

Experiences of case management and Housing First services for sexual and gender diverse individuals at a crisis intervention service

Jasmine Streisel, Tammy MacFarlane, Fritz Pino, Travis R. Sheadler & Andrew D. Eaton

To cite this article: Jasmine Streisel, Tammy MacFarlane, Fritz Pino, Travis R. Sheadler & Andrew D. Eaton (09 Oct 2026): Experiences of case management and Housing First services for sexual and gender diverse individuals at a crisis intervention service, Sexual and Gender Diversity in Social Services, DOI: [10.1080/29933021.2026.2744951](https://doi.org/10.1080/29933021.2026.2744951)

To link to this article: <https://doi.org/10.1080/29933021.2026.2744951>



Published online: 09 Oct 2026.



Submit your article to this journal [↗](#)



Article views: 10



View related articles [↗](#)



View Crossmark data [↗](#)



Experiences of case management and Housing First services for sexual and gender diverse individuals at a crisis intervention service

Jasmine Streisel^{a,b} , Tammy MacFarlane^b, Fritz Pino^c, Travis R. Scheadler^d 
and Andrew D. Eaton^{a,e} 

^aFaculty of Social Work, University of Regina, Regina, SK, Canada; ^bSaskatoon Crisis Intervention Service, Saskatoon, SK, Canada; ^cSchool of Social Work, Toronto Metropolitan University, Toronto, ON, Canada; ^dSchool of Social Work, University of North Carolina at Charlotte, Charlotte, NC, USA; ^eJane Addams College of Social Work, University of Illinois Chicago, Chicago, IL, USA

ABSTRACT

The study explores the experiences of sexual and gender diverse unhoused populations in accessing case management services at a community-based crisis organization in Saskatoon, Saskatchewan, Canada. The research was conducted through the lens of minority stress theory, intersectionality, and a social constructivist worldview. Twelve sexual and gender diverse individuals who accessed services at the organization completed semi-structured interviews which were analyzed using interpretative phenomenology. Four themes were identified: housing, identity, and belonging; need for knowledge around sexual and gender identities and resources; gaps in affirmative care within case management; and perceived safety with case managers. This paper highlights implications for research and practice in affirmative case management.

KEYWORDS

LGBTQ+; sexual and gender diverse; Housing First; case management; Canada

Sexual and gender diverse (SGD) individuals (i.e., those who do not identify as heterosexual and/or cisgender) are overrepresented in unhoused populations, yet are often underrepresented or invisible in the services they access (Argüello, 2021; Ecker et al., 2019; Kunzekweguta et al., 2022; Saewyc et al., 2017). SGD individuals have been evicted, denied rentals, and experienced challenges with fellow tenants due to prejudicial attitudes and discriminatory policies related to their identities (Begun & Kattari, 2016; Matthews et al., 2019; Saewyc et al., 2017). There is a need for a spectrum of diverse housing options and supports that are safe for SGD individuals (Abramovich & Shelton, 2017; Munro et al., 2017).

Per the 2021 Canadian census, 1 in 300 individuals aged 15+ identify as transgender or non-binary and approximately 3% of the 15+ Canadian population identify as lesbian, gay, bisexual, or queer (Statistics Canada, 2021). A representative study of unhoused individuals in Saskatoon,

Saskatchewan, Canada found that 17.9% of the unhoused population were sexual minorities and 5.4% were gender minorities indicating that there is an overrepresentation of SGD individuals unhoused in Saskatoon (Kunzekweguta et al., 2022). Saskatoon's unhoused population has almost tripled from 2022 to 2024 and is projected to grow further as Saskatoon's poverty rate of 11.1% is 2% higher than the national average and there is insufficient supply of subsidized housing (Nili et al., 2025). Being unhoused in Saskatoon presents distinct structural and environmental challenges. Harsh prairie winters with sustained, extreme cold temperatures pose serious health risks (Saskatchewan Coroners Service, 2026; Tank, 2024). Further, within the urban setting the majority of the shelters are run by faith-based groups who operate utilizing a gender binary while there is only one resource that specifically serves the SGD individuals in the community. In Saskatchewan, SGD individuals experiencing houselessness face a socio-political environment in which recent provincial government policy developments, structural stigma and extreme weather conditions interact to heighten minority stress experienced by this population (Abramovich, 2016; Abramovich & Shelton, 2017; Ecker et al., 2019; Meyer, 2003; Shelton et al., 2018; Tank, 2024; Walker & Adesanya, 2024).

