through our body language and their body language will contradict everything they say. So I guess it goes back to its not always what you say it's how you say it. Including your body language. Because it is a new frontier in a lot of ways and we've been working really hard. **It's not something you can teach somebody, it is something you have to ask them to explore on their own. I can't make you be accepting, but I can hire people who have the capacity for transformation and acceptance. I think that is going to be the key as we go down the road. I think when it comes to best practice the best practice would be the capacity for self-evaluation prior to getting in this line of work.**

--Service Provider

#### **(f.) Commit to Continual Learning and Stay Updated**

**I haven't been in LGBTQ work that long and it's just rapid the discourses that are important to people what's relevant to the region you're living in, response to national events, it's all very quick.** and I don't think this is exclusive to LGBTQ communities I hope the same kind of attention is given to people who also share experiences as women and people of color and differently abled.

--Service Provider

**I think just um involving the community more I think a lot of times with serving a community[...].I think that disconnect of "we're serving this community and we know how to do it because we asked a few of them one time" ...** there needs to be a constant dialogue and like a receptiveness to, like "even though you had this whole plan and you thought it would work based on the data that you had, if it's not working let's not stick to it, let's keep going forward", cause like I said, the needs are always changing in our community, like I feel like if I were here 20 years ago, I probably wouldn't think it was okay to have nail polish on. I would probably think I have to do testosterone and I have to just live as a man because that is the option, you know, and it's like, I dunno. **I think as the culture shifts and stuff I think there is new needs that come.** It's like, I think with more non-binary people being out about it and stuff like, um I dunno, like I think that there needs to also be a sense that, like not everyone that is queer is going to talk about it and plans to be out and whatever and, like you know, even people that present as whatever, straight, white, male or something so just being sensitive to that. Honestly the less assumptions the better. It's like, if nothing else [...]

**I feel like as soon as you feel like you've learned enough, you know, that's when you start getting really terrible at any profession, you know, and I think that's like true in general honestly, but when people feel like "I know all I need to know" that's when they are just going to start really making mistakes. I think with this kind of thing it's like serving a community kind of has to be like serving food in a restaurant, and you keep checking to see "okay are you still good? Is what we're doing still working?" you know, "Do you need something different?"**

--Participant 31-35

## LGBTQ+ Knowledge

Knowledge and awareness of LGBTQ+ identities and common life experiences of LGBTQ+ people is a component of creating a safe and welcoming environment. People accessing services who are LGBTQ+ need competent providers who are knowledgeable about LGBTQ+ identities and who can be accommodating and sensitive to the needs of each person and provide appropriate care. People are put at risk if specific considerations are not given to their LGBTQ+ identities in regards to safety in relation to other clients, in appropriate and accurate safer sex education, in relation to other service providers, and in relation to the physical spaces at a service provider location such as restrooms, showers, and sleeping arrangements.

### (1.) Understanding Systems of Oppression

**Service providers need to understand how systems perpetuate homophobia and how can they disrupt those systems within their organization in the way that they advertise, in the way that they set up their spaces, in the way that they speak to people and the assumptions they may or may not make.** And you know organizations need to hire queer folks to work. Not to make them the person that deals with the other queer folks but you know, the office will be more queer friendly when there's people in it that are out and doing their thing because everybody learns from that, just like we need more people of color working in offices and we need men and women.

--Service Provider

You know I sometimes for me I mean that whole term best practices in itself is kind of problematic, um you know, because **just because some things worked in the past for others doesn't mean that its always going to work in this environment**, you know with the population you are serving or whoever you are trying to, um you know so that kind of best practices cultural competency, um you know I think just in addition, **something that we try and look at in regards to cultural competency is also looking at anti-oppression training because sometimes without an understanding of oppression um cultural competency can be more of just a gloss over "oh we're going to be culturally competent" but we don't really understand or look at um you know what is oppression in our society what does it really mean to be an ally? Actually I think instead of cultural competency training I think what people really want to move to is "How do you be an ally? Do you really want to be an ally?"** [...]. We're such a small agency and we're an antiviolence organization. We're at heart and anti-oppression organization so we don't run into this whole "ok we've got somebody working here that doesn't really buy into it", you know, that's not going to treat people with respect, but I would think for a large organizations that's going to be more of, you know, if you've got like 100 employees, **How are you going to really foster a positive environment that's diverse and accepting of everybody and has that understanding of different struggles that people face just based on their identities?**

--Service Provider

### (2.) Understand a Multitude of Identities and Avoid Essentializing One Identity

Speaking from my own experience, which doesn't reflect on all other peoples, but from a sexuality wise nonconforming **stance they have to be able to understand why things like marriage and visibility and um, well not being told that we're going to hell is important, and from a transgender standpoint they need to be told why things like surgery and**

**dysphoria and um all of that happens and why medical transition is a necessity and not cosmetic.**

--Participant 18-20

**I just think it's something people should research.** Also, as a service provider it's their job to be on the nose, so definitely should research all of the issues in-between and it's as easy as going on Wikipedia or you know, just researching.

--Participant 21-25

**I want them to ask the right questions, my questions that you're going to ask me are going to be totally different than you're going to ask a straight female. Totally different, you know--Trans, we're different and lesbians are different, and gay men, and bisexuals, and all of that good stuff. We have different questions that you have to ask.** You can't just ask when my last menses was and if I could be pregnant. For one, if I'm gender dysphoric and you ask me about my menses you are going to trigger me, you know, um if you are a hetero woman you know, most straight women actually know when they've had their last period. Most of us we try to block it out. I haven't had one if 14 years. I'm quite happy.

--Participant 35-55

They need to be aware of who they are serving so they need to be aware of the diversity within the LGBTQ+ communities, um, **they need to be very aware of especially these nuanced ideas of very non normative sexualities or non-normative genders they need to be aware of that emerging scene, especially because it is so emergent in younger people.** And they need to be aware that when working with this community the biggest sector of the LGBTQ community suffers from homelessness is youth and they make up the biggest portion of homeless youth just in general. So I think they need to be aware specifically of how um like what the problem is with youth and how to specifically I guess handle um providing services to youth **they definitely need to be aware of confidentiality and security.**

--Participant 21-25

**At just a very base level they have to have an understanding of what being homosexual or being transsexual or being genderqueer means [...]it is genuinely not queer youths job to educate the people that are taking care of them and it shouldn't have to be their job, so people in this position should have at least a base understanding of what each of those means so that when someone claims that they are transgender and female to male they don't need to ask them 20 bajillion questions about what it means.**

--Participant 18-20

Definitely language, um, as much as I still can't believe that this still needed like **"what does it mean to be gay or lesbian or any of those identities? Or what does it mean to be trans? And is it a phase or can it be changed? And is that really your responsibility?"** um and, how to serve those individuals without tokenizing them and without um neglecting their specific and unique needs as members of that community but also individually um but still able to help them in a way that is helpful and inclusive.

--Participant 21-25

I was talking to this woman about what happened and she just kept saying, like one thing I could tell she really meant well, but it's just really came off as something along the lines of **"oh it must be so nice you can pass for straight" or something like that it's just, I mean I**

think that is something specific to my identity, you know, gay people say the same thing, you know, there is a lot of the same discrimination of gay people towards bisexuals. It shows up a lot. Bisexuals sort of get like “pick which closet you want to be in”. Not that they are necessarily intolerant. They just don’t understand. It’s just that they have no idea.

--Participant 26-30

Overall if you are serving LGBTQ the idea that the fact that there are so many identities and different things like that that shouldn’t be an issue because **your sexual orientation and gender, doesn’t, that isn’t all that you are. It’s part of who you are and it does mean more to some people than to others, but at the same time looking at the whole picture—who I am what I’m worth, what I need, what I’m asking for. If you are listening to me, I will tell you what I need. Not what you think I need, you know. It shouldn’t really be a problem if you are educated on it.**

--Participant 21-25

Um you know, I’m gonna speak from my own experience um that **my queerness is a significant piece of my life and it’s also not my preoccupation**, um, and many providers that I’ve worked with physicians, counselors, a select number of social service people at a time in my life that I did work with a social worker, then when they find out that you’re queer then it’s just like you are **A QUEER**, right?, who has queer problems and we need to “take care of your queerness” it’s like “how’s your queerness today?” I was like, “oh shit, no, like they gotta integrate that”. So **avoid the risk of essentialization.**

--Service Provider

### **(3.) Understand That People Have Multiple Intersecting Identities**

And I think some awareness, too, of like um differences too in like, I dunno **I feel like sometimes the queer community gets homogenized by people trying to give services to us and even people who are trying to advocate for us or whatever** but like because certain thing like there’s just like this whole different relationship to even talking about stuff depending on what culture you are from, like you know, that’s not to say people should make assumptions about someone’s culture but just to be aware that, like, some people may not be like ready to just be like “here’s all my stuff” because they face different kinds of obstacles and stuff like um, I dunno. I think, like **being at like a pride parade or something and like I just have always kinda distanced from those kinds of things because, like it’s so, it’s kind of a very white sexuality it’s just like, I dunno “were just going to show off our bodies” and whatever and like in my culture that’s not a thing, that it’s, like we, okay, I’ll just use my own, myself and not say “we” because it’s not all of us, but my experience growing up was like you have to always be like covered and always kind of whatever because, like, people are going to be out to get you, again like, you know, you watch a movie and it’s about slavery and it’s about people being raped and stuff and it’s about just like they wanted to breed more children or whatever, so it’s like it’s that whole like” oh just be free” it’s like “what are you talking about? if we do that we get attacked”, like you know, it’s like you can’t have this attitude of like “this is just easy once we just accept your orientation” like you have to also contend with people not feeling okay being sexual then also having an orientation that doesn’t fit. The one context that they have access to that’s like “okay you can get married in this church or something” if that doesn’t work for you**

**then what?** I think providing services not just knowing words for things but also knowing that like some people are going to have to work also on being comfortable using those words and just talking about sexuality in general [...]

One other thing, as far as young adults I think it's really, really, really important for people, especially service providers to understand that like, like **within the queer community I think there tends to be like this cultural homogenization, but there also tends to be this like age homogenization that doesn't exist. Like older trans women may have a totally different perspective than like a younger trans women today.** Because it's like they grew up at a time and came out at a time where things were like: this. and it's like they'll say things like "oh I'm going to be a full woman" and a younger trans woman will be like "no you can't say that" you know, but it's like **as a service provider they have to know that like if I'm talking to someone older, again not to make assumptions, but just to be aware that like they may have a totally different language for describing themselves than young people do.** And like especially working with youth it's like things just change really fast cause it's like we're already on the fringe like it's like we're not trying to maintain the status quo. what is needed this year may be totally different than is what needed next year so just staying up to date you know, which again is something I think being involved in the community can help with.  
--Participant 31-35

**Are we thinking about that some of our services may have been crafted or designed around like one kind of person,** um you know, I mean I think it's also about how service providers can think intersectionally, too I think we still have in so many ways, at least in this country, and I think a lot of it has to do with media, is that when we say, when we start talking about LGBTQ people, **when we say LGBTQ people we immediately start thinking about white people and so with service providers it's not enough for them to just become LGBTQ affirmative or supporting or you know educated it's also to think about what does it mean for a young person who is black and is queer or trans it's like there's so many different factors there that are intersecting to change things so it's also like not just like isolating this one set of identities.**

--Service Provider

## **(4.) Understand Common Life Experiences of LGBTQ+ People Experiencing Houselessness**

### **(a.) Trauma**

For one the LGBT people have to be honest. **Some of us we've been hurt so many times that were not going to out ourselves we're under the "don't ask don't tell". Some of us look out but we still won't say anything because we're afraid of being put in that box. So first and foremost we have to feel safe enough to be us.**

--Participant 35-55

**Most gay youth if we're homeless, especially the homeless youth, it's for a traumatic reason.** We're not homeless because we wanted to go out to a rave, its, we might stay out one night because we wanted to go out to a rave, but we're not homeless because we wanted to party all the time. **We're homeless because of abuse, because of trauma, because it's not safe, and most of us are freaking confused, you know, not about who we**

are or about our sexuality or things like that, but about where can we go.

--Participant 35-55

### **(b.) Suicide and Self Harm**

When dealing with homelessness in this community you need also tackle youth suicide rates because they are extremely high for LGBTQI+ people especially if they are homeless, it increases their risk for suicide or self-harm. And self-harm includes drug use so there needs to be more active policies that address drug use as well as other issues for them. Also almost any sort of treatment provisions for LGBTQ+ people should be handled kind of like a dual diagnostic way so that you are treating any mental health issues as well, um just because they do have increased suicide rates. I think that should be a big part of it. Of any sort of provisions or services as well.

--Participant 21-25

Patience is always a good thing for service providers. I still struggle with self-harm, you know because of all the inner turmoil I don't exactly enjoy myself, you know, and it's nice to have people that understand that and understand that I still struggle with that. That being me isn't always comfortable for me.

--Participant 18-20

### **(c.) Substance Abuse**

My parents they had a tough time I guess...Because that was when they found out that I was doing some pretty hardcore drugs and um. That's definitely something that needs to be looked at because **drugs are a very effective coping strategy. They really help you, you know push things down and forget about things, space out of reality for a bit, and um yeah, so that's a bad route to go down.** I feel like its ...I mean the thing was I was in a really bad spot in high school before I started to transition, like, I was **as weird as it sounds, I was openly suicidal and that just was kind of was met with like "oh haha that's fun" and I'm like, was like "no I am actually kind of hurt here" and I mean I know there were several people who knew that I had total alcoholism issues, drug habits, self-harm issues, you know it was like "oh it's okay you are not doing that for any reason in particular. it's just fun" it's like, people don't do those things for fun, like, even if it's not being queer—there is something wrong there and it's just weird that no one caught on.**

--Participant 18-20

I think that there needs to be, uh, full widespread needle exchange policies and um **drug use needs to be addressed as a public health issue and not as a criminal issue in order make progress in um working with individuals in the community that have issues with drugs as well because it is a health issue more than a criminal issue.** That's a really big one.

Especially in my own experience of being treated like a criminal trying to access services when I was on drugs. It's very, um, inaccessible.

