2.2 RESPONDING TO THE NEEDS OF LGBTQ2S YOUTH EXPERIENCING HOMELESSNESS

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Gay kids in a shelter that is predominantly straight are very vulnerable; they're in a very hard position and it makes it almost impossible for them to get on their own two feet. It's just as simple as that. They're in a position where they can be harassed and discriminated against so easily at every turn and that's especially true for trans people. There are just so many issues that arise when a shelter isn't properly prepared to house trans people.
—Adam, 25 years old

INTRODUCTION

As a wealthy nation, Canada enjoys one of the highest standards of living in the world. Yet there are truths about our country that are unfathomable: we have an unaddressed homelessness crisis among lesbian, gay, bisexual, transgender, queer, questioning, and two-spirit (LGBTQ2S)[1] youth; widespread homophobia and transphobia are a daily reality; and, because of this, LGBTQ2S youth experiencing homelessness often report feeling safer on the streets than in shelters (Abramovich, 2016).

National data on the prevalence of LGBTQ2S youth experiencing homelessness are lacking; however, it was estimated almost two decades ago that 25%–40% of youth experiencing homelessness identify as LGBTQ2S (Josephson & Wright, 2000). Recent data on the prevalence of youth homelessness in Canada include the National Youth Homelessness Survey, the first pan-Canadian study of young people experiencing homelessness, which involved 1,103 respondents from 47 different communities across 10 provinces and territories (Gaetz, O'Grady, Kidd, & Schwan, 2016). The survey reported that 30% of

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[1] The acronym LGBTQ2S is used in this chapter to represent gender and sexual diversity and refers to a wide range of gender and sexual identities. The terms trans and queer are used interchangeably with LGBTQ2S. Trans (transgender) is used as an umbrella term to describe people who do not conform or identify with the sex assigned to them at birth. Queer is a multifaceted term that has been reclaimed by LGBTQ2S people as an identity category for those who do not identify with binary terms that describe sexual, gender, and political identities (Jagose, 1996).

young people self-identified as LGBTQ2S and 6% self-identified as transgender, two-spirit, or non-binary. Identity-based family conflict resulting from a young person coming out as LGBTQ2S is a major contributing factor to youth homelessness and the main cited cause of homelessness among queer and trans youth (Abramovich, 2012; Abramovich & Shelton, 2017; Choi, Wilson, Shelton, & Gates, 2015; Cochran, Stewart, Ginzler, & Cauce, 2002).

The Diagnostic and Statistical Manual of Mental Disorders (DSM) classified homosexuality as a mental disorder until 1973 (Cooper, 2004). The DSM-5 continues to pathologize and label those who fall outside of the gender binary with "gender dysphoria," formerly called "gender identity disorder" in the DSM-IV. The pathologization of identities that do not fit into heteronormative and cisnormative[2] categories has led to stereotypes, stigma, homophobia, and transphobia, all of which negatively impact the health and well-being of LGBTQ2S individuals (Meyer, 2003).

Minority stress theory (Meyer, 2003) indicates that gender and sexual minority individuals often experience chronic stressors related to their stigmatized identities, such as victimization and discrimination (Russell & Fish, 2016). The added stress and stigma of not having a safe place to call home make it especially difficult for LGBTQ2S youth experiencing homelessness, and negatively impacts their mental health, resulting in a dramatically high risk of mental health issues, including depression, anxiety, substance use, and suicide (Cull, Platzer, & Balloch, 2006; Frederick, Ross, Bruno, & Erickson, 2011; Quintana, Rosenthal, & Krehely, 2010).

LGBTQ2S youth experiencing homelessness are a diverse population of young people with intersecting identities. Intersectionality impacts their lives and mental health because they are frequently subjected to multiple forms of discrimination and marginalization, such as homophobia, transphobia, and racism, making it especially difficult to access housing, support, and healthcare services.

This chapter focuses on solutions and implications for practice and provides concrete intervention components and implementation considerations. It is meant to support practitioners in creating safe, inclusive, affirming, and LGBTQ2S–competent programs and services. The quotes presented in this chapter were collected through a qualitative, participatory, film-based

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[2] Cisnormative refers to the assumption that every person's gender identity matches with the sex the person was assigned at birth.

study, which focused on LGBTQ2S youth homelessness and access to mental health services, and are shared as a way to exemplify the impact of the issues presented.

It is not enough to encourage young people to be themselves and promise them "it gets better"; we have an ethical and moral responsibility to make it better now.

We cannot afford to wait.

INTERVENTION COMPONENTS

The following sections describe core intervention components to consider when working with all youth, especially LGBTQ2S youth experiencing or at risk of homelessness.