Although there is a high prevalence of SGD people in the unhoused community, there are large gaps in the literature when it comes to understanding their experiences. The current study aims to provide some insight into some of these gaps by understanding the experience and perceptions of individuals who identify as SGD when accessing case management services at a community-based crisis organization within the unique socio-political and environmental landscape of the Canadian prairies.

Homelessness and sexual and gender diverse identities

Predictors of becoming unhoused include substance use, financial insecurity, mental health struggles, relationship breakdowns, leaving institutions such as child welfare or the carceral system, and leaving unsafe family situations (McCarthy & Parr, 2025). A pathway to becoming unhoused specific to the SGD youth population is familial conflict due to gender or sexual identity (Ecker et al., 2019; Matthews et al., 2019; McCarthy & Parr, 2025; Saewyc et al., 2017).

Matthews et al. (2019) found that SGD homelessness may be a means of gaining agency and exploring identity. The authors provided the idea of 'thin rationality' choices which allow individuals to find power and agency within oppressive constraints they are facing. This shifts the narrative to one of resiliency and empowerment within the crisis of becoming unhoused. Once becoming housed in an individual's 'chosen home

environment’ they have a safe space to further explore and express themselves and their identity (Matthews et al., 2019).

SGD individuals face distinct oppression, structural barriers, and stigma due to heteronormative and cisnormative ideals upheld by systems and institutions within Western society (Argüello, 2021; Ecker et al., 2019; Rojas et al., 2019; Saewyc et al., 2017; Shelton et al., 2018). Many also experience ‘compounded stigma’ due to intersecting marginalized identities, which can increase discrimination when seeking services (Rojas et al., 2019). SGD’s unique challenges to service access includes, homophobic and transphobic policies as well as a lack of SGD-specific competencies and affirmative practices from service providers, leaving SGD people to feel the need to hide their identities and sexual practices, thereby posing safety risks (Begun & Kattari, 2016; Saewyc et al., 2017; Wagaman, 2014). Due to the complex and heterogeneous needs of unhoused SGD individuals, service providers and their institutions need to address the intersectionality of diverse experiences as well as be affirmative and individualized when working from a micro lens (Abramovich & Shelton, 2017). Consequently, safe housing options and programs specifically for SGD individuals are needed so individuals can explore their identity while remaining safe (Abramovich, 2016; Abramovich & Shelton, 2017; Ecker, 2017; Munro et al., 2017).

Accessing housing becomes further complicated when SGD individuals also struggle with concurrent disorders, defined as the co-occurrence of 2+ substance use and mental health diagnoses (SAMHSA, 2024). Concurrent disorders are prevalent among North America’s unhoused population and disproportionately affect SGD individuals (Bobrowski, 2018; Craig et al., 2020; Ecker et al., 2019; Rojas et al., 2019; Saewyc et al., 2017). SGD’s distinct risks for concurrent disorders are experiences of discrimination, internalized queerphobia, and adverse childhood experiences (Craig et al., 2020; Rojas et al., 2019). Unhoused SGD people may use substances to self-medicate for psychiatric disorders, enhance sexual pleasure or exploration, and to create a sense of belonging (Rojas et al., 2019; Souleymanov & Pino, 2023). Consequently, ‘queer harm reduction’ is a specific approach to address these specific factors by critically challenging systems of oppression, integrating intersectionality, and employing affirmative care and collective healing to address substance use (Souleymanov & Pino, 2023).

Affirmative care and intensive case management

Affirmative care can help reduce barriers to service access and increase therapeutic outcomes for SGD people (Alessi et al., 2019; Kelley, 2015). Affirmative practice is the “culturally competent approach for working with [SGD] clients, emphasizing the need for knowledge regarding [SGD]

issues, the use of culturally sensitive practice skills, as well as evolving self-awareness” (Alessi et al., 2019, p. 230). More specifically, affirmative practice may entail engaging the use and presence of inclusive and affirming language and signage, all-gender washrooms, and SGD-inclusive intake paperwork (Argüello, 2021; Munro et al., 2017). Research on affirmative practice also highlights the need to validate the experiences and identities of SGD individuals by explicitly discussing sex, sexuality, and gender (Argüello, 2021; Matthews et al., 2019; Painter et al., 2018). According to Alessi et al. (2019), affirmative practice leads to stronger therapeutic relationships with clients, strengthening psychological well-being.