-- Participant 21-25

You know, but also it starts to drill down, like **if you understand what being transgender means, I mean just at least by definition, then you might start to understand how someone can be villainized or exiled or isolated or experience different forms of trauma in society, in your organization, by your organization's services etc.** you know and I could say the same sort of thing for like LGBTQ identities, like sexual identities, is um, I think the more you understand about that is like **"okay these are folks who face incredible adversity", you**

**know and um what is my part in that?** um, you know and understand the risk factors and risk behaviors that like LGBTQ people face just as, like, as we think about like minority stress factors and like how that looks for people. When we talk about other kinds of minority quote unquote “minority” communities is that we can point to okay x community over here, usually a lot of our research focuses on racial and ethnic identities, and we can see, like there is a high rate of alcoholism in Native American communities, well our research tells us now that there is a huge stress factor there. **Alcoholism is or alcohol is used as a coping mechanism and it manifests as an addiction or a dependency because as you use it more, like that’s how you use it, to cope in a place that, in places where people don’t want you to be alive or people don’t want you to be successful in your life.** You know, the thriving and surviving thing, and **so I think you sort of apply that same kind of logic of when you have dominant culture, you know, that’s telling you “you shouldn’t exist” or that “it doesn’t matter if you exist” then how do you deal with that? [...]**

We know that some coping mechanisms can be incredibly helpful and that there is a limit and there is a boundary of where you cross that it goes from coping skill, coping mechanism to dependency or addiction and that can be really hard. and I think people, I think people who are at organizations who are wanting to work with LGBTQ people or are even thinking about it have to understand like there is this, and there are resiliency factors. Some coping mechanisms are also about resiliency and that there is a fine line, I think. You know whatever that coping factor is and, you know, but understanding like **“how can you affect that for more positive outcomes for people? How can you be in a place of support so that people feel seen?” [...]**

I think especially when I think about youth and children who are LGBTQ identified, you know, when I do trainings or workshops we go through a huge list of “here are all of the risk factors and behaviors of all young people we know that these are all things that we see higher rates for young people” because of you know youth development theory says young people are trying to take care of themselves the best they know how and sometimes that is in what people might think are unhealthy behaviors and so we talk about what’s higher and lower you know that school dropout is much higher among LGBTQ youth versus their straight and cisgender peers, you know, on and on. Lots of things, of lifelong addiction, lifelong poverty, homelessness etcetera. You know, all these factors. So what do you do to affect it you know affect that? [...]**What we know is, like the one supportive adult in that one person’s life can positively affect those risk factors, and I think that is such an important thing to know, is that acceptance and rejection can really affect what your life is going to look like.** and it’s not just about parents and it’s not just necessarily about siblings, like it could be about, like a place where you are trying to get services or um you know a place you want to work, you know, there’s just so many different areas and seems just like so simple just like **“well acceptance helps right?” It’s like *acceptance is the key, you know, and this is all...there is so much research behind it is that acceptance is the key between lifelong poverty and homelessness and the potential for some kind of stability* and you know, you can go through the whole list of factors and look through what it would look like. [...]**

**You know someone who is struggling with, um you know, substance dependence and addiction, it’s like, it can be the matter between “how do I connect with what’s going on with me? Is there a way I can connect to being in recovery? Is there a way to recover from this?” um. And that acceptance is like a big part of that.** um yeah, I dunno and I think

probably at the heart of all of this is that **people need to understand that LGBTQ people are people we are human beings.** we have very similar things about all of us, you know and our lives look a little different than, you know, others, but I think you see that for anyone, and I think that that's just a thing to remember is like not questioning the personhood of someone and just stop focusing on what happens in someone's bedroom there is just, like, so much more to people.

--Service Provider

#### **(d.) Police Brutality and Sexual Assault**

**You have to address police brutality and those kinds of things because I think that um police injustice is definitely going to cause more problems in the homeless community especially in the trans community a lot of transgender women get targeted as like sex workers and those kinds of things that, um and specifically dealing with sex abuse in this community is really important especially with trans women. Transwomen of color have the most chances of being sexually assaulted or being raped, so I guess you have to really deal with these other really hard hitting issues of drug use, suicide, and um sexual assault in the community.**

--Participant 21-25.

#### **(e.) Family and Peer Rejection**

I mean I think for me I came out over 10 years ago but you know I was 16 or 15 or however old the fuck I was and um you know and[...]whatever happened to me I sort of pressed down in the back of my mind, but like **I've chosen not to present myself as such until now you know what I mean, there's a reason why I identified as that for 2 years and then didn't for 8 or 9 more years, so and you know there wasn't really, where I grew up isn't here in Oregon, but there wasn't anything for fucking gay kids there wasn't anything for kids and there wasn't anything for gay kids at all. And I couldn't be at my house. I wasn't allowed to be at my house, so I mean, not being a homo is a good way to, like have a place to, like, fucking sleep.** So there's that. And I don't really remember any of that because like, you know. I don't think about it. I trained myself not to think about it.

--Participant 26-30

I think it's just when you talk to someone in the LGBT culture it's different than straight and as **I've found out when I talk with people sometimes people are in denial of it. And it comes too, service providers need to be sensitive of the issue because some people are, some people do appear, before they admit to themselves what they are and it's just. It's just a sensitive issue that...really. it, its, it's something that can be talked about but at the same time not talked about. You kind of have to gauge the comfortability level of the person.** For some people. For me, especially, it was a super diehard secret forever until I was 18 and then I when I did come out everyone thought it was funny so I just went back in again until I was about 23. And that was...That's a long story.

--Participant Age 21-25

#### **(f.) Religious-Based Persecution**

Just as a general queer rule they should understand that **a lot of these people may be coming from an abusive background that may, like in my case, have been religiously justified, or religiously enforced** and so they need to understand that some of the LGBTQ

youth might be bitter towards religion or be distrustful towards adults in an automatic way.  
--Participant 18-20

**I'm allergic to religious iconography, so anytime I see crucifixes, crosses, mostly Christian. WWJD bracelet anything like that it like "it's time to hit it" like, because I'm not willing to let them be the exception, you know like, I'm like "I don't have time or the energy to find out if you are not going to be like every other person that wore that thing before you".**  
Are there many examples? Absolutely. And I love them dearly and many of them are in my life. And when I think about the vulnerable situations I've been in where I've needed services I wasn't willing to figure out if that was the case.  
--Service Provider

The number one thing when you ask for help in this community the number one resource that they say. This is the thing that's always said "Well have you checked with your church?" like, "Have you talked with your church or some of the churches around?" And they are really good resources and they do often have a lot of money to be able help out with extra things, but **I tell you what, I don't, I wouldn't ever, I would rather starve than go into a church and deal with judgment or any uncomfortable questions or anything like that, um. than to go in and get their help.**  
--Participant 21-25

**Some places have mandatory Bible study which includes, you know, things that are homophobic, you know, like that come out and say that same-sex relationships are a sin um, you know, and if somebody wants to stay in that program they have to read that. They have to participate in that bible study and eventually it's going to you know have that statement there.** And I think more than once. The hard part I think is because **there aren't a lot of programs that are really going with a great definition of safety, you know, like "this is culturally competent, this is a place where somebody is not going to be made to feel different or bad or somehow, you know, "other" because of their sexual orientation or their gender identity"**. Realistically at least within [location] there's not a lot of programs like that and folks who are transgender [...] they have a men's program they have the women's program and um when an individual is transgender they base it on genitalia not how that person identifies, not how that person is, not that person's gender identity. **Just in general we need more shelter, but we also need more shelters that are really dedicated to acceptance of LGBTQ clients and doing what they need to do to make those environments safe.**  
--Service Provider

### **(g.) Unemployment and Difficulty in the Job Market**

**It would also be appropriate for them to understand things like unemployment for trans people know that trans people face a very difficult time in the job market** and if you are out and trans and especially if you don't have passing privilege, um which is to um pass off in society as cisgender, um and, uh you know, **to know what that means for a person and what that could mean for their financial status and you know, how, why it might not be easy to just jump back into the workforce, trust anyone...etcetera.**  
--Participant 26-30

## **(h.) Survival Crimes, Survival Sex and Sex Work**

**The economic constraints of being queer identified in some way are huge and like put us in positions of doing stuff that like, you know, we can't really reveal about ourselves without fearing for our safety, like if people are doing sex work or, you know, um selling some kind of drug or something it's like you know if you go to an office and they are asking you about stuff like work or you know asking you about your partners and it's like "well I have a lot of partners, it's kind of what I do for my job" there has to be like a kind of, I don't know, I don't know what it could be. I guess in some cases they have to like legally report it. That's a thing, that, like somehow making it safe to not talk about those things at the very least, you know, and the same thing with substance abuse. It's like how are people supposed to say "Well I'm on this thing that's very frowned upon" if someone is using something that's like heroin or something, one of those drugs that like even on TV they don't like it. **It's hard for people open up about stuff.****

--Participant 31-35

**Understanding um maybe homeless people are practicing survival sex and understanding and not making moral judgments about that. I think that's a key piece and not proselytizing to the people who are surviving.**

--Service Provider

Sex work, like in order to like get, make money, like that. I think that um I don't know I don't have any data on this but if there is a difference between gay youth and straight youth, if they um, uh you know, if there is a difference in the rate in that. I think there is from what I've read, and if that's true then, um kind of, **service providers being aware of that and being able to address that and think of it as you know survival sex as opposed to some kind of choice that this is, you know, like, "I like to do this" or something like that. Cause I think that if that's not something that is brought up the youth is not going to bring that up. I mean they may if it is something that is bothering them, but they probably won't if the service provider is uncomfortable talking about that.** Um yeah and actually I wonder if that, um well, I'm just thinking for our agency we've never asked anything about that. [...] but who knows maybe some of our clients have done that. How to bring that up sensitively and non-judgmentally.

--Service Provider

## **(5.) Understand Trans\* Identities and Unique Needs**

### **(a.) Understanding the Variety of Trans\* Experiences**

Here: **you might feel like "Oh it's gonna be so rare of a situation that I'm going to have to deal with someone who is transgender or whatever, you know, that I don't really need to know" but every situation that I deal with somebody else is a situation in which a transgender person is being dealt with and so every situation that I'm being dealt with can have that opportunity to turn out really negatively with somebody who has no experience. And it's just over and over and over for me so it would be nice. It's always nice when somebody knows what the fuck they're doing.**

--Participant 26-30

Generally respecting and providing things people may need, LGBT specific things that can help them or products designed like if there's ladies products that say a gay man or a trans

person or an intersex person would prefer then to be able to give them the same thing that they would give any other woman or anyone really so. And vice versa of course too. Trans men probably want to go for more products designed for men and tend to be more manly and smell more, you know, it's just basically anything they have kind of be able ask for specifically the kind of things they need or just have them available.

--Participant 26-30

For me being transgender is a lot more about the mental health side effects of it because that's what's really affected me the most and caused the most like turmoil you know the strife and just as long as they are aware of what that's like you know that it is, it is a mental health condition. And also that, that **I'm not always comfortable with you know my gender expression or maybe I haven't been in such and such a situation yet. It's something that I'm learning to be comfortable with as much as anyone else is. It's a very peculiar set of difficulties because it is kind of like puberty and kind of like a midlife crisis and kind of like losing yourself and it's a little crazy so. Yeah.** [...]

I think that's another interesting thing um there's a huge difference between how do I say this? **There is a bit of a difference between the issues that come up with being trans in the transition and your sexuality. Those are literally different things, but. The way that they are treated and the effects that they have are different** because with sexuality, yes there is coming out, there was coming out for me, there was a, like you know there was an issue and I got some grief over it. And honestly having lived the experience, I mean I was never openly gay as a male, but I still lived that experience. I still heard those slurs and I can say it was definitely not a pleasant experience, but I can say it was a lot different than going through this whole hormone like puberty 2.0 and yeah. [...]

I had a really weird experience coming out. The first person I came out to was my brother and it took me hours and a lot of crying to just[ ...]so I started transitioning um November of last year and I told no one I was self-medicating. I was, and I needed help like "no you will never know. I'm going to disappear" and then I started getting my life together and stopped doing drugs and stopped binge drinking every weekend and um I kind of realized that I actually cared about the people around me, you know, like, **they related to a person that I didn't identify as at all, but I kind, I kind of built up this awkward façade for years**, but um so I started coming out to people about April. I was already to the point that I was changing significantly and I was very surprised that no one noticed um also a little glad, but um I came out to my brother. That took a long time. And finally he started listing, we were sitting in the car, he started listing all this stuff, "did you kill someone did, you rob somebody, are you in a bunch of debt, is someone out for you, and finally he was like are you coming out?" And I was like "that's part of it yeah", okay but "there's a lot more I mean it's kind of like this". I think people, the second you say "oh I'm gay, you know, I like men that's me, that's my experience" I think that people are like "oh, I understand that" I mean they don't necessarily agree with it but it's easy. I don't think it's that hard of concept to wrap your mind around. I don't know maybe for some people it is [ ...]but um...**I mean being trans it's like "well what does that mean? Are you doing this? Are you doing that? like How is this all going to go?" and at that point the only answer I had was "You know, I'm still figuring this out myself. It's all scary and new to me too"** so and it was weird because I think there is definitely a lot of people expecting me to have answers, expecting me to have like concrete ideas. And I mean the thing is, it's funny, **when I came out I was already very like "this is what I'm doing" I mean I didn't know how that would, how that all was going to happen, but I was**

**not on the fence about it.**

--Participant 18-20

### **(b.) Unique Needs of Non-Binary People**

Especially for nonbinary people it's like really important to have language that is like inclusive, you know, cause like I think even their practices are trans friendly, they are more binary friendly than nonbinary so I mean saying things like I dunno like stuff you'll see in articles like "people that have blah, blah, blah", they are people first that have this body part or whatever. "We can do this thing for that body part" instead of having to be like tying it into identify all the time, you know, because I think it's like, I dunno, if like they were able to say "we offer this service for this anatomy" then I'd be like "okay cool that's what I have. I can get that service" you know um. but specifically being like "here's a pink flyer" like, so I think that just making things based on what they are actually doing cause I mean that's basically what they're there for in the case of medical stuff. Other places to when it comes to nonbinary stuff like just at the therapist, the same one that I was talking about before, um like **the receptionist was saying "oh she's ready" in reference to me and the therapist was using male pronouns and just like nobody knew. and like I was so stressed about other stuff that I didn't even want to try to bother to deal with the gender stuff I just, like you know, "I just kind of need a reason to stay alive right now" so um but it's just like hard to have to cut through that when you are already dealing with other stuff.** I think inclusive language really helps and I mean people just having enough knowledge to where they are not surprised. Because I think that that's **one thing that is always kind of off putting, saying something about yourself and someone go "huh, I didn't know..." or it's like people are like "oh, maybe you can tell me about what that is" and it's like "you're supposed to already know"**, you know. I understand like we live in a world that doesn't really know but I feel like if people are going to specifically offer services to people like us then they should know.