CREATING POLICIES & STANDARDS FOR LGBTQ2S-AFFIRMING & CULTURALLY COMPETENT SERVICES

Mandatory staff training

- Develop guidelines for mandatory and ongoing LGBTQ2S cultural competence training during the first three months of hire for all front-line staff, physicians, clinicians, management, and volunteers. This will help build the capacity of existing youth-serving organizations to support LGBTQ2S youth in a safe and affirming manner.
- LGBTQ2S cultural competence training should include, but not be limited to:
  - Language/terminology: help staff develop more understanding and clarity regarding LGBTQ2S terminology; the importance of asking certain questions in a sensitive manner; and navigating discussions with respect, comfort, and ease.
  - Homophobia and transphobia: increase understanding and awareness of the causes and impact of homophobia and transphobia, as well as how to identify and intervene when such incidents occur, and how to create safe, secure, and affirming spaces for LGBTQ2S young people.
  - Transgender awareness: train staff to understand the needs of transgender and gender-expansive youth and how to support and reduce barriers for transgender and gender-expansive service users.
  - Systems navigation: ensure staff members are aware of all local LGBTQ2S programs and services for client referrals when necessary.

Developing a standardized intake process

The expectation that every young person will fit into the gender binary makes the shelter system, housing programs, and healthcare facilities especially difficult places for LGBTQ2S youth to navigate, which is why it is important to include LGBTQ2S-inclusive language and questions on all intake forms.

Instead of asking people to identify themselves as male, female, or other, include the following questions in the intake procedure and on key forms:[3]

How do you describe your sexual identity? Check all that apply:

[ ] Gay

[ ] Lesbian

[ ] Bisexual

[ ] Queer

[ ] Pansexual

[ ] Questioning

[ ] Two-spirit

[ ] Straight/heterosexual

[ ] Asexual

[ ] Identity not listed (please specify) _____

How do you describe your gender identity? Check all that apply:

[ ] Cisgender woman*

[ ] Cisgender man*

[ ] Trans woman

[ ] Trans man

[ ] Two-spirit

[ ] Gender queer

[ ] Gender fluid

[ ] Androgynous

[ ] Non-binary

[ ] Identity not listed (please specify) _____

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[3] From *A focused response to prevent and end LGBTQ2S youth homelessness* (p. 26), by A. Abramovich, 2015, Edmonton, AB: Government of Alberta. Copyright 2015 by Government of Alberta. Adapted with permission.

*Cisgender refers to someone who identifies with the sex assigned to them at birth (e.g., someone who was assigned female at birth and identifies as a woman).

What gender pronoun do you use (e.g., he/him, she/her, they/them): _____

What name do you go by: _____

Increasing access to services for transgender and gender-expansive youth
- Make services accessible to transgender, two-spirit, and gender-expansive individuals in their self-defined gender.
- Ask all clients for their name and pronoun, rather than assuming. Respect and accept each client's self-defined gender identity and gender expression, including name and pronouns, which may differ from what is listed on their health card or government ID.
- Equip services with the appropriate resources and knowledge to refer youth to transition-related treatment and needs (e.g., hormone therapy, legal name change, counselling).

CREATING A WELCOMING PHYSICAL ENVIRONMENT

- An important component of creating LGBTQ2S-affirming and competent services includes ensuring that young people see themselves reflected in all aspects of the programs and services that are offered. Creating a system where young people can see themselves reflected allows them to feel safe and included.
- Ensure services are equipped with single-stall, gender-inclusive washrooms (this may be in addition to gendered washrooms); washrooms often can be easily converted with the appropriate signage.
- Ensure that services, programs, and clinics are supplied with appropriate and diverse resources regarding coming out, LGBTQ2S health, and safe sex for youth accessing services, including pamphlets, fliers, and posters on walls.

ESTABLISHING A FORMAL GRIEVANCE PROCEDURE

- Implement an internal grievance process so clients can lodge formal, anonymous complaints. Clients must be informed of the procedure during the intake process (or first appointment), and the grievance procedure should be posted in a conspicuous area.

DEVELOPING AN INTEGRATED APPROACH TO MENTAL HEALTH SERVICES IN SHELTERS

- We must begin working toward a more integrated approach to youth homelessness, where mental health supports and trauma-informed care are central to the support offered in shelters, housing programs, and the services that LGBTQ2S youth access.
- Offering mental health services in shelters and housing programs allows youth to connect with services when they need them most. Community-based approaches and mental health services that are embedded in housing programs and shelters may be easier for LGBTQ2S youth to connect with because they may be viewed as less institutional settings that do not label or pathologize youth in the way that traditional mental health services do.
- Effective and supportive mental health services for LGBTQ2S youth largely depend on building trusting relationships between youth and service providers, and ensuring that gender and sexual identities are affirmed, not pathologized.