Intensive case management (ICM) is an affirmative model of care where the service provider (e.g., social worker) engages with clients for an extended period of time at a heightened frequency to provide individualized support in navigating and accessing multi-faceted services and to maintain important supportive relationships (Dieterich et al., 2017; Weightman et al., 2023). ICM originated to coordinate a continuum of care for individuals with mental health issues but has evolved to be effective for SGD individuals who are experiencing complex issues such as homelessness, mental health decline and substance use issues (de Pass et al., 2023; Dieterich et al., 2017; Lukersmith et al., 2016; Powell et al., 2016; Weightman et al., 2023). Housing First is an affirmative intervention often included in ICM, especially with SGD individuals (Matthews et al., 2019; Munro et al., 2017). Housing First provides immediate access to housing without any precursors (de Pass et al., 2023; Matthews et al., 2019). Achieving housing stability fosters people’s capabilities to manage mental and physical health struggles (de Pass et al., 2023; Matthews et al., 2019). ICM and Housing First have been found to be effective for SGD populations (de Pass et al., 2023; Matthews et al., 2019; Munro et al., 2017; Weightman et al., 2023). However, research suggests that providers lack knowledge and skills related to affirmative practice which may negatively impact the therapeutic relationship and therapeutic outcomes (Alessi et al., 2019; Kelley, 2015). In order to provide sufficient affirmative support and care, providers need to reflect on internal biases and engage in more education to understand the intersectionalities of oppression that many unhoused SGD individuals face (Alessi et al., 2019; Crisp & McCave, 2007; Kelley, 2015; Matthews et al., 2019).

The present study

Extant literature provides insight into the experiences of unhoused SGD youth and young adults. Yet, there is a gap regarding the experiences, particularly of crisis and case management support, for SGD adults. There is also a geographical gap in the Canadian prairies. The purpose of this

study was to understand the unique lived experiences of SGD participants accessing ICM services at a community-based organization (CBO) in the context of an urban Canadian prairie setting of Saskatoon, Saskatchewan.

The present study posed the following questions:

1. What are the experiences and perceptions of SGD individuals who have a history of homelessness in accessing case management services through the CBO?
2. How can service delivery at the CBO more effectively meet the specific needs of SGD people?

Methods

Study setting

This study was based at a crisis CBO in Saskatoon, Saskatchewan that offers three different realms of service including ICM with a Housing First lens, a police and crisis team, and a 24-hour crisis response service. The study's focus was the ICM service provided by a multidisciplinary team of social workers, nurses, and other mental health professionals. The ICM team serves individuals facing intersecting struggles such as episodic and chronic homelessness, concurrent disorders including substance use, trauma, involvement with the child welfare system, carceral experiences, and struggling to sustain independence. All clients are of low socioeconomic status and depend on some type of welfare. The agency works toward long-term housing stability and overall wellness. The agency currently serves a maximum of 100 clients at one time, with 8–10 clients per caseload. A total of 71 adults (aged 18+) accessed ICM at the CBO at the time of the study. Alongside Housing First, ICM at this CBO also includes a managed alcohol program and a partnership with a harm reduction permanent supportive housing program. ICM clients receive case management, outreach support, and are housed on a continuum from independent scattered site housing to supported housing models.

Paradigm and positionality

The current study was informed by minority stress theory and intersectionality to fully conceptualize experiences related to race, gender, sexuality, and other identities and their psycho-social impact on SGD individuals (Crenshaw, 1991; Frost & Meyer, 2023; Meyer, 2015; Parent et al., 2013; Wagaman, 2014). Minority stress theory posits that living in a cisheteronormative society leads to identity-based discrimination, oppression and stigma for SGD individuals which contributes to poorer mental health,

poorer physical health, housing instability, and other inequities for SGD populations (Frost & Meyer, 2023; Meyer, 2003; 2015). Although it is possible for individuals to develop skills to help combat the disparities caused by minority stress, Meyer (2015) emphasized the importance of focusing on systemic and organizational failings that cause and exacerbate minority stressors. Intersectionality acknowledges that participants' experiences are shaped by multiple intersecting identities including race, class, sexuality and gender expression that are impacted by systemic marginalization, oppression and power imbalances (Crenshaw, 1991; Parent et al., 2013; Wagaman, 2014). Existing literature has indicated that understanding and affirming the intersecting systems of oppression and marginalization that SGD individuals face can lead to opportunities of empowerment, resiliency, and liberation (Abramovich & Shelton, 2017; Crenshaw, 1991; Ecker, 2017). Together, these frameworks maintain a focus on systemic and minority stressors for the unhoused SGD people in crisis and center these factors in shaping participants' experiences with ICM.

The current study was also guided by a social constructivist worldview and interpretive phenomenological analysis (IPA) (Creswell & Poth, 2023; Smith et al., 2009). Social constructivists believe in the existence of multiple truths and realities (Creswell & Poth, 2023). That is, many unique realities can coexist for different individuals, and each experience remains valid. IPA embodies social constructivism by emphasizing individualized experiences and accounting for contextual differences between participants (Smith et al., 2009). IPA has also been found to be an effective methodology for capturing the diverse experiences of SGD individuals (Chan & Farmer, 2017; Frost et al., 2013).

In phenomenology, the researcher is an instrument and must remain curious about the data to present interpretations as accurately as possible (Smith et al., 2009; Tufford & Newman, 2012). The concept of 'bracketing' is explained by Starks and Trinidad (2007) in which researchers must "be a faithful witness" to the information being collected and challenge potential bias through being "honest and vigilant about her own perspective, pre-existing thoughts and beliefs" (p. 1376).

The research team consists of SGD and cisgender heterosexual individuals who have practice and research experience in crisis mental health and with SGD populations. Each author has been trained in social work and upholds values related to supporting and affirming SGD populations and promoting the rights of SGD communities. The first author also has direct practice experience with the CBO and participants included in the present study but was not actively employed by the agency during the time of the study. These backgrounds and experiences influenced how the authors viewed both the CBO and the data and facilitated rapport building with both the CBO and the participants.

Participants and procedures

Institutional ethics approval was received from the University of Regina research ethics board (protocol ID #771). All 71 current ICM clients were offered a brief questionnaire about age, race/ethnicity, sexual orientation and gender identity to identify demographics and assess study eligibility. Then, SGD clients were invited to participate in a semi-structured interview.

Case managers shared the questionnaires with their clients. They explained the questionnaire was optional and would not impact their service. Participants could either return a completed or blank questionnaire in a provided envelope, which the case managers were blinded to.

Out of the 71 ICM clients, 43 completed the questionnaire (60.6% completion rate). Fourteen participants identified as SGD and were contacted for an interview, which twelve completed. Ten were Indigenous to Canada, one was mixed Indigenous/Latinae, and one was white. Seven were bisexual ($n=7$) while one person each identified as gay, transexual, asexual, and pansexual, respectively and one person reported their sexual orientation as ‘difficult to say.’ Gender was dispersed as cisgender females ($n=4$), cisgender males ($n=4$), transgender ($n=2$), Two-Spirit ($n=1$), and genderqueer ($n=1$). Individuals ranged in age from 20 to 65 ($M=39.81$, $SD=11.01$).

SGM-identified ICM clients were contacted by the first author via their preferred contact method (e.g., email, phone, in person) to confirm their willingness to participate in the study. The first author met with participants and prior to completing the interview, participants signed an informed consent form. In alignment with IPA, the interviews focused on participants’ unique lived experiences (Smith et al., 2009). Specifically, the interview explored six areas: sexual and gender identity, homelessness, relationships, services received, safety and inclusivity, and other feedback. The first author asked open-ended interview questions to garner understanding of participants’ lived experiences such as “How has being a part of the 2SLGBTQIA+ community impacted your experience of being unhoused?”, “How well do you feel your specific needs as a 2SLGBTQIA+ individual were understood and met by the case management team?” and “Can you share any experiences where you felt particularly supported or unsupported by the case management team?”. Interviews were audio-recorded and transcribed verbatim. Transcripts were imported into NVIVO 15 for data analysis. Individuals received a \$35 CAD cash honorarium. Eleven interviews were at participants’ homes with one at the CBO. Interviews ranged between 6.5 to 34 minutes ($M=20.5$ minutes, $SD=0.298$). Although the interviews were brief, IPA does not adhere to specific interview lengths and instead prioritizes the discovery of ‘rich data’ and an allowance for individuals to discuss their lived experiences

freely (Smith et al., 2009). Additionally, shorter interviews were considered appropriate to minimize participant burden associated with concurrent disorder struggles and willingness to discuss the topics being studied (Bansal et al., 2017; Van Hoe et al., 2024). Unfortunately, due to time constraints and difficulty connecting with individuals to conduct interviews, we were unable to meet with individuals more than once. In order to ensure that this often overlooked population was still able to provide their lived experiences and valuable knowledge, flexible and shorter interviews were employed (Van Hoe et al., 2024).

Data analysis

Data were analyzed based on IPA guidelines, which utilized an iterative approach that resulted in themes (Smith et al., 2009). The first author read and re-read the transcripts, completed line-by-line analysis and memos on potential codes then coded the transcripts by locating significant statements to the phenomenon (Smith et al., 2009) of being a SGD unhoused person in ICM at the CBO. The first author then reviewed these codes, looking for meaningful patterns across cases and clustered codes together into a table for the first round of potential themes and subthemes (Smith et al., 2009). Then, the first and last authors met to discuss the recurrence of codes and identify themes. The data were then revisited to ensure that the themes accurately reflected the experiences of the participants. All authors agreed upon the themes.

Trustworthiness

Several strategies were employed to increase trustworthiness. The open-ended research questions were reviewed by two social workers with years of professional experience serving SGD unhoused people via ICM to check for biases and ensure questions were applicable to the population and aligned with the research questions (Noble & Smith, 2015). Memos were recorded after each interview and throughout the data analysis to assist in detecting and addressing biases and in identifying preliminary themes (Creswell & Poth, 2023; Smith et al., 2009; Tufford & Newman, 2012). Peer and expert feedback from experts in SGD research and from staff at the CBO were obtained to help identify possible gaps and themes (Tufford & Newman, 2012). Member checking was employed with one participant over the phone to review, validate, and expand upon the findings (Chan & Farmer, 2017; Creswell & Poth, 2023). The other eleven participants declined or did not respond to the invitation to participate in member checking.

Results

Participants discussed what they wanted to improve about their interactions with the CBO and what was working well. Individuals often had previous and continuing experiences of oppression due to their multiple intersecting identities while homeless which created a felt sense of risk of disclosure when accessing services. Participants experienced case management as a space of both safety and limitation regarding SGD identities. Interviewees described feelings of personal safety and non-judgment from their case managers, but acknowledged that their SGD identities frequently remained undisclosed, unaffirmed or excluded from their care unless invited by their case managers to disclose. Four main themes were identified: housing, identity and belonging; need for knowledge and resources around gender and sexual identity; gaps in affirmative care within case management; and perceived safety with case managers.

Theme 1: Housing, identity and belonging

Participants presented with a myriad of intersecting identities such as race, economic status, SGD identities, physical ability, mental health issues, and substance use that interact with different systems of oppression. Participants described experiences of homelessness and SGD identity as being intersectional; impacting feelings of safety and how they navigate access to services and helping relationships. For many individuals, being homeless further intensified experiences of vulnerability, particularly within shelters and other public spaces. Individuals described that due to concerns around their safety they often concealed their identities to be able to access resources they needed and minimize risk. One individual expressed hiding their sexuality, noting “Well, who is going to like a homo at the [shelter].” (P27, cisgender, bi-sexual). This statement suggests an anticipation of rejection and oppression due to SGD identity. The use of derogatory language toward self is an utterance of disappointment of the oppressive norms that render individuals who identify as SGD undesirable.

Participants indicated that they did not feel safe accessing necessary resources due to their SGD identity. Gender-diverse individuals noted more identity-related barriers when accessing shelters and other public systems than sexually diverse participants. One individual reported “No, no, I didn’t feel safe going to them” when asked about attending shelters and indicated that they would rather sleep outside due to fear of judgment (P37, genderqueer, pansexual). This suggests that facing physical hardship outside was more tolerable than the anticipated hostility they may experience within an institutional space. Another individual explained that the gender binary within the shelters created an environment that was not

safe for their gender identity, “No. I didn’t like staying at [shelter] because it’s just guys” (P5, MTF transgender, bi-sexual). This experience highlights that the gender segregation policies within the shelter creates fundamental issues for gender-diverse people, leaving them with no safe or appropriate place to access services.

Yet, participants found that being homeless allowed for unexpected opportunities to explore their SGD identities and connect with other SGD individuals. For one participant, they felt that being a part of the SGD community was helpful when unhoused as they were able to find and connect with the one SGD agency in the community who referred them to other needed resources, “I used to go to that [SGD organization] gay pride thing. I used to go there every day. That’s how I found you guys.” (P17, two-spirit, bi-sexual). Within this account, identifying as SGD was a pathway to resources and community. Another individual similarly expressed that identifying as SGD helped them find a community when homeless:

Well, I think it was like better for me because I had more people in the community that I had around me that were also, I guess I just referred to them as, you know, like us, I guess, as, like, [alternative] sexuality, right? So, but yeah, like I had more people in the community that I could relate with, because there are quite a few people that I noticed that are trans and gay and that in the community. So it was nice because I had some camaraderie there. (P20, cisgender, bi-sexual).

Unlike previous participants’ experiences of vulnerability to visibility, P20 expresses SGD identity as an avenue for challenging feelings of isolation and creating community and connection within the unpredictability of homelessness and outside of resources and institutional settings. Such experiences indicate that participants may enter into case management relationships already negotiating their safety to disclose their identities in order to minimize risk and avoid hostility in the helping relationship.

Theme 2: Need for knowledge around sexual and gender identities and resources

Participants described understanding their SGD identities as a confusing and unaffirmed process. Participants expressed not knowing where to locate or access information surrounding SGD identities and described learning about their gender and sexual expressions through lived experiences and exploration instead of formal, affirmative resources. Participants positioned case managers as potential brokers to knowledge and affirmative care.

Some participants were unfamiliar with SGD language until this study, further indicating limited access to affirmative resources. One individual (P14, cisgender male, asexual) learned the definition of ‘asexual’ from the

study questionnaire and identified as such. Finding this accurate label was significant in leading to further self-understanding.

Interviewees frequently reported their desire to have more educational content, resources, and support around SGD identities and relationships, including from their case managers: “It would be nice if [case managers] could be able to help us out, a little bit of it. Like courses and stuff like that” (P23, cisgender female, bisexual). P27 (cisgender male, bisexual) similarly suggested that the cultural approach of a “sharing circle” might be helpful for him to build some community, connections and knowledge in relation to his bisexuality.

Several interviewees developed their SGD identities through experiences and exploration during times of survival and instability. One interviewee discussed learning about their own attraction and sexuality through her experiences with transactional sex while unhoused:

Like, and I didn't really have a problem when I was homeless in that regard, I always had a place to stay. I'd always find somebody. Well, I wasn't really super picky, but, I mean, at the same time, it gave me, it opened up my eyes to like, you know, like what it is to be attracted to somebody, because it's not always about what the- what they look like, superficial, right? It's more about their heart and who they are, and, you know, their characteristics (P20, cisgender female, bisexual).

In this experience, P20 learned about her bisexuality through relational sexual experiences during times of instability. She goes on to reframe these experiences and expresses moments of emotional connection where she emphasizes that she found an individual's character more important to her than their physical appearance. This allowed an experience of survival to also become one of identity development.

Several interviewees wanted to have access to a SGD-specific resource in their community but were unsure where to find this, leading to feelings of confusion and isolation. Although the community the individuals reside in has a SGD-specific organization, many individuals were unaware. One individual described the emotional repercussions of not having this resource:

Yeah, there's not a center for lesbian or bis or all that, that you go to, where they come and they research stuff, and they are allowed certain like the pride -pride gifts. So they'll give out a lot of pride stuff and that kind of support and counselors there, they don't have that here, um or like they do in [city in different province]. So I found, find that, like, I don't have a place to go when I'm feeling that I don't belong. I could talk to my worker, though, so that is good and yeah” (P29, cisgender female, bisexual).

When informed that the resource existed, P29 indicated they would be interested in learning more and getting connected, suggesting limited visibility and accessibility of this resource in individuals' everyday lives.

Participants explained that developing their SGD identities often occurred without formal, affirmative guidance and without visible, accessible resources. While individuals in the study learned to explore and understand their identities in the face of adversity, the process often left individuals feeling unsupported and confused.

Theme 3: Gaps in affirmative care within case management

Interviewees described wanting more affirmative support from their case managers. Discussions surrounding their SGD identities were often missing within their ICM relationships. This was broken down into two sub-themes: invitation to disclose and affirmative practice and emotional safety.

Sub-theme 1: Invitation to disclose

Seven of twelve participants had not discussed their gender identity nor sexual orientation with their case managers or care team members. Participants felt an explicit invitation would help: “Yeah, they could ask me what I was, they could have asked if I’m comfortable talking about it, or questions around that then that would lead to more” (P29, cisgender female, bisexual). P29’s narrative suggests that by asking her about her SGD identity directly, this may signal safety and openness within the relational context. Similarly, another individual expressed a more protective and cautious approach to disclosing their sexual and gender identities to their case manager: “No, I feel pretty, I just keep to myself unless someone asks me” (P37, genderqueer, pansexual). This narrative indicates that silence may be more of a protective function when navigating disclosure unless explicitly addressed. Notably, the two individuals who identified as transgender and the individual who identified as Two-Spirit in the study had disclosed their gender identity with their case manager and noted that their workers had discussed their gender identity with them explicitly.

Although some participants wanted opportunities to discuss their SGD identities, others indicated that they felt the significance of their SGD identity was minimized:

Honestly, never really came up. Yeah, I never mentioned it, and they never asked so. I didn’t really think, like, for me, my sexuality doesn’t really change, like, the way I interact with the world. So I don’t really put myself out there. Oh, “hey, I’m bi I’m different, I’m this, I’m,” so, I’m just kind of like more... I don’t, I don’t think of myself as any different (P20, cisgender female, bisexual).

P20’s experience suggests that although she identifies as bisexual, the concept of disclosing and categorizing herself as bisexual was not beneficial. Her account indicates a risk-benefit calculation of disclosing SGD identity.

Sub-theme 2: Affirmative practice and emotional safety

Several interviewees provided recommendations on how the CBO and their case managers might be able to create a more affirming and welcoming organization and method of practice to foster relational and emotional safety by utilizing openness and curiosity:

Just be open to talking to anyone that is trans or two spirited, because they might be misunderstood and scared themselves. So just being open, trying to understand their sexuality and understand who they are (P5, MTF transgender, bisexual)

P5 expresses the importance of case managers being willing to listen and engage with clients in a non-judgmental way about SGD identities. They also indicate that being ‘misunderstood and scared’ may impact an individual’s willingness to be vulnerable with their case managers.

Several individuals expressed a desire for access to affirmative programming where SGD identities and experiences could be openly shared:

Uh, programming. Cause there is a side of us that is very sensitive. Right? We have more people. Or meetings, stuff like that. I’ve never seen anybody, any queer meetings, AA meetings. It could happen. I think it should happen, it would help me. Sometimes, people just need to feel welcomed and not pushed away or judged. You know, stuff like that. Nobody had a right to judge nobody. Everybody was created equal (P17, two-spirit, bisexual).

In this account, P17 explains that connection and community help to create affirmative spaces and may lead to feelings of emotional safety. The request for ‘queer meetings’ indicates a desire to have a space where individuals can safely express themselves and their SGD identities and not experience stigma nor judgment. It was also suggested that programming would include safer sex resources: “I think give them condoms with that, or, like, trans condoms. I think that would be a good thing” (P34, FTM transgender, other: ‘transgender sexual’).

Participants also connected emotional safety and affirmative care to their experiences of intimacy. Individuals in the study indicated it would be helpful for their caseworkers to understand that having a safe, comfortable place to be able to engage in sexual activities was important to them. While individuals were unhoused, the opportunities for privacy were limited, resulting in their sexual experiences often occurring in unsafe, public locations. Interviewees explained that private housing was their preferred location for sexual and romantic activities, indicating shelter as a location that allows for dignity and intimacy.

Theme 4: Perceived safety with case managers

For many interviewees their relationship with their case manager was described as comfortable, supportive, and safe, despite not everyone

disclosing their SGD identities. Individuals described their workers as non-judgmental, supportive, and consistent: “Me as, like, I really never judge anyone, to be honest, they never judge me either. That’s why I got-felt so close and safe, because they were actually there for me” (P23, cisgender female, bisexual).

Interviewees discussed how they felt their caseworker and their team created feelings of safety through what they felt was genuine care of themselves and their needs. One individual discussed the experience of becoming connected to the program and their worker while being unhoused, indicating that having someone actively and consistently attempt to address their needs allowed them to create a meaningful and therapeutic relationship:

Yeah, it was really good. Like I was really uh suffering on the streets, like, in terms of um just I was getting out of control, and my mental health wasn’t well. I wasn’t sleeping or eating enough. I really was struggling with getting arrested all the time and getting put in [acute mental health facility]. So when um my first worker, [name], came along, and they would go on the streets and hunt me down because I didn’t have a cell phone, and I just thought it felt so good, like for someone to actually, like, care about me, or making sure, like, oh, we gotta make sure [name]’s alright, and wanting to help me get a place. And it was pretty heartwarming, actually. (P20, cisgender female, bisexual).

Another individual discussed how his trusting relationship with his caseworker and the team at the CBO grew due to shifting away from a hierarchical service relationship and instead engaging with him like an equal or a ‘friend’: “They treat me, like, they treat me like a friend. You know how they do that. Took me a long time to learn to treat people like friends. They’re nice, they’re open” (P2, cisgender male, gay).

Participants in the study also expressed having their basic needs addressed by their caseworkers correlated to feelings of safety and care. One interviewee explained the impact of their caseworker caring for their needs and consistently showing up:

For me, most helpful... uh well. [pause] Just the, just the general overall care and concern for- for me, and um yeah, taking care of me, just in general. Making sure all my needs are met. And, yeah. If there’s anything that they can do to help, they’ll always do it. I mean, I just, I just think that’s awesome. Like, I don’t know what I’m going to do if the program ever like, if I ever have to leave (P20, cisgender female, bisexual)

Many of the interviewees also talked about the positive impact of their case managers utilizing a Housing First model when they began working together. Interviewees expressed that after periods of prolonged instability, that moving from being unhoused to having housing was transformative and allowed them to focus on other aspects of their lives: “Finding a place to live and getting close to getting all my goals done and stuff and what I want to do.” (P21, cisgender male, ‘it’s difficult to say’) and “I was happy. I got my own place and didn’t have to worry about sleeping under a tree

or underneath the bridge anymore. Made me feel comfortable. Made me feel like me again” (P23, cisgender female, bisexual).

One individual who had discussed their SGD identity with their case manager noted their history: “I feel comfortable talking to [worker] about anything. She’s seen my worst, and she knows what that looks like” (P5, MTF transgender, bisexual). Both trans participants reported access to gender-affirming care due to the support of their case manager. Both also noted the meaningful impact of the case manager’s explicit affirmation of their gender expression:

She just talks about it like, “your hormone shot’s today” and then that’s like, all I need. Then I’m like, okay, it’s good. You’re, you know, you’re not like [whispers] “it’s your hormone shot today [chuckles]” (P34, FTM transgender, other: ‘transgender sexual’).

Discussion

This study explored the experiences of SGD individuals living in a Canadian prairie context who have been homeless and connected to a case management team that’s informed by Housing First principles. Across SGD identities, participants frequently described case managers as caring, consistent and emotionally safe in contrast to other services and settings where they often felt unsafe and marginalized. However, safety and affirmative care were not always experienced concurrently as conversations surrounding SGD identity were often inferred or dependent on case workers’ direct invitation for disclosure. The results from this study indicate an alignment between SGD unhoused adult and youth experiences and a desire for identity affirming services, opportunities for community, and workers who are informed on intersecting identities. The results also align with minority stress theory (Meyer, 2003) as participants’ expressed experiences of negotiating identity, belonging and safety within systems that operate under cisheteronormative policies and beliefs. These findings suggest that Housing First case management may be utilized as not only a functional support, but also relational as participants expressed finding safety, stability, and opportunities to more fully explore and express their identities. Although an exploratory study, understanding these complex experiences of SGD individuals accessing Housing First case management services has provided needed direction for the CBO under study and offers implications for other frontline service workers who support SGD adults in the Canadian prairie context.

Identity disclosure

Throughout the interviews, there was discrepancy between individuals reporting they feel respected and safe discussing things with their case

managers, but excluding SGD identities from these discussions. One reason for identity concealment is self-discomfort and an active identity development process (Bry et al., 2017). Another reason, which individuals alluded to in the findings, is that SGD people are concerned about barriers or prejudice if they disclose their SGD identities due to prior experiences of discrimination (Begun & Kattari