--Participant 31-35

**I guess just being culturally sensitive or aware, just awareness that there are differences. I think awareness is like the key point.** Open-minded. um I know it's hard to train people on those types of things, but I mean for example, I recently worked with someone who identifies as trans and that individual preferred they/them/theirs as far as pronouns go and...it was very hard for me to get used to um acknowledging them by the way that they wanted. It was very difficult and I'm someone who comes from within the community and it was still very hard for me, but I was the mentor in that position and this individual was the mentee, and so there was no way around it, but I just wish there was some training that I would have had that would have prepared me for that um and um. **They even mentioned to me that it wasn't a preferred gender pronoun because sometimes it's not a preference, it's just their gender pronoun, so when you ask someone um "what's your preferred gender pronoun?" maybe it would be better if you were to um ask like "what is your gender pronoun?" or "how would you like me to refer to you?"** and um just the preferred part is what I had been trained to say, but I guess that they just brought me to a new conclusion, you know. But I would have never known until I met them, but I'm thankful for my encounter with them. It was a blessing.

--Participant 21-25

If you go to an organization or you go into an office or you um meet with some people from that organization, you know. Do they seem to have done the work that they need to, to understand language and um have the competency of what they are talking about or is it just something on their mission statement? Do they understand genderqueer? Do they understand nonbinary? Do they understand the needs of different people of different population groups under that umbrella? Um How current are they keeping? You know. **Things, particularly in the trans world, are changing very quickly if you're not aware of what services are now covered by the Oregon Health Plan. Are they aware of documentation changes that can occur? Um so what's their understanding of the dynamics of change in legal and policy arenas?**

--Service Provider

### **(c.) Disparities in LGBTQ+ Services for Trans\* People**

This goes especially for transfolk **because I feel like for trans folk especially there is a different level of needed safety awareness than in other LGBTQ+ safe spaces because I think there is a definite disparity there other than like some organizations will know they are LGBTQ+ friendly [...]**

**Places have to be pretty I feel like out there about it like they have to have pride flags out in front of their business or just actively straight up say it for people to actually put two and two together.** But I think it's different for lesbians and gay men because I feel like they have a lot more access than the rest of the lgbtq+ community. Cause then I feel like even when things are friendly it's always LGBT friendly because it's very minimal its very specific thing to do. Its lesbians, gays, bisexuals, and then trans people, kind of, but then they don't actually understand anybody beyond that so for nonbinary folk or for people with um non normative, non-gay, non-lesbian, non-bisexual, sexual orientations, it's really not inclusive at all. There is really no attempt at it for people that are nonbinary gendered. I don't know of any locations that have any sort of kinds of things that say you know "we are friendly to you if you are nonbinary". **And almost always even if it is LGBT it means lesbians and gays, it means sexual orientation it doesn't generally hardly ever mean trans folk, unfortunately.**

--Participant 21-25

I wouldn't seek out to get shelter um I have a whole lot of stuff that I wouldn't go and seek help from GLBTQ much either mostly because I have some interesting intersections. I mean even last year being trans has been really difficult just knowing how some GLBTQ, a lot of states "T" just got left off the letters and people are like "let's do this now for us and your rights will come later".

--Participant 35-55

**I don't usually know if they are friendly or not until I go through the process. I'm usually scared to do that in the first place just anywhere because usually the way I tell if they are LGBT friendly is by the way they end up treating me.** I usually don't know going into it. And I think that a lot of times companies will pride themselves on being LGBT friendly, companies or government agencies and individuals won't be or the other way around the government agency might not specifically be helpful with LGBT people but the person working there or the person staffed there will be. Um. But a lot of times I'll be skeptical to even try because I don't want to have to go into the situation um. [...]Specific indicators? Um usually people telling me that, um being treated totally fine, um **just being outright told**

**“oh well I would see why you are concerned about your trans status or whatever but that’s not going to be a problem at all with us, you don’t have to worry about it” and then it never even coming up again unless I’m the one that brings it up, unless its specifically appropriate within the context of what’s going on. [...]**

I think it’s usually positive when people don’t flinch if you tell them, you know, like and everything like if it’s just not a problem and you can tell that it’s not a problem, you know. Like body language for sure is huge. You know, like **a place can be LGBT friendly but like if a person is like “uhhh I’m gonna have to check on that” because then they don’t know, so you know they don’t deal with trans people that often and they’re checking if your humanity is welcome there or not. [...]**

A Pride flag? It is good, like it, I know if like I saw a pride flag or something like that I might be like “oh cool hopefully they are better than the others” but like my hopes don’t go that far up, you know. I’m also rather cynical in general though. I feel like I’ve, um, you know, you know. I don’t know how to follow that up. Um so like. **A pride flag means that maybe they’ll be alright but it doesn’t guarantee anything. Like more so if I see a pride flag I’m like “they better not fuck up”.**

--Participant 26-30

#### **(d.) The Need for Competent and Confidential Medical Treatment**

I think the biggest thing that comes to mind, as being transgender, we require hormones and that’s something that I haven’t been able to really find. I mean that’s...the **hormones are supposed to change the way we feel and as my research went online showed that it would usually makes people feel better. There’s less emergency room visits, people aren’t cutting themselves up, depression goes away and even when, pictures I’ve seen online in as little as 6 months there’s changes, so it’s almost like going through, well it is like going through a second puberty. [...]** Well I tell them I’m transgender I wish to be a woman. I identify as a woman and the first thing that comes up is “Well have you worn women’s clothes?” and I have. But it’s the hormones. It’s really the chemical that matters. And I mean clothes are clothes. it’s really about the chemical. They don’t really understand that it’s a journey.

--Participant 26-30

Medical to me might be one of the most important.[...] Medical providers have a long way to go. **I’ve had doctors who are weird about it. um, some that don’t work with trans people at all and they will just be like “I don’t know what your problem is cause your trans and maybe it’s that”.** And I’ve had some doctors that work with trans people that are really weird about it. I don’t know what they need to do but just like learn... you know I’ve heard so many cases of um nurses and doctors finding out that their patient is trans and then all of the sudden misgendering them over and over and over and stuff like that. **Just know how to deal with a trans person. Its 101 stuff. [...]**

I think those are the services that are necessary... food, shelter, um employment, medical. I dunno if any of that’s specific enough. **That’s like Maslow’s triangle and once they pass all of that, you know, self-realization I guess is the next step [...]** I guess the problem is if you do the self-actualization first and once you figure yourself out and you know you’re queer then the rest of it, like, it just falls off the top of the pyramid and none of the other stuff is

**there anymore.** Goddamn Maslow, fucker.

--Participant 26-30

Then another issues would be some of it is a lot of ideology. In healthcare it's based on old standards. **It is very hard also to get old doctors to be up to speed with everything, so it's like that indicator if they are friendly or not would be greatly helpful, but to have to go around and doctor shop, like, is very discouraging, like, I had to find a doctor who was out of medical school less than 10 years in order to get on hormones. That's, like, it's a rare find.** More therapists, too, are not very up to date about it. They're supposed to. They have a really bad rap. And psychiatry is a big one. Psychiatrists these days are just absolutely horrible and psychiatry right now is absolutely the worst place to go if you are trans because psychiatrists are really losing foothold on basically diagnosing anybody in general. Because like standards and **Standards of Care have been getting better, but a lot of people still have the old fashioned style of Standards of Care to where it's like you have to go through hoops and ladders and, like, you know, literally be on the verge of killing yourself or like at that point, to where you are going to get any help whatsoever.** And hospital wise there is a big issue there, getting resources from hospitals. They are absolutely clueless. Every single one that I've went to. Definitely like immediate medical treatment is, like, a deficit right there. You would think after with dealing with people, like thousands of people, that they would at least have some idea, and they are absolutely the worst place. Psychiatrists and hospitals are the worst places to go if you are trans.

-- Participant 26-30

One of the biggest issues I had in provider instances is somebody referring to my like gender I was, you know, labeled as versus the gender I am and, like, talking, like, between the doctor and, like, patient it is still a little awkward talking about the genitalia when you have dysphoria, so I mean its sensitive issues like that are like one of the major ones. **And like people who are in or actually are at the desk or, you know, a nurse understandably should not being going into too much of those details. I think it should be more, like, you know, patient doctor confidentiality type deal, you know [...]** Another thing that I would like to see is basically, you know, the choice between, um yeah, identifying as cis male, cis female or trans male, trans female or basically you could put "other" such as people who choose genderqueer...that would be a great indicator of what pronouns to be using you know. [...] Understanding medical coding so that they can get the correct support for their patients. And **not outing your patient if they are not out in ways that for instance if the person does have insurance coverage through their employment often that information may be accidentally conveyed to an employer and out somebody. So there's the level of confidentiality and awareness needs to be very clear.** You know, if they are using a preferred name for their services and you send that document to their business or you report it as a service provided to somebody and they have medical ID number or employee number associated with it.

--Service Provider

### **(e.) Safe Physical Spaces**

It's not black and white anymore. We just don't do female and male or anything like that. I mean that's what its stuck under the medical field and whatnot and a lot of service providers regardless of whether its medical, mental health, or um substance abuse issues and stuff like that. and that's one of the reasons I came to Portland is because **I was in a**

program and I got stuck in a situation to where I wasn't being placed with the proper gender because of policies and that's another thing is like, a lot of places have these policies that aren't up to date and it causes a great amount of damage. Another thing, too, with these policies, it actually then causes so many issues in people to actually fear going to anywhere and somebody who needs to be in recovery most likely won't get into recovery. Regardless if it is for mental health, physical or substance abuse issues.

--Participant 26-30

A lot of what I've been saying is kind of like trans oriented cause even though I also identify as pansexual and queer most of my experience is very trans oriented so my answer in that case would just really be shelter access. **Access to shelters that align with your gender identity because it can be unsafe many times to be housed with people um that are cisgender and not the same gender as you.** Um I would say medical access for sure and especially access to medications, food for sure, um and uh probably access to employment um or an agency that can help with employment knowing how difficult it is to have people who are trans work. And it's all intersectional too so like trans women of color are going to face the worst discrimination you know even like cisgender people of color who are gay are going to face worse discrimination than those who are white. [...]

The biggest mistakes? **Misgendering. Not knowing what to do with them so they just get rid of them, just move them along,** whether it's a diagnosis of breast cancer that you don't know how to tell him or pills that you normally give to other people but **you're "not sure with this one cause they're trans"** or you know, like the shelters. **There has been women that are trans that are denied shelter space and so they are forced to live on the street because they can't stay at the women's shelter.** I think that a lot of these things need to be addressed. I think rules need to be implemented into their rule books.

--Participant 26-30

Towards the end of last September beginning of October I was um I found myself on the streets um I hadn't found a new place for myself I didn't have a job. um I just recently moved out, out of like this house I was living in a big house that I was renting a room that's a whole other story how I got out of there, but anyways I was going to [Organization] and um for a few days I was just getting food and meanwhile I was sleeping on park benches and um one day like, I had a job interview and uh and **I needed to shower and there was no place available for me to take a shower.** I didn't have any friends' house where I could go or anything like that so I went to the women's shelter at [Organization] and um let's see yeah, like I had been getting food once and a while. And **I got in line and signed up to take a shower. Um I did ask briefly if the shower was like a private stall like a private room um I'm not sure any personal information about my attributes or any of that was said however, um I guess it was kind of understood that's why I was asking,** however I didn't reveal any information...which is a part, but um. so I was waiting there I'm surrounded you know, by all these other women, doing laundry and stuff like that **there's one lady in particular** she uh kept, you know, **I overheard her talking about me, you know, saying you know, using the word tranny and all of that and um she's like "She's not even a woman. What's she doing here? She doesn't belong here". You know uh. Then she comes up to me and I forgot exactly what it was that she said "You might want to try this other shelter".** I forget the actual words she used, and this was from one of the other women who were being helped, another homeless woman. You know I just kinda, whatever. **I was like "I just kind of need to take a shower" I was already uncomfortable as it was, you know, so, and**

**one of the ladies who was working there at the counter, they told me they would not be able to let me use the shower even though it was a private room. I would not be nude with anyone else. So, they said I was not able to use the shower and they would not be able to provide me with any services at all. And that meant I had to find another place to get food.** So yeah, um. So that happened. You know it kinda felt like I was in the snake pit. I got turned away. I was pretty upset about it and she said some of the women felt uncomfortable because I had male attributes and I told her “but I didn’t share anything about, you know, what I have” and then her response was “well you just did” so I don’t know how [...] she um yeah, she said that a lot of people there were uncomfortable with me being there and um it was because I had male attributes and I said “I did not share that information that information was not there”. And she said “well you just did”. And I said... well, I didn’t want to make a scene. **A lot of it had to do just with the other women that were there. It was not a safe environment for me at all.** Um she did, the lady who worked there suggested that I go to the men’s side. So that’s, I was like “We’ll you are going to turn me down over here for having male attributes, they’re gonna turn me down for having female attributes because, you know yeah, I briefly discussed my breasts being real and that I grew them myself. I don’t have much for breasts. They’re there, they exist and I’m happy. Anyways, yeah. [...]

**I suppose considering the fact that it was a private shower stall I would, it was a private setting, you know, that should not have been an issue at all whatsoever.** um, you know, one thing I could, I could guess, I guess as to why they feel that way is cause a lot of women might feel vulnerable just being around, having that body part be present, assuming so. You know, assuming I have male attributes. Um. But yeah, yeah, **I wasn’t really interested in discussing whether or not I had a penis at the shelter. I just wanted to shower and I wanted some food and I wanted to go to the job interview. Simple as that, you know.** [...] yeah, **I ended up not getting the job.**

--Participant 31-35

## **LGBTQ+ Specific Support and Advocacy**

### **(1.) Advocate for LGBTQ+ People and LGBTQ+ Services**

There’s a lot of stuff that’s going on and honestly, it’s like you know it’s basically to be a part of an activist community, like this, that’s really accepting, I mean that’s what’s really needed, too, as well. And more advocates. **I don’t think that actually anybody in the LGBT community can ever have enough advocates, honestly, because there is too much discrimination and not enough acceptance.** Participant 26-30

**I think providers need to recognize that there are times when queer and trans people don’t benefit from integrated spaces.** If they are providing groups they might need their own group, if they are providing housing they might need their own housing, if they are providing social programming they might need their own social programming, and the option to participate in all of the others, too. I know that comes with resourcing issues, but sometimes um communities need to break out into intragroup space.

--Service Provider

### **(2.) Help People Navigate Services**

I used to work at [organization] and we did a lot of **patient navigation and teaching people how to be advocates for their own health. how to ask the questions, how to bring**

**somebody with you who could support you so you could ask hard questions, and I would definitely recommend the same thing to anybody who maybe felt uncomfortable about their sexuality or about being in a social service environment and coming out about their sexuality.** I would say, you know, bring somebody with you who can support you and um just keep asking for what you need. And kind of help them with some of those skills, so that they could do that on their own in agencies where there might not be an advocate for them. I think that's true for anyone who is going to seek help, but especially for the queer community.

--Service Provider

The group of folks, folks that identify as LGBTQ, that come in to our office for services are the most likely to come in with an advocate even though we've been identified by folks at the [organization] as a safe space, because when a student is feeling threatened, it doesn't matter who vouches for you, so you know [organization] staff are the most common folks to walk people into our door, more than any other group. And as a staff here we need to know "okay that's fine, ok we are just going to talk with you, I'm going to talk with you because it's your issue, but this person is here for your comfort and safety I'm going to acknowledge them. I'm going to include them" um and you know recognizing that might be a unique need. [...]

**Places that are not necessarily focused on homelessness but are focused on queer issues are going to help filter so sometimes it's "okay let's call this place and see where they would recommend you connect with first before we just start sending you places".** and I think that there is a lot on the internet, I mean, I think that support and services for queer folks has been tremendously, tremendously increased just because the internet exists, because social networking and word of mouth is how queer folk support each other and yes we have centers that are out there and are available and that the community can see um but there are people who won't want to walk through those doors, and so especially when we are talking about the stigma of being queer in America and we're talking about the stigma of being homeless, um so again we've got a double stigmatized population or maybe multiple stigmatized, I dunno, but um yeah so like that is a tremendous resource. And then there are like community anchors as you know, there are like mobile safe spaces that become, like on a college campus you get picked out as "you are a person I can talk to". [...] Also recognizing it's a tough thing right so like let's, say I am trans. I feel more comfortable in this situation but I also recognizing that I am making other people feel uncomfortable and that's their reality too and so like as an administrator I'd be like "well tough you need to deal with this other person whose being uncomfortable because you're being unreasonable" and yet they are having a reality as well so it's a it's a yeah there has gotta be ways to manage it that respect both even though in my mind I think in this situation there is a victim and a non-victim really in the grand scheme of things its two people with realities and uh you know like obviously as a person who wants to like sort of champion inclusivity um but **when we say inclusivity we quite often talk about the oppressed person being included but when we include the oppressed person we need to do it in a way that includes the non-oppressed person too.** Otherwise we've...**There's no such thing as reverse discrimination but there is such a thing as not including everyone.** [...] I'm glad we had this conversation because I'm going to, that's going to be something that I'm going to really start thinking about it um and thinking about it not just from a "how do we fix this in this thing" [...] but **how do I train my staff and myself to help a person navigate that because it's a reality right now. it's not fixed and so if I have a specifically trans or gender queer person**

who maybe present that way there's a men's shelter and a women's shelter and this is an issue I need to be able to help and support that person in making the decision about what is going to be best for them whether that's go to the shelter or not or what shelter to go to and then figure out how do we facilitate that you know [...]

**There are times when um we have to break what is considered professional when we're working with populations that aren't majority populations because the notion of professionalism is built in a majority context** and so it would not be considered professional for me necessarily to call a shelter and say "I have a person and here's my scenario, um, can you provide some kind of accommodation for this person", who is again like maybe MtoF and wants to go to a women's shelter, you know "what can we do to problem solve this person who wants to come to your shelter but technically has male genitalia, talk to me about that". Um obviously it would be better to have that conversation before I have a person sitting in my office, but when that persons sitting in my office it might not be considered professional for me to do that, you know, when working with college students part of my job is to help them advocate for themselves. There are times when you need to advocate for them. and **I think with queer populations sometimes that's a place where, yeah," I know I need to, I need to clear that path and make that space"** because although yes, I identify similarly or I identify within sort of the community space, it's not about me so like I can take that hit if I call and somebody is crappy, I'm not, the vulnerability isn't mine because I'm not homeless, so yeah, I have vulnerability but it's different, and so that would be something that would be really important to do, but that might not be considered professional. **Sharing a personal story might not be considered professional, but when I come out to a student I do that with intention of creating a comfortable safe space.** um I don't come out to every student I talk to, you know, because that would be about me, but when it's about the student I will do that because it makes sense to do that in that moment because sometimes what they need is to talk to someone who is family and they won't know otherwise[...]and I give permission to students at the [organization] "it's totally fine if you want to tell them in advance. If you want to be like it's cool she's in the fam." there's a couple staff that are more likely to walk students over here and I've given them permission. And I'm like "go for it if you think that's going to help get them here to get services". **Again not a "professional" thing quote unquote you know[....] this is a very personal thing about myself that I give people free reign to share because sometimes that's exactly what that person needs to hear in order to get what they need.**

-- Service Provider

I think for me, and that's kind of our philosophy, any information I have I'm going to share that with somebody I'm working with I'm going to be upfront and honest and ultimately they get to make the decision of whether or not. **If I know some places have had discriminatory behavior in the past I'm going to make sure whoever I'm working with knows that too. You know. I feel like they have a right to know upfront.**

--Service Provider

### **(3.) Provide Emotional and Social Support**

There's a lot of situations that people get into that they are not expecting to be homeless, just like I just got kicked out of my parents' house. **I think one really good thing is being able to provide other resources other than just housing or anything like that, you know. If you need somebody to talk to or stuff like that having that available would probably go a long way.** Participant 26-30

**It may be intimidating or scary for some LGBT people that are out here all on their own trying to make it in the world, get back on their feet, do what they're trying to do...so** other than kinda just trying hard to respect and understand their needs as well as provide them good service, and hospitality.

--Participant 26-30

Everyone's situation is different, everyone's identities and how that relates to their life is different so again taking off those biases, those glasses, but knowing LGBTQ youth have a lot of the times more issues I guess going on, they really do, but not always which is the hard part, so like **mental health issues or feelings of abandonment or um looking for a secure place or community and friends um the inability to trust especially like once they come out, so I mean for service providers it might seem like "oh it will be fine", but on the clients part everything that is said that might affect them negatively like they are hyper aware of what's being said to them, what's being said of them, of me, you know so it's not that I'm being overly sensitive it's just that a little bit of knowledge a little bit of respect and some better use of language goes a long way.** And, more professionalism, like I deserve the same amount of professionalism that everyone else does, but because I seem like a needy sad project or helpless hopeless sad lost person like, I still don't want you to give me a hug. It's still not appropriate, you know. No, I don't want your phone number and you to tell me to give you a call if I ever need a place to stay. **It's like still having those boundaries because a lot of the time like for me as a LGBTQ youth that's experienced homeless I need to be shown those boundaries so I know what those boundaries are.**

--Participant 21-25

The resources that I did find I was surprised that I found them. Before back in July I was at a really low point because my parents had decided that they really didn't want a transgender daughter and that they wanted basically nothing to do with me my while I was living with them and um I ended up trying to kill myself and I ended up getting ambulated and taken to the hospital and I spent some time up there and they decided they didn't want me anymore and that would be the end of it and that's where [service provider] kinda picked me up so it's been kind of...um. At that point, once, after having gone through that experience was when I found resources. before that **I was kind of just going on my own because I didn't believe that there were any other trans people in the area and I didn't believe that there was support or people who cared. I couldn't find practically anyone around here who could do anything and the second I got out of that situation I discovered that those people existed and I was just looking in the wrong places** so it was kind of weird that they weren't more expressive that they existed.

--Participant 18-20

## Limitations

I did not have race variable in the demographic survey. I expected findings to mirror results found in national studies that suggest people of color face higher rates of homelessness, but due to limited network contacts and expected low number of interviewees, I suspected to not be able to make any real claims of racial differences between respondents. In retrospect, I realize that simply collecting the data is important and any data that can be used to add to the fullness of the picture of people's experiences is important. That was an oversight and poorly thought out decision on my part. I know four of the 22 interviewees identified with groups other than white, either from knowing them in different contexts or from their referencing their race and cultural identities in the interview itself.

While my analysis sought to include and be intentional about having an understanding of intersectionality to center upon, the majority of my analysis has still centered people's narratives through the lens of LGBTQ+ identities and does not provide enough analysis into the ways that multiple identities are impacting people. This sample is mostly white and may not be able to speak strongly enough to the ways that race impacts people's experience. Participants for my study meet at the intersection of experiencing homelessness and identifying as LGBTQ+, but they also undoubtedly have other identities that I did not center upon in my work here.

The best practices guide outlined is a step in the right direction for understanding the experiences of LGBTQ+ people in our community accessing services. There are many people who likely were not able to participate due to enhanced barriers, and my study, because of IRB limitations was unable to involve speakers of languages other than English or anyone under 18. Additionally, my reach into this population was dictated largely by my social network and key contacts involved in the study. I also faced time and resource constraints myself, given the timeline for completion of my program and course load.

I am limited in my time available for analyses, and so I have not been able to report on the email or online survey responses I have received, though the responses were taken into account in the larger process. I am unable to comment on it here besides to thank those that participated in that portion.

## Conclusion

It is with deep respect and honor that I share these quotes. It is also with great pain and sadness that I report experiences of rejection, humiliation, and denial of basic care. I have been immensely privileged to speak with so many people and have been humbled by people's willingness to offer their experience in the hopes of making accessing services better in the future.

There is a lot of excellent work being done in Oregon and I hope this report can serve to offer a human experience with the real words of participants. I hope it can be one part of a bigger puzzle in the efforts to ensure better quality of life and well-being for LGBTQ+ people in Oregon. There is a lot of backlash and constant dehumanizing of people inhabiting marginalized identities especially transgender people, people of color, and people experiencing houselessness. I ask that their perspectives and voices be centered in these conversations and debates and that everyone actively work against the constant dehumanizing portrayals and narratives around people of any marginalized identity.

I hope I was able to articulate some of the processes that contribute to structural violence, social exclusion, and the social construction of populations. Social construction framework allows us to see opportunities for each person to contribute toward public debate, activism, protest, policy making, internal self-reflection, and interactions within our social groups that resist dominant narratives surrounding marginalized identities and to advocate for social change. It is my intention to highlight the agency and resilience of the people who participated in my study. I would also like to highlight the important agency that you, the reader, have to be an important and supportive person in the life of LGBTQ+ people, of trans people, especially youth.

The risks I highlight for LGBTQ+ people require extra attention and care. For many, suicide is an option that never gets fully taken off the table. Kindness, attention, care, and respect need to become a constant normal for LGBTQ+ people, especially trans people, people of color, and those experiencing houselessness. I hope to shift our frame of research and policy-making from "for" a particular group to "with" a particular group, centering on their voices and lived experiences and moving in directions that are most important and meaningful for them.

## Bibliography

- American Psychological Association (2012). "Guidelines for psychological practice with lesbian, gay, and bisexual clients" *American psychologist* 67(1): 10-42.
- Andersen, M. L., Collins, P. H. 2013. *Race, class, and gender: An anthology*. Belmont, CA: Wadsworth Pub. Co.
- Basic Rights Education Fund (2011). Know Your Rights: Gender Identity, Gender Expression & Trans Oregonians' Rights. Retrieved from: <http://www.basicrights.org/wp-content/uploads/2011/09/Know-Your-Rights-2011.pdf>
- Berberet, Heather M. 2006. "Putting the pieces together for queer youth: a model of integrated assessment of need and program planning." *Child welfare* LXXXV (2): 361-384.
- Bernard, H. R. (1998). Text Analysis:Qualitative and Quantitative Methods. In H. Bernard, Billitteri, Thomas J. 2013 "Homeless students." *Cq researcher* 23(13):306-327.
- Burt, Martha R. 2007. "Understanding homeless youth: numbers, characteristics, multisystem involvement, and intervention options" Testimony June 19th before the U.S. House Committee on Ways and Means Subcommittee on Income Security and Family Support.
- Burtle, A. (2013). What is Structural Violence. Retrieved from <http://www.structuralviolence.org/structural-violence/>
- Cauce AM, Paradise M, Embry L, et al. Homeless youth in Seattle: youth characteristics, mental health needs, and intensive case management. In: Epstein M, Kutash K, Duchnowski A, eds. *Outcomes for children and youth with emotional and behavioral disorders and their families: programs and evaluation best practices*. Austin TX, 1998:611– 632.
- Cho, S., Crenshaw, K., & Mccall, L. (2013). Toward a Field of Intersectionality Studies: Theory, Applications, and Praxis. *Signs*, 38(4), 785-810.
- Community Services Consortium. 2012. "A collaborative plan to end homelessness in Linn, Benton, and Lincoln Counties."
- Cray, Andrew, Katie Miller, and Laura E. Durso (2013). *Seeking Shelter: The Unmet Needs of LGBT Homeless Youth*. Washington, D.C., Center for American Progress.
- Crenshaw, K. (1991). Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color. *Stanford Law Review*, 43(6), 1241-1299.
- DeCrescenzo, T., & Mallon, Gerald P. (2002). *Serving transgender youth: The role of child welfare systems: Proceedings of a colloquium, September 2000*. Washington, DC: Child Welfare League of America.
- Durso, L.E., & Gates, G.J. (2012). *Serving Our Youth: Findings from a National Survey of Service Providers Working with Lesbian, Gay, Bisexual, and Transgender Youth who are*

- Homeless or At Risk of Becoming Homeless. Los Angeles: The Williams Institute with True Colors Fund and The Palette Fund.
- Edidin, Jennifer P., Zoe Ganim, Scott J Hunter, Niranjan S. Karnik. 2011 "The mental and physical health of homeless youth: a literature review." *Child psychiatry and human development* 43:354-375.
- Edwards, Mark E., Melissa Torgerson, Jennifer Sattem. 2009. "Paradoxes of providing rural social services: the case of homeless youth" *Rural Sociology* 74(3): 330-355.
- Fair Housing Council of Oregon (2007, March). A Guide to Fair Housing for Shelter and Transitional Housing Providers. Retrieved from: <http://www.fhco.org/pdfs/ShelterGuide.pdf>
- Farnsworth, L. (2014). An assessment of intrapersonal and interpersonal resilience factors among trans people a literature review and quantitative investigation. Corvallis, Or.: Oregon State University.
- Fish, J. (2010). Conceptualising social exclusion and lesbian, gay, bisexual, and transgender people: The implications for promoting equity in nursing policy and practice. *Journal of Research in Nursing*, 15(4), 303-312.
- Fitchen, Janet M. 1992 "On the edge of homelessness: rural poverty and housing insecurity" *Rural sociology* 57(2): 173-195.
- Frazer, M.S. & Pruden, H. (2010). Reclaiming our voice: two spirit health & human service needs in New York State. NYS DOH AIDS Institute: Albany, NY.
- Gates, Gary. (2014). Identifying and Serving LGBTQ Youth: Case Studies of Runaway and Homeless Youth Program Grantees. 43539.
- Glaser, B. G. (1967). *The Discovery of Grounded Theory: Strategies for qualitative research*.
- Gold, Deborah. 2005. *Sexual Exclusion: issues and best practice in lesbian, gay and bisexual*
- Gragg, Rod A. (2012, October 01). Working with sexual minority youth: Coming out.(Focus on LGBT Youth). *The Brown University Child and Adolescent Behavior Letter*, p. 1.
- Grant J.M., Mottet, L.A., Tanis, J. (2011) *Injustice At Every Turn: A Report of the National Transgender Discrimination Survey*. Retrieved from: [http://www.thetaskforce.org/static\\_html/downloads/reports/reports/ntds\\_full.pdf](http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf)
- Guest, G. M. (2012). *Applied Thematic Analysis*. Thousand Oaks, CA: Sage Publications, Inc
- Hall, Bill, Tom Hatley. 2008. "A ten-year housing plan for Lincoln county: report to the community with special focus on chronic homelessness".
- Handbook of Methods of Cultural Anthropology* (pp. 595-646). Altamira Press.
- Hjemdal, O., Friborg, O., Braun, S., Kempnaers, C., Linkowski, P., & Fossion, P. (2011). The Resiliency Scale for Adults: Construct validity and measurement in a Belgian sample. *International Journal of Testing*, 11, 53-70

- Hyde, Justeen. 2005. "From home to street: understanding young people's transitions into homelessness" *Journal of adolescence* 28: 171-183.
- Ingram, H., Schneider, A., & Deleon, P. (2007). *Social Construction and Policy and Design*. In Sabatier, P. (1999). *Theories of the policy process* (Theoretical lenses on public policy). Boulder, Colo.: Westview Press.
- Jacobs, Jill, Madelyn Freundlich. 2006. "Achieving permanency for LGBTQ youth." *Child welfare* LXXXV (2): 299-315.
- Lambda Legal, National Alliance to End Homelessness, National Network for Youth, and National Center for Lesbian Rights. 2009. "National Recommended Best Practices for Serving LGBT Homeless Youth." New York: Lambda Legal
- Maher, F., & Tetreault, Mary Kay Thompson. (1994). *The feminist classroom*. New York, NY: BasicBooks.
- Mallon, G. P. (2001). *Lesbian and gay youth issues: A practical guide for youth workers*. Washington, DC: CWLA Press.
- Meyer, I., & Cooper, Harris. (2003). Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence. *Psychological Bulletin*, 129(5), 674-697.
- Meyer, I., & Northridge, Mary E. (2007). *The health of sexual minorities public health perspectives on lesbian, gay, bisexual, and transgender populations*. New York: Springer. Chapter: Globalization, Structural Violence, and LGBT Health: A Cross-Cultural Perspective Mark B. Padilla, Ernesto Vásquez del Aguila, and Richard G. Parker
- Morrow, D. (2004). Social work practice with gay, lesbian, bisexual, and transgender adolescents. *Families In Society-The Journal Of Contemporary Human Services*, 85(1), 91-99.
- Mottet, L., & Ohle, J. (2003). *Transitioning Our Shelters: A Guide to Making Homeless Shelters Safe for Transgender People*. New York: The National Coalition for the Homeless and the National Gay and Lesbian Task Force Policy Institute. Retrieved from: <http://srp.org/wp-content/uploads/2012/08/TransitioningOurShelters.pdf>
- National Center for Transgender Equality (2012). *A Blueprint for Equality: Housing and Homelessness* Retrieved from [http://transequality.org/sites/default/files/docs/resources/NCTE\\_Blueprint\\_for\\_Equalit y2012\\_Housing.pdf](http://transequality.org/sites/default/files/docs/resources/NCTE_Blueprint_for_Equalit y2012_Housing.pdf)
- National Center for Transgender Equality (2012, March). *Know Your Rights: Fair Housing and Transgender People*. Retrieved from: [http://transequality.org/sites/default/files/docs/kyr/FairHousing\\_March2012.pdf](http://transequality.org/sites/default/files/docs/kyr/FairHousing_March2012.pdf)
- National Indian Child Welfare Association (NICWA) (2013). *Standards of care for lesbian, gay, bisexual, transgender, questioning, intersex, and two-spirit American Indian/Alaska Native*. A Newsletter for System of Care Communities in Indian Country, 10.

- National Youth Advocacy Coalition, "Nationally Recommended Best Practices for Serving LGBT Homeless Youth."
- New York State Department of Health. 2011. Transitioning HIV-Infected Adolescents into Adult Care: HIV Clinical Guidelines and Best Practices from New York State. New York: New York State Department of Health AIDS Institute.
- Nolan, Theresa C. 2006, "Outcomes for a Transitional Living Program Serving LGBTQ Youth in New York City" *Child welfare* LXXXV (2): 385-406.
- Perone, A. (2014). The social construction of mental illness for lesbian, gay, bisexual, and transgender persons in the United States. *Qualitative Social Work*, 13(6), 766-771.
- Perry, J. Rhodes, and Eli R. Green. 2014. *Safe & Respected: Policy, Best Practices, & Guidance for Serving Transgender & Gender Non-Conforming Children and Youth Involved in the Child Welfare, Detention, and Juvenile Justice Systems*. New York: New York City Administration for Children's Services.
- PFLAG Portland Black Chapter and The Urban League of Portland (2012) *Lift Every Voice: The Black LGBTQ Oregonian Experience*. Retrieved from: <http://www.basicrights.org/wp-content/uploads/2012/12/Urban-League-Issue-Brief-4.pdf>
- Poirier, J.M. (2015). *Improving policies and practices for LGBTQ children and youth: A strategic planning tool*. Washington, DC: American Institutes for Research. Retrieved from: [http://www.tapartnership.org/docs/LGBT\\_Improved\\_Support\\_Tool.pdf](http://www.tapartnership.org/docs/LGBT_Improved_Support_Tool.pdf)
- Poirier, J. M., Francis, K. B., Fisher, S. K., Williams, Washington, K., Goode, T. D., & Jackson, V. H. (2008). *Practice Brief 1: Providing Services and Supports for Youth Who Are Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, or Two-Spirit*. Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development.
- Ray, Nicholas. 2006 "Lesbian, gay, bisexual and transgender youth: an epidemic of homelessness." New York: national gay and lesbian task force policy institute and the national coalition for the homeless ():16.
- Rivers, I. (2000). Social Exclusion, Absenteeism and Sexual Minority Youth. *Support for Learning*, 15(1), 13-18.
- Rosario, Margaret, Eric W. Schrimshaw, Joyce Hunter. 2012 "Homelessness among lesbian, gay, and bisexual youth: implications for subsequent internalizing and externalizing symptoms." *Journal of youth and adolescence* 41(5): 544-560.
- Ryan, C. (2009) "LGBT youth: Health concerns, services and care," *Serving Youth in Out of Home Care: CWLA Best Practices Guidelines*.
- Sears, Brad; Hasenbush, Amira; & Mallory, Christy. (2015). *Discrimination and Harassment by Law Enforcement Officers in the LGBT Community*. Los Angeles, CA: The Williams Institute.
- Sexual Minority Assessment Research Team. "Best Practices for Asking about Sexual Orientation on Surveys." Los Angeles, CA: Williams Institute, 2009.

- Sherriff, N., Hamilton, W., Wigmore, S., & Giambone, B. (2011). "What do you say to them?" investigating and supporting the needs of lesbian, gay, bisexual, trans, and questioning (LGBTQ) young people. *Journal of Community Psychology*, 39(8), 939-955.
- Slesnick, Natasha, Pushpanjali Dashora, Amber Letcher, Gizem Erdem, Julianne Serovich. 2009. "A review of services and interventions for runaway and homeless youth: moving forward." *Children and youth services review* 31: 732-742.
- Spicer, S. (2010). Healthcare Needs of the Transgender Homeless Population. *Journal of Gay & Lesbian Mental Health*, 14(4), 320-339.
- Stewart, M., Reutter, L., Letourneau, N., Makwarimba, E., & Hungler, K. (2010). Supporting Homeless Youth: Perspectives and Preferences. *Journal of Poverty*, 14(2), 145-165.
- Sullivan, Colleen et al., (2001) Lambda Legal Defense & Education Fund, Youth in the Margins: A report on the unmet needs of lesbian, gay, bisexual, and transgender adolescents in foster care. 13-14.
- Takacs, David. (2002). Positionality, epistemology, and social justice in the classroom. *Social Justice*, 29(4), 168.
- Takács, J. (2006). Social exclusion of young lesbian, gay, bisexual and transgender (LGBT) people in Europe. Brussels: ILGA/IGLYO.
- Technical Assistance Partnership for Child and Family Mental Health. (n.d.) Lesbian, gay, bisexual, transgender, questioning, intersex, or two-spirit learning community. Retrieved from <http://www.tapartnership.org/COP/CLC/lgbtqi2s.php>
- The GenIUSS Group. (2014). Best Practices for Asking Questions to Identify Transgender and Other Gender Minority Respondents on Population-Based Surveys. J.L. Herman (Ed.). Los Angeles, CA: The Williams Institute.
- The Tribal Equity Toolkit: Tribal Resolutions and Codes to Support Two Spirit & LGBT Justice in Indian Country. (n.d.) Retrieved from <https://graduate.lclark.edu/live/files/12737-tribal-equity-toolkit>
- Urban Institute (2015). Surviving the Streets of New York Experiences of LGBTQ Youth, YMSM, and YWSW Engaged in Survival Sex.
- Wagner, Linda. (2014). Creating safer spaces for LGBTQ students. (lesbian, gay, bisexual, transgender, questioning). *Leadership*, 43(5), 18.
- Wagaman, M. Alex (2014) Understanding Service Experiences of LGBTQ Young People Through an Intersectional Lens, *Journal of Gay & Lesbian Social Services*, 26:1, 111-145.
- Welsh Government Social Research (2014). Barriers Faced by Lesbian, Gay, Bisexual and Transgender People in Accessing Domestic Abuse, Stalking and Harassment, and Sexual Violence Services.
- Wilber, Ryan, and Marksamer, "Best Practice Guidelines: Serving LGBT Youth in Out-of-Home Care."

- Wilber, S. (2013) "Guidelines for Managing Information Related to the Sexual Orientation and Gender Identity and Expression of Children in Child Welfare Systems." Oakland, CA: Putting Pride into Practice Project, Family Builders by Adoption.
- Wilber, Shannon, Caitlin Ryan, and Jody Marksamer. (2006). Best Practice: Guidelines Serving LGBT Youth in Out-of-Home Care. Washington, DC: Child Welfare League of America Inc.
- Woronoff, Rob, Rudy Estrada. (2006). "Regional listening forums: an examination of the methodologies used by the child welfare league of America and lambda legal to highlight the experiences of LGBTQ youth in care." Child welfare LXXXV(2): 341-360.
- Zimmer, Joan. (2009). "A ten-year plan to address issues surrounding housing and homelessness in Benton County Oregon."

## Appendix 1. Best Practices Guides Published Prior to Study

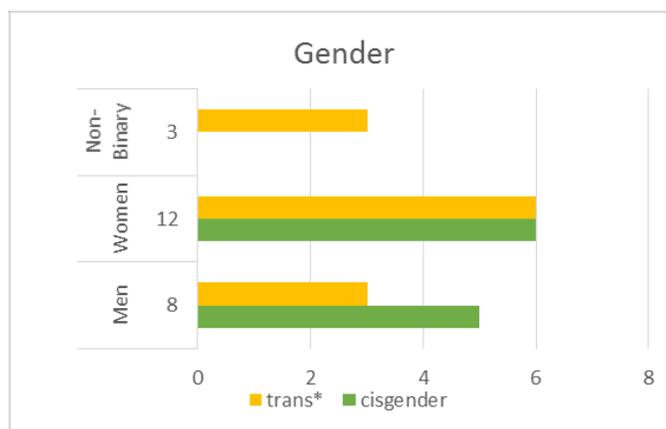
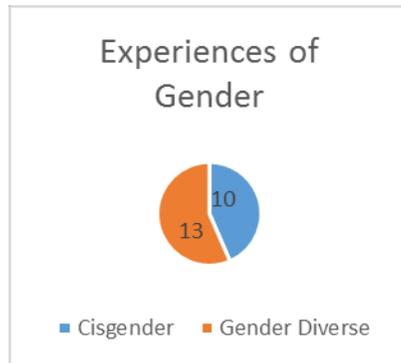
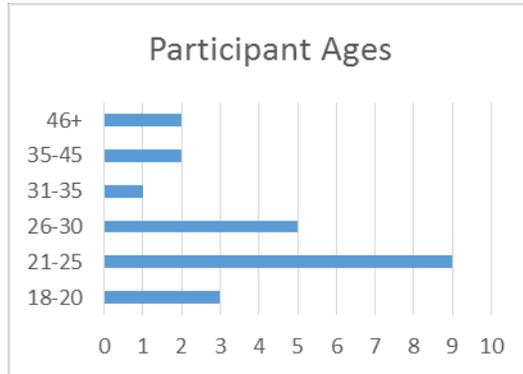
| Year | Title   | Authors & Organization   |
|------|---|--|
| 1998 | Homeless youth in Seattle: youth characteristics, mental health needs, and intensive case management.   | Cauce AM, Paradise M, Embry L, et al   |
| 2000 | Serving transgender youth: The role of child welfare systems: Proceedings of a colloquium   | Child Welfare League of America: DeCrescenzo, T., & Mallon, Gerald P   |
| 2001 | Lambda Legal Defense & Education Fund, Youth in the Margins: A report on the unmet needs of lesbian, gay, bisexual, and transgender adolescents in foster care.                     | Colleen Sullivan et al   |
| 2004 | Social work practice with gay, lesbian, bisexual, and transgender adolescents.  | Morrow, D.   |
| 2006 | Achieving permanency for LGBTQ youth  | Jacobs, Jill, Madelyn Freundlich   |
| 2006 | Outcomes for a Transitional Living Program Serving LGBTQ Youth in New York City   | Nolan, Theresa C.  |
| 2006 | Best Practice Guidelines: Serving LGBT Youth in Out-of-Home Care  | Child Welfare League of America: Wilber, Ryan, and Marksamer   |
| 2006 | Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients   | Gay and Lesbian Medical Association  |
| 2009 | National Recommended Best Practices for Serving LGBT Homeless Youth   | Lambda Legal   |
| 2009 | Nationally Recommended Best Practices for Serving LGBT Homeless Youth   | National Youth Advocacy Coalition  |
| 2010 | Reclaiming our voice: two spirit health & human service needs in New York State   | Frazer, M.S. & Pruden, H   |
| 2010 | Healthcare Needs of the Transgender Homeless Population   | Spicer, S  |
| 2011 | Transitioning HIV-Infected Adolescents into Adult Care: HIV Clinical Guidelines and Best Practices  | New York State Department of Health AIDS Institute.  |
| 2011 | “What do you say to them?” investigating and supporting the needs of lesbian, gay, bisexual, trans, and questioning (LGBTQ) young people  | Sherriff, N., Hamilton, W., Wigmore, S., & Giambone, B   |
| 2012 | “Guidelines for psychological practice with lesbian, gay, and bisexual clients  | American Psychological Association   |
| 2012 | Serving Our Youth: Findings from a National Survey of Service Providers Working with Lesbian, Gay, Bisexual, and Transgender Youth who are Homeless or At Risk of Becoming Homeless | The Williams Institute with True Colors Fund and The Palette Fund: Durso, L.E., & Gates, G.J.  |
| 2012 | Top Health Issues for LGBT Populations: Information & Resource Kit  | SAMSA: Substance Abuse and Mental Health Administration  |
| 2012 | Improving the Health Care of Lesbian, Gay, Bisexual, Transgender People: Understanding and Eliminating Health Disparities   | The National LGBT Health Education Center, The Fenway Institute, Brigham and Women’s Hospital, and Harvard Medical School: Ard L., Kevein & Makadon, J. Harvey |

## Appendix 2. Best Practices Guides Published During Study

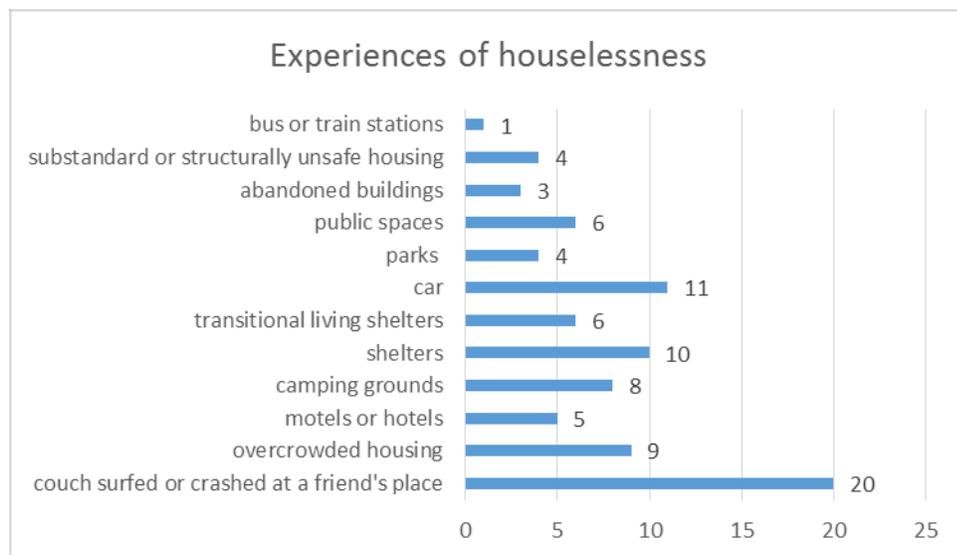
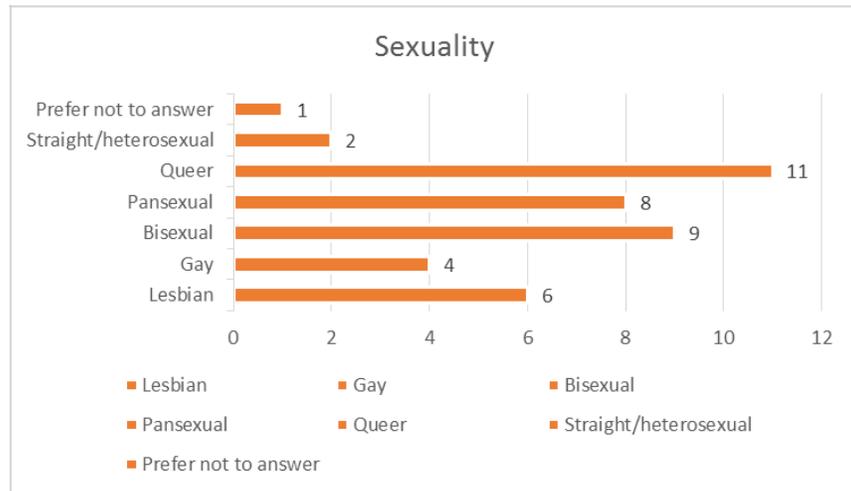
| Year | Title   | Authors & Organization   |
|------|---|--|
| 2013 | Seeking Shelter: The Unmet Needs of LGBT Homeless Youth   | Center for American Progress: Cray, Andrew, Katie Miller, and Laura E. Durso             |
| 2013 | Standards of care for lesbian, gay, bisexual, transgender, questioning, intersex, and two-spirit American Indian/Alaska Native  | National Indian Child Welfare Association (NICWA)  |
| 2013 | Discrimination against Law Enforcement Officers on the Basis of Sexual Orientation and Gender Identity  | UCLA: The Williams Institute: Sears, Brad; Hasenbush, Amira; & Mallory, Christy.         |
| 2013 | Guidelines for Managing Information Related to the Sexual Orientation and Gender Identity and Expression of Children in Child Welfare Systems   | Putting Pride Into Practice Project, Family Builders by Adoption: Wilber, S.             |
| 2014 | Identifying and Serving LGBTQ Youth: Case Studies of Runaway and Homeless Youth Program Grantees  | Gates, Gary  |
| 2014 | Understanding Service Experiences of LGBTQ Young People Through an Intersectional Lens  | M. Alex Wagaman  |
| 2014 | Safe & Respected: Policy, Best Practices, & Guidance for Serving Transgender & Gender Non-Conforming Children and Youth Involved in the Child Welfare, Detention, and Juvenile Justice Systems. | New York City Administration for Children's Services: Perry, J. Rhodes, and Eli R. Green |
| 2014 | Best Practices for Asking Questions to Identify Transgender and Other Gender Minority Respondents on Population-Based Surveys.  | The Williams Institute: The GenIUSS Group  |
| 2014 | Creating safer spaces for LGBTQ students.(lesbian, gay, bisexual, transgender, questioning)   | Wagner, Linda  |
| 2014 | Barriers Faced by Lesbian, Gay, Bisexual and Transgender People in Accessing Domestic Abuse, Stalking and Harassment, and Sexual Violence Services  | Welsh Government Social Research   |
| 2015 | Surviving the Streets of New York Experiences of LGBTQ Youth, YMSM, and YWSW Engaged in Survival Sex  | Urban Institute  |

### Appendix 3. Participant Demographic Summary

\*Where the number of total people does not equal 25, there was information missing from the paper survey as participants declined to indicate and answer.



## Participant Demographic Summary (continued)



## Appendix 4. Lambda Legal & CWLA Best Practices Summary

Lambda Legal (2009) Identifies six overarching best practices for service providers:

1. Treat LGBT Youth Respectfully and Ensure Their Safety
2. Appropriately address LGBT identity during intake process
3. Support Access to Education, Medical Care, and Mental Health Care
4. Support Transgender and Gender- Nonconforming Youth Participants
5. Inform LGBT Youth Participants about Local LGBT Programs and Services.
6. Keep LGBT Youth Safe in Shelters and Other Residential Services

They also identify seven overarching best practices at the institutional level:

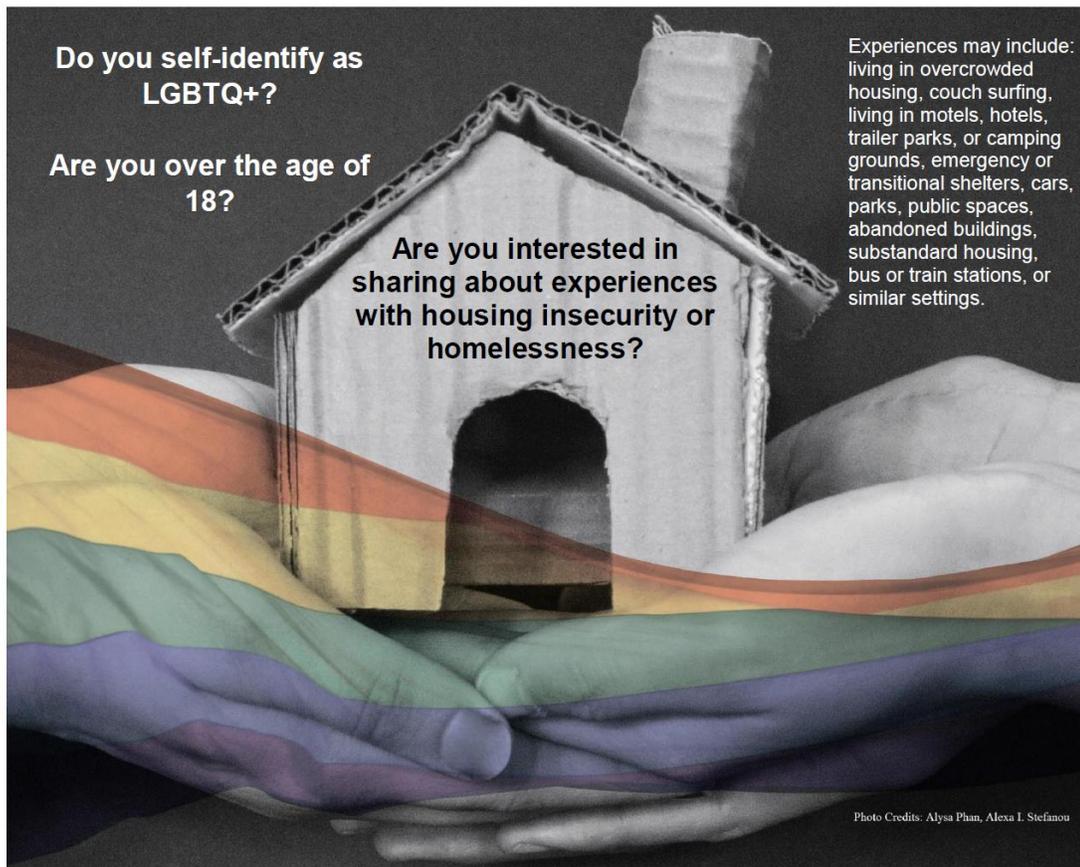
1. Create a Safe and Inclusive Environment and Programmatic Culture
2. Adopt and Implement Written Nondiscrimination Policies
3. Adopt Confidentiality Policies
4. Provide LGBT Competency Training to All Agency Employees and Volunteers
5. Establish Sound Recruitment and Hiring Practices
6. Develop Agency Connections to LGBT Organizations and the LGBT Community and
7. Collect and Evaluate Data.

At the policy level, suggestions from *Out of the Margins* (2006) begin with “first and foremost, acknowledge the existence of LGBTQ youth within their systems and their responsibility to address the needs of these young people.” (10). Detailed suggestions under each topic can be found in the *Out of the Margins* (2006) report. The policy level recommendations are:

- Issue Statewide Nondiscrimination Policies and Practice Standards
- Mandate Training and Competency on LGBTQ Issues that Explicitly Address Issues Faced by LGBTQ Youth and Gender Identity Issues for Child Welfare Staff, Foster Parents, Shelter Care System Staff, School Staff, and Caregivers.
- Create and Distribute a Statewide Directory of Resources for LGBTQ Youth
- Appoint an Ombudsperson to Address LGBTQ Issues and Concerns
- Advocate for Fair Treatment of LGBTQ Youth in Their Housing and Places of Employment
- Advocate Against Bias
- Adopt Policies and Protocols that:
  - Ensure that LGBTQ Youth Receive Bias-Free Care
  - Ensure the Safety of LGBTQ Youth, Homeless Youth, LGBTQ Foster Youth in Schools
  - Specifically Addressing Transgender Issues Including:
    - Adopting Policies and Protocols Against Anti-transgender Practices and Abuse
    - Ensuring Sensitive and Competent Medical Care of Transgender Youth
    - Supporting a Transgender Youth’s Gender Identity and Expression Through Name, Pronoun, and Attire Choices
    - Encourage Staff to Serve as Role Models and Advocates for Transgender Youth
  - Specifically Foster Connection and Networks of Support
    - Protocols to Ensure that Resources Are Developed and Disseminated Throughout the State

- Policies and Protocols that Foster Community Connections
- Support Statewide Coalitions Between Rural and Urban LGBTQ Youth-Serving Agencies
- Reach Out to Affirming Religious Communities
- Facilitate Dialogue and Understanding with Religious Based Services
- Address Safety Concerns
  - Create Welcoming Environments for LGBTQ Youth
  - Designate a Safe Haven (safe placement for LGBTQ+ youth)
  - Develop Safe Shelters for LGBTQ Homeless Youth
  - Identify Appropriate Health Care Professionals
  - Develop Resources for Safe Placements
- Provide Social Support
  - Find and Help Develop Peer Support and Social Groups
  - Create Matches Between Mentors and LGBTQ Youth
  - Recruit and Support Families for LGBTQ Youth
  - Support the Development of Mentoring Services for LGBTQ Youth
  - Safely Preserve or Reunify an LGBTQ Youth With a Family of Origin
  - Assess Whether Prospective Adoptive Families Can Support an LGBTQ Youth
  - Develop Mentoring Programs and Connections to Community Resources
  - Build Collaborations Between Child Welfare and LGBTQ Youth-Serving Agencies
  - Recruit and Support Mentors for LGBTQ Young People
  - Remove Obstacles Preventing LGBTQ Youth from Accessing Support
  - Provide Transportation Assistance to Access Resources
- Provide Information and Education
  - Ensure Access to Sexual Health Education
  - Create and Distribute a List of Community Resources
  - Create and Distribute a Statewide Directory of Resources for LGBTQ Youth

## Appendix 5. Recruitment Flyer

A recruitment flyer with a central image of a house made of cardboard boxes, sitting on a rainbow flag that is being held up by two hands. The background is dark. Text is overlaid on the image.

**Do you self-identify as LGBTQ+?**

**Are you over the age of 18?**

**Are you interested in sharing about experiences with housing insecurity or homelessness?**

Experiences may include: living in overcrowded housing, couch surfing, living in motels, hotels, trailer parks, or camping grounds, emergency or transitional shelters, cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.

Photo Credits: Alysa Phan, Alexa I. Stefanou

### **If so, please participate in my research study!**

**Call or text (541) 257-5676 or email [oregonlgbtqstudy@gmail.com](mailto:oregonlgbtqstudy@gmail.com) to schedule an in-person or phone interview**

**Interviews should take approximately 30 minutes.**

**For your time, you will be given a \$10 gift certificate to a local retailer such as Starbucks, Fred Meyer, or Safeway.**

**Study Dates: November, 2014- February, 2015**

This is a research study aimed at (1) Identifying current services for the LGBTQ+ homeless population and (2) examining the experiences of LGBTQ+ young adults in accessing those services. The research entitled "Needs Assessment of LGBTQ+ Homeless Young Adults along the I-5 Corridor in Oregon" is sponsored by OSU School of Public Policy and the OSU SPP Policy Analysis Laboratory (OPAL) with support of Community Outreach INC. For questions about the research, Contact Principal Investigator, Dr. Mark Edwards at [MEdwards@oregonstate.edu](mailto:MEdwards@oregonstate.edu).

To preview questions and informed consent document, visit us at <https://www.facebook.com/oregonlgbtqstudy>

## Appendix 6. Paper Survey

It is important for us to be able to describe who we gathered information from in order to support our results and suggestions. This information will not be connected to your answers or used to identify you in any way. We simply want to be able to report some basic information (how many people participated, the age range, etc.) when we put together the responses. This is to get a sense of what perspectives we have represented in this survey data.

Please answer the following demographic questions.

Please enter your:

Age

Zip Code

City

State

With regards to gender do you use any of the following to describe yourself? (check all that apply)

- Male
- Female
- Intersex
- Two-Spirit
- Genderqueer
- Transgender
- Trans\*
- Male to Female (MTF)
- Female to Male (FTM)
- 3<sup>rd</sup> Gender
- Non-identified
- Other: fill in
- Prefer not to answer

4. With regards to sexuality do you use any of the following to describe yourself?

- Lesbian
- Gay
- Bisexual
- Pansexual
- Queer
- Questioning
- Asexual
- Straight/heterosexual
- Other: fill in
- Prefer not to answer

5. How much education have you completed?

- Some high school
- High School
- Some College
- College Graduate
- Some post graduate
- Graduate Degree

Please check all statements that apply to you:

- I specifically work with LGBTQ+ individuals as a service provider, educator, or community member (volunteer, youth group, PFLAG, religious organizations, etc.).
- I specifically work with people experiencing housing insecurity or homelessness as a service provider, educator, or community member (volunteer, community groups, religious organizations, etc.).
- I have close friends who identify as LGBTQ+
- I have family members who identify as LGBTQ+
- I have an intimate partner who identifies as LGBTQ+

What organization(s) do you work for or are you affiliated with? Only answer if you are comfortable. This is to get a sense of what perspectives we have represented in this survey data. Your responses will not be linked to your organization and your organization will not be listed by name in our final report.

Optional: Enter In

We are interested in your experiences with homelessness and housing insecurity.

Oregon's Ending Homeless Advisory Council (EHAC) adopted the definition of "homelessness" as being without a decent, safe, stable, and permanent place to live that is fit for human habitation.

Please indicate the experiences you have had due to homelessness: (check all that apply)

- couch surfed or crashed at a friend's place
- shared housing in overcrowded situations
- lived in motels or hotels
- lived in camping grounds
- lived in houseless shelters
- lived in transitional living shelters
- lived out of a car
- lived in parks
- lived in public spaces
- lived in abandoned buildings
- lived in substandard or structurally unsafe housing
- lived in bus or train stations
- other: fill in additional experiences not previously listed
- I have not experienced any of the above and have not experienced housing insecurity or houselessness.

What were the things that happened that caused you to be houseless or experience housing insecurity? (check all that apply)

- personal safety concerns
- physical injury or health problems
- loss of a job
- a financial crisis
- not being able to pay rent or other bills
- being kicked out of your parent's, relatives, or friend's home
- being evicted by landlord
- being discharged from a shelter or hospital without a place to go
- other: fill in additional experiences not previously listed

## Appendix 7. Glossary of Terms

Part One Taken from National Recommended Best Practices for Serving LGBTQ Homeless Youth (2009) by Lambda Legal (p. 15-16)

**Bisexual:** a person who is emotionally, romantically, and sexually attracted to both men and women.

**Coming out:** the process of disclosing one’s sexual orientation or gender identity to others.

Because most people in our society are presumed to be heterosexual, coming out is not a discrete event, but a lifelong process. Heterosexual family members or allies of LGBT persons also experience “coming out” when they disclose to others that they have friends or relatives who are LGBT.

**Gay:** a person whose emotional, romantic, and sexual attractions are primarily for individuals of the same sex, typically in reference to men. In some contexts, still used as a general term for gay men and lesbians.

**Gender expression:** a person’s expression of his or her gender identity (see below), including characteristics and behaviors such as appearance, dress, mannerisms, speech patterns, and social interactions.

**Gender identity:** a person’s internal, deeply felt sense of being male or female, or something other, or in-between. Everyone has a gender identity.

**Gender identity disorder (GID):** a strong, persistent desire to be the opposite sex, as well as persistent discomfort about one’s anatomical sex or a sense of inappropriateness in the gender role corresponding to one’s anatomical sex. GID is a diagnosable medical condition found in the *Diagnostic and Statistical Manual (DSM)*.

**Gender-nonconforming:** having or being perceived to have gender characteristics and/or behaviors that do not conform to traditional or societal expectations. Gender-nonconforming people may or may not identify as LGBT.

**Genderqueer:** a term of self-identification for people who do not identify with the restrictive and binary terms that have traditionally described gender identity (for instance, male or female only). Also see *gender-nonconforming*, *queer*, and *transgender*.

**Heteronormativity:** a belief system that assumes heterosexuality is normal and that all people are heterosexual.

**Heterosexism:** a belief system that assumes that heterosexuality is inherently preferable and superior to other forms of sexual orientation.

**Heterosexual:** a person whose emotional, romantic, and sexual attractions are primarily for individuals of a different sex. Sometimes referred to as straight.

**Homophobia:** fear, hatred of, aversion to, or discrimination against: homosexuality, LGBT people, individuals perceived as LGBT, and people associated with LGBT people.

**Homosexual:** a term used to refer to a person based on his or her same-sex sexual orientation, identity, or behavior. Many LGBT people prefer not to use this term—especially as a noun— because of its historically negative use by the medical establishment.

**Intersex:** a term used to refer to an individual born with a reproductive or sexual anatomy

that does not conform exclusively to male or female norms in terms of physiological sex (this may include variations of genetics, genital or reproductive structures, or hormones). According to the Intersex Society of North America (ISNA)—an organization that advocates and educates about intersex concerns—about one in every 2,000 children is born intersex. Many intersex people prefer this term to the historically negative term *hermaphrodite*. An intersex person may or may not identify as LGBT.

**In the closet:** keeping one’s sexual orientation or gender identity secret.

**LGBT:** common acronym for Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning—persons who despite their differences are often discriminated against in similar ways. Sometimes written to include I for Intersex, and/or A for Ally. May also be written as LGBTQ or GLBTQ.

**Lesbian:** a woman whose emotional, romantic, and sexual attractions are primarily for other women.

**Queer:** a historically derogatory term for a gay man, lesbian, or gender-nonconforming person. The term has been widely re-claimed, especially by younger LGBT people, as a positive social and political identity. It is sometimes used as an inclusive, or umbrella, term for all LGBT people. More recently, *queer* has become common as a term of self-identification for people who do not identify with the restrictive and binary terms that have traditionally described sexual orientation (for instance, gay, lesbian, or bisexual only). Some LGBT community members still find *queer* an offensive or problematic term. Also see *genderqueer*.

**Questioning:** an active process in which a person explores his or her own sexual orientation and/or gender identity and questions the cultural assumptions that he or she is heterosexual and/or gender-conforming. Many LGBT people go through this process before “coming out.” Not all people who question their identities end up self-identifying as LGBT.

**“Reparative” or “Conversion” Therapy:** an intervention intended to change an individual’s sexual orientation from homosexual to heterosexual, which is not condoned by the American Academy of Pediatrics, the American Psychiatric Association, or other major professional associations.

**Sexual orientation:** a term describing a person’s emotional, romantic, and sexual attraction, whether it is for members of the same sex or a different sex. More appropriate than “sexual preference.” A person’s sexual orientation may or may not dictate the person’s sexual behavior or actions.

**Straight:** A term often used to identify a person as heterosexual.

**Transgender:** an umbrella term that can be used to describe people whose gender expression is nonconforming and/or whose gender identity is different from their assigned sex at birth.

This term can include transsexuals, genderqueers, cross-dressers, and others whose gender expression varies from traditional gender norms.

**Transition:** the time period when a transgender person starts living as the gender he or she identifies as. Often includes a change in style of dress, selection of new name, a request that people use the correct pronoun, and possibly hormone therapy and/or surgery.

**Transphobia:** fear, hatred of, aversion to, or discrimination against transgender people or people who are gender-nonconforming.

**Transsexual:** a term for someone who transitions from one physical sex to another in order to bring his or her body more in line with his or her innate sense of gender identity. It includes those who were born male but whose gender identity is female, and those who were born female but whose gender identity is male, as well as people who may not clearly identify as either male or female. Transsexual people have the same range of gender identities and gender expression as non-transsexual people. Many transsexual people refer to themselves as transgender.

Part Two Taken from TransActive Gender Center

(<http://www.transactiveonline.org/resources/guides/terminology.php>)

#### TRANSGENDER SPECTRUM-RELATED VOCABULARY, SLANG & TERMINOLOGY

Like any marginalized group, the lives of transgender people are rife with phrases and terms that may not be familiar to non-transgender people. These definitions may help you better understand and communicate in a respectful and accurate way on transgender issues and experiences. An underlined word or phrase designates one for which an accompanying definition is included in this document.

**AFAB/FAAB:** Abbreviation for Assigned Female At Birth or Female Assigned At Birth. Refers to the assigned gender role a person is given at birth. Some transgender people use them in describing their gender history. They are also helpful in avoiding being pinned down to an essentialist narrative about their sex.

**AMAB/MAAB:** Abbreviation for Assigned Male At Birth or Male Assigned At Birth. See above for further definition.

**Affirmed Female:** Someone with a female gender identity, though they were assigned male at birth. This is more accurate and respectful than some alternative descriptors (such as male-to-female) because she is AFFIRMING the gender she knows herself to be, rather than changing from one gender to another.

**Affirmed Male:** Someone with a male gender identity, though they were assigned female at birth. This is more accurate and respectful than some alternative descriptors (such as female-to-male) because he is AFFIRMING the gender he knows himself to be, rather than changing from one gender to another.

**Agender:** Some agender people would define their identity as being neither a man nor a woman while others would define agender as not having any gender.

**Androgyne:** As a gender identity it can overlap with an androgynous gender expression but not always. Androgynes may define their identity in a variety of ways, feeling as if they are between man and woman or a totally separate identity.

**Androgynous:** Having neither a clearly masculine or feminine appearance or blending masculine and feminine.

**Assigned Gender Role:** Our social status as a boy, girl, man or woman – correlated to our birth sex. Includes a shifting set of masculine or feminine stereotypes, behaviors or interests

an individual is expected to conform to. This can be particularly problematic for transgender people.

**Birth Sex/Assigned Sex:** Birth sex is defined exclusively as male, female or intersex. This is most commonly established by a prenatal ultrasound or postnatal external examination at birth, though intersexuality may not be apparent until adolescence or later. **Assigned Sex** refers to a (discredited) medical practice in which an intersex infant with what is subjectively judged to be ambiguous genitalia is surgically altered to conform to a more typical male or female appearance and subsequently expected to live in the gender role associated with their altered genitalia.

**Bigender/Trigender/Pangender:** People who feel they are two, three, or all genders. They may shift between these genders or be all of them at the same time.

**Binarism:** Intolerance towards people who identify outside of the gender binary (man/woman). The belief that man/woman are the only legitimate genders.

**Boi:** A term used in a variety of ways by a variety of communities, though it generally communicates a level of identification with maleness and/or masculinity. However, the versatility of the word means this isn't always the case.

**Blockers/Pubertal Suppression:** Puberty delaying medical interventions (GnRH analogues) designed to relieve the psychological trauma and unwanted physical changes associated with wrong-gender pubertal development in transgender adolescents. The treatment allows transgender youth time to actively participate, via informed consent, in their medical care. Initiated at or after Tanner Stage 2 and often prior to the administration of crosssex hormones (estrogen, progesterone, testosterone, etc.)

**Binding:** Compressing or concealing the breasts so as to present a more male or androgynous appearing chest.

**Bottom Surgery:** A variety of gender related genital surgeries, including: vaginoplasty, phalloplasty, vaginectomy, metoidioplasty, orchiectomy, clitoroplasty, scrotoplasty and others.

**Butch / Femme:** Adjectives used to describe ones gender expression characteristics. A masculine-spectrum person (of any gender) might be described as butch; a feminine-spectrum person (of any gender) might be described as femme. Butch and Femme can also be gender identities unto themselves.

**Cisgender:** Someone whose gender identity matches the gender role they were assigned at birth; a person who is not transgender. The Latin prefix 'cis' means "on the same side of." Cisgender is preferable to "biological," "genetic" or "real" male or female.

**Cisgender Privilege:** The privileges cisgender people have because their gender identity matches their assigned gender role and because they are considered 'normal.' For example, cisgender people don't have to worry about violence and institutionalized discrimination simply due to the fact they are cisgender.

**Cissexism/Cisgender Supremacy:** The institutional and societal marginalization of transgender identified persons; expressing hate and bigotry toward transgender people.

**Cissexual:** Sometimes this term is used synonymously with cisgender, other times it functions as an opposite to transsexual in referring to someone who has done nothing to physically change gendered parts of their body.

**Crossdresser/CD:** Someone who dresses occasionally in the clothing of a gender other than the one they typically identify with. Crossdressers are most commonly adult heterosexual males.

**Cross-Sex Hormones/Hormone Replacement Therapy (HRT):** Refers to treatment that can include, but is not limited to the following hormonal interventions: Estrogen ("E"), Testosterone ("T"), Progesterone, Estrogen Suppressants, Testosterone Suppressants, etc.

**Drag:** Taking on the appearance and characteristics associated with a certain gender, usually for entertainment and often to expose the humorous and performative elements of gender.

**FTM/F2M/Female-to-Male:** Refers to someone with a female birth sex and assigned gender role but who identifies as male. While still commonly used, it is considered a less than accurate and/or respectful description of a transgender boy/man. This term puts the emphasis on changing a physical state or becoming something 'other' than what you already are. (*See Affirmed Male above*)

**"Full-Time":** Slang term for living as and socially presenting as your experienced gender identity 100% of the time. Getting to be a bit outdated, but still used in some gender diverse communities. Now more commonly referenced by saying, "I've transitioned."

**Gender:** The experience of being male, female, both or neither in any combination. Gender is a spectrum, not a binary. While gender stereotypes are most certainly a social construct, the self-experience of gender is innate and unique to every individual.

**Gender Binary:** The pervasive social system telling us there can only be masculine men and feminine women with no alternatives or diversity in terms of gender identity or expression.

**Gender Confirming Surgery/GCS:** Inclusive of a broad range of surgical procedures transgender people may undergo related to affirmation of their gender identity; referred to pejoratively as a "sex-change."

**Gender Dysphoria:** The word dysphoria means "a state of feeling unhappy, or experiencing emotional or mental discomfort." Gender dysphoria occurs when there is a 'disconnect' on some level with all or some gendered aspects of a transgender person's body, or in response to social misgendering. It can be argued that all transgender people experience gender dysphoria at some point in their lives, though it is not a constant state and it can be relieved or eliminated through transition-related steps.

**Gender Expression:** How we express ourselves personally and socially within gendered culture. There is no right or wrong way to express your gender, though gender nonconformity is often seen as social transgression.

**Gender Identity:** How we experience our gender. One's gender identity may or may not align with their assigned gender role, and gender identity is not visible to others. Both cisgender and transgender people have a gender identity.

**Gender Fluid:** Someone whose gender identity or expression may vary from day-to-day or for whom gender identity/expression is not fixed on a permanent or semi-permanent basis.

**Gender Neutral Pronouns:** Pronouns other than he or she. Examples include ze/hir/hirs and they/them/theirs.

**Gender Nonconforming/GNC:** Not fully conforming to gendered social expectations in terms of identity, expression, roles, or performance.

**Gender Perception:** The act of categorizing people we come into contact with as male, female, or unknown. Gender perception can lead to unintentionally misgendering people because it's impossible to know a person's gender identity just by looking at them.

**Genderqueer:** An umbrella term that can include all gender nonconforming, non-binary people and more; Includes reclamation of 'queer' as a positive expression of identity, rather than an insult.

**Gender Questioning:** Someone who is evaluating their feelings about gender identity, gender expression or questioning the very concept of gender in general.

**Gender Role:** Cultural expectations for what people should do with their lives, what activities they should enjoy or excel at, and how they should behave, based on their gender.

**Getting "Read":** When someone identifies an individual as being transgender. Can lead to misgendering and dangerous or life threatening situations in some circumstances; also known also as getting "clocked." Most vulnerable to this are transgender youth and adults who have gone through pubertal changes that do not match their gender identity.

**Intersex:** A general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn't seem to fit the typical definitions of female or male.

- o NOTE: While transgender people are not, in general, considered to be intersex, there are indications that pre-natal hormonal and/or genetic influences on brain development can be a factor in gender identity development.

**Misgendering:** To refer to a person using terms (pronouns, nouns, adjectives, etc.) that express the wrong gender, either accidentally or on purpose. Calling a transgender woman 'Sir' or transgender boy, 'Miss.'

**MTF/M2F/Male-to-Female:** Refers to someone with a male birth sex and assigned gender role but who identifies as female. While still commonly used, it is considered a less than accurate and/or respectful description of a transgender girl/woman. This term puts the emphasis on changing a physical state or becoming something 'other' than what you already are. (*See Affirmed Female above*)

**Non-Op:** Short for **Non-Operative**. Someone who, for medical reasons or personal choice, does not plan to undergo Gender Confirmation Surgery (GCS).

**“Outing”:** To reveal to others a previously unknown aspect of someone’s identity without that individual’s prior permission; usually applies to gender identity or sexual orientation.

**“Packing”:** Refers to use of a prosthetic or other material to present or enhance the appearance of male genitalia.

**“Passing”:** Integrating successfully in social settings as one’s experienced gender without question or incident by others. Is seen by some as a negative term as it implies that one is “pretending” to be something they are not, or are, to some extent, “fooling people.” Nonetheless, those who are not questioned about their gender identity generally have an advantage over those who are. Intervention at the onset of puberty can have a tremendously positive effect on a transgender person’s ability to integrate and their quality of life.

**Pre-Op:** Short for Pre-Operative. Someone who has not yet had GCS, but who intends to undergo such surgery.

**Post-Op:** Short for Post-Operative. Refers to someone who has undergone GCS.

**Sexual Orientation:** an enduring personal quality that inclines people to feel romantic or sexual attraction (or a combination of these) to persons of another sex or gender, the same sex or gender, or to multiple sexes or more than one gender.

- o NOTE: Gender Identity and Sexual Orientation are developmentally different and they occur at different stages in the maturation process.

**Stand-to-Pee/STP:** A device that allows individuals to urinate standing up.

**“Stealth”:** A slang term within transgender culture for someone who has made a conscious decision to not reveal or share their transgender history with others. The option of choosing to be “stealth” requires, to some extent, the ability to integrate successfully in social settings (see “passing” above). While making the choice to not reveal one’s transgender history is a matter of personal privacy, the use of the term “stealth” can be misunderstood to mean sneaking or spying in some way.

**Tanner Stages:** A scale of physical development in children, adolescents and adults. The scale defines pubertal changes based on external primary and secondary sex characteristics, such as the size of the breasts, genitalia, testicular volume and development of pubic and axillary hair. **Tanner 1** is pre-pubertal, **Tanner 2-4** is pubertal and **Tanner 5** is adult

maturation of secondary sex characteristics. Due to natural variation, individuals pass through the Tanner stages at different rates, depending in particular on the timing of puberty.

**Trans/Trans\*:** A slang diminutive of transgender or, in some cases, transsexual. The addition of the asterisk (Trans\*) represents an attempt to be inclusive of more diverse gender identities and expressions (too numerous to list.)

**Transgender/TG:** An umbrella term that encompasses a person or persons who, in one way or another, transcend their assigned gender role. Transgender is an adjective, not a noun and can be both an individual and group identifier; “I am transgender,” “She is transgender,” “All the youth in that group are transgender.”

**Top Surgery:** Refers to removal of breast tissue in order to create male chest contours. Puberty suppression at the onset of adolescence followed by cross-sex hormone therapy can eliminate the need for these procedures in transgender males. The term can also apply to breast augmentation surgery for transgender females, though it is most commonly used in relation to transgender males.

**Transition:** To transition can mean a lot of things but a broad definition is the process transgender people may go through to become comfortable in terms of their gender. Transitioning may include social, physical, mental, and emotional components and may not fit into the narrative we are used to seeing. Transition may or may not include things like changing one’s name, having puberty suppressed, cross-sex hormone therapy, having surgery, changing legal documents to reflect one’s gender identity, coming out to loved ones, dressing as one chooses, and accepting oneself among many other things. Transition is an individual process.

**Transmisogyny:** Originally coined by the author Julia Serano, this term highlights the intersectionality of misogyny and transphobia and how they are often experienced as a dual form of oppression by transgender women and some other MAAB transgender people.

**Transphobia:** The fear or hatred of transgender people or those perceived as such.

**Transsexual/TS:** Someone whose gender identity conflicts with their birth sex, and who seeks congruence between the two through hormonal and/or surgical intervention. This term has fallen out of favor due to its hypersexualization of transgender identity. The commonly preferred term is transgender.

**Two-Spirit:** A term specific to Native American/First Nations people who are a blend of the masculine and feminine. Some non-Native American gender nonconforming people have adopted it as descriptive of their own gender experience.

**“Tucking”:** The process of folding the penis back between the legs and concealing the testicles by pushing them back up into the inguinal canal. This is done to create a more typical female contour in the genital area.

## Appendix 8. Reclaiming Our Space in Public and Our Home in the Radical Queer Genealogy

An examination of texts that look at the roots of the modern LGBTQ movement allows for a refocusing of queer of color activism and a suturing of historical ties of activism surrounding housing and houselessness and prison abolition. Critiques that re-center activism that was at the heart of the queer movement allow for a deeper historical lineage to be traced to the ongoing issues of police brutality, houselessness, and targeting of queer bodies by law enforcement and the prison system. This reconnection can allow for a deeper understanding of the interconnectedness of these movements and for the intertwined systems of control centered around white supremacy, compulsory heterosexuality, and capitalism to be marked as oppressive systems that work hand in hand. This reconnection with the radical beginnings of the queer movement allow us to see the flaws with any analysis that involves a single lens and a separating out of systems that are inherently interwoven. The compulsion to see social ills as a problem of race OR gender OR economic disparities and for social movements to operate in silos, only seeing a problem through one lens, allows for the division and competition of movements rather than their purposes being seen as intertwined and interdependent. The brilliance of the radical beginnings of the queer movement can be drawn upon and reconnected to current movements.

The histories that have been actively silenced and pushed to the margins of the modern LGBTQ movement are ripe with a history of interrelated struggles and activism centering on a complex analysis of the connectedness of constructions of race, gender, and sexuality, and their connection to economic outcomes such as employment and housing. I will examine a sampling of connections and movements both historically and in the present. I look at the Third World Gay Liberation manifesto, Sylvia Rivera's essay, and the Vanguard youth to examine the beginnings of the queer movement. I then shift to analyses that connect the ongoing organizing and activism around prison abolition and police violence to the Black Lives Matter movement as well as the organizing that occurs through the Audre Lorde project, Sylvia Rivera Law Project, Act Up, Critical Resistance, BreakOUT, FIERCE!, and INCITE! Women of Color. I argue that we are at a critical time to reconnect to our lineage of radical activism as a queer movement for social change and that by connecting to our radical roots we can complicate and fortify our analysis of ongoing struggles for racial and economic justice.

The Gay Liberation Front manifesto written in 1971, links the liberation Third World people, gays and lesbians, and women. A revolutionary manifesto, it calls for the end of capitalism, freedom for gays and lesbians as well as Third World people, and abolition of the nuclear family and institutionalized religion. "We want a new society—a revolutionary socialist society. We want liberation of humanity, free food, free shelter, free clothing, free transportation, free healthcare, free utilities, free education, and free art for all. We want a society where the needs of the people come first" (Bloom & Wini, 1995, p. 604). This manifesto presents a radically different agenda in contrast to the modern LGBTQ movement and it has largely been erased and hidden from the knowledge and consciousness of queer people. The stubbornness and audacity to dream, demand, and work for a more just world is exemplified in this manifesto, and it is a valuable artifact and testament to the beginnings of the queer movement.

In “Queens in exile, the forgotten ones”, Sylvia Rivera comments on pride celebrations ““It’s not my pride, it’s their pride. It’s your pride, not mine. You haven’t given me mine yet.” I have nothing to be proud of except that I’ve helped liberate gays around the world. I have so many children and I’m still sitting on the back of the bus, still struggling to get kids into proper housing, and to get them education, to get them off drugs” (Nestle, Howell & Wilchins, 2002 p.xx). The raw and real accounts from Sylvia Rivera show the issues that are still being silenced and pushed to the margins of queer activism in the mainstream LGBTQ movement. The centering of trans women of color, of sex workers, and of the poor and houseless within the LGBTQ community is crucial for making changes that address the needs of these members of the community that are invisibilized, silenced, and ignored most of the time. This model of organizing and of centering on the members of the community who are most in need and the most marginalized in society is being followed by FIERCE! and the Sylvia Rivera Law Project, which “renounces the hierarchical structure of conventional nonprofits and continues the collective structure of earlier radical-feminist and women-of-color-led organizations”(Katen, 2013, p. 310).

Similar to the work that is carried out in the Sylvia Rivera Law Project, which centers on her legacy of radical activism and demands for massive social change, the activism of Vanguard youth (founded 1966) centered in San Francisco’s Tenderloin has been reexamined and woven back into the historical consciousness of queer houseless youth in San Francisco through the Vanguard Revisited project. This year long project was a partnership between the GLBT Historical Society; Larkin Street Youth, the city’s largest houseless youth service provider; WELCOME: a Communal Response to Poverty; the GLBT Center’s youth program; and Faithful Fools, a Tenderloin faith-based houselessness nonprofit. The project “sought to enlist today’s queer houseless youth to document history, to enter into conversation with that history, and ultimately to position themselves as part of it” ([glbthistory.org/Vanguard](http://glbthistory.org/Vanguard)). The youth recreated the 1966 “Vanguard’s street-sweeping protests, in which its members used push brooms to sweep the city streets and held signs stating “Fall Clean Up: This Is a Vanguard Community Project” (Katen, 2013, p. 311). Plaster (2012) states that:

Through the 1966 street sweep, Vanguard youth not only protested police sweeps — they also rejected popular associations linking homosexuality with moral and economic degeneration and instead positioned themselves as productive citizens. Through the contemporary street sweep, youth demonstrated against similar efforts to criminalize use of public space and rhetoric casting them as unhealthy. Through this recreation of the street sweep, however, they were also implicitly asking the residents and business owners in the Castro — and, by extension, the GLBT movement— to recognize their historical associations with criminality and to rethink the ways in which they support the criminalization of houseless youth in the present. (p. 107).

The activism of the Gay Liberation Front, Sylvia Rivera, and Vanguard centered on the understanding of the interrelatedness of race, gender, sexuality, and poverty in their experiences of being targeted by police and enveloped in the prison industrial complex. This targeted violence is ongoing and pervasive as documented by national reports such as *Stonewalled: Police Abuse and Misconduct Against Lesbian, Gay, Bisexual and Transgender People In the U.S.*, a 2005 report by Amnesty International (AI) which puts a spotlight on the continual targeting of LGBT people, mistreatment during police interaction, negligence and failure to respond to LGBT violence, and compromise of safety in police custody.

By reconnecting to our radical queer genealogy and lineage, we can confidently move forward with work that carries on this spirit of radical social change rather than engage in work that rewrites, overwrites, or recreates something that has already been a deep part of the queer movement and the queer experience. The Black Lives Matter movement is an ongoing connected struggle rather than something "new" or different than previous movements led by queer people of color. By acknowledging how the policing of public spaces and the prison-industrial complex specifically targets LGBTQ people, people of color, and the poor we can see the need to re-center our movements based on the leadership of members of our community that inhabit all of those targeted identities, trans women of color, sex workers, and of the poor and houseless within the LGBTQ community. The ongoing work of the Audre Lorde project, Sylvia Rivera Law Project, Act Up, Critical Resistance, BreakOUT, FIERCE!, and INCITE! Women of Color carries on this important work and complicated analysis that we should be centering on as queer people working for social justice.