INVOLVING YOUNG PEOPLE IN KEY DISCUSSIONS & PLANNING

- Rather than adopting the common "one size fits all" approach, programs and policies must reflect the diverse population of youth experiencing homelessness and accessing services. Fostering meaningful youth engagement is particularly pertinent to the delivery of mental health services that are LGBTQ2S-competent and affirming. By including the voices, perspectives, and experiences of LGBTQ2S youth, service providers are able to tailor their services to meet the unique needs of this population of young people and create services that work best for them.
- LGBTQ2S youth experiencing homelessness must be included in key discussions, planning, and the development of solutions. They should be recognized as knowledge producers who are the experts of their own experiences.

OFFERING SPECIALIZED LGBTQ2S SERVICES & PROGRAMS

- Support the delivery of population-based services and programs for LGBTQ2S youth that foster an intersectional approach, including LGBTQ2S health clinic hours and drop-in services.
- Offer cultural and population-specific programming that provides LGBTQ2S youth with cultural connectedness and access to cultural traditions and practices. This includes Indigenous youth, youth of colour, and newcomer youth.

PREVENTING CHRONIC HOMELESSNESS

- Develop a prevention plan that emphasizes strategies for early intervention; raising awareness; and programs for children, youth, and families. Also develop programs for reunifying families when it is safe and possible to do so.
- Reunifying LGBTQ2S youth with their families is not always possible; however, it is important that programs broaden their definitions and understanding of family when working with LGBTQ2S youth. For example, queer and trans youth experiencing homelessness often create their own families when it is not possible for them to be in contact with their families of origin. The families they create have often been reported to be stronger support systems for queer and trans youth, allowing them to feel a sense of belonging and participate in community (Connolly, 2005; Cooper, 2009).
- It may not always be possible to prevent LGBTQ2S youth from becoming homeless; however, youth-serving systems can help prevent youth from experiencing chronic homelessness.

IMPLEMENTATION CONSIDERATIONS

All youth-serving systems, including shelters, housing programs, and healthcare services, must become LGBTQ2S–culturally competent and prepared to work with all young people, regardless of their gender or sexual identity. Ensuring that young people's identities are reflected in all aspects of a program creates a more standardized model of care, which helps youth know what to expect when entering a service. It also encourages services to collect data that capture people's diverse identities. As outlined above, there are different ways youth-serving systems can create standardized models of care and safe

and affirming environments for LGBTQ2S youth, including implementing mandatory LGBTQ2S cultural competence training and developing inclusive policies and standards that do not perpetuate cisnormativity and heteronormativity. Creating training guidelines (e.g., mandatory, ongoing, within first three months of hire) holds staff and services accountable in ways they may otherwise not be. For example, during a recent interview, a child and youth psychiatrist spoke at length about the importance of holding psychiatrists and services accountable:

> *If you're not held accountable you end up treating the easiest patients or you treat the people who cause the least resistance and you can see that in the shelter system. If you are going to accept money to provide services you have to be accountable and maybe we have to look at different ways of the shelters being accountable, in addition to okay, you get so much, so much for each filled bed at night, what about the other stuff? What about the image you provide to the community you know? Are you a safe shelter for all of the youth on the street and not just the ones without mental health issues or ones without gender issues?*
> —Child and youth psychiatrist

Updating existing services and creating new and improved specialized services and programs may assist in preventing the negative mental health outcomes often associated with the discrimination and stigma that LGBTQ2S youth often experience when they access services, as described by one youth:

> *It's a very hard decision to make. . . . Would you want to go somewhere where you are in danger, but you're allowed to identify however you want, or would you want to go somewhere where you're told how you have to identify, but be a little safer?*
> —Meister, 24 years old

Service providers can support the delivery of specialized population-based programs by integrating such services in their clinics on a regular basis, as well as hiring LGBTQ2S-competent staff. These are the types of actions that will undoubtedly increase societal understanding and help eliminate social stigma toward LGBTQ2S people, leading to positive mental health outcomes for young people experiencing homelessness.

Structural, institutional, and societal changes take time, but we can do our best to ensure that LGBTQ2S youth experiencing homelessness have safe places to turn to for support and that all youth-serving systems have policies in place to protect LGBTQ2S youth from homophobic and transphobic discrimination and violence.

All of the core intervention components highlighted in this chapter foster a standardized model of care for youth-serving agencies, which is necessary in creating accepting, affirming, and supportive environments for youth. Enforcing youth-serving organizations to conform to the same set of formal rules and regulations will influence service providers to consistently follow standards and create a level of standardization within the youth-serving sector.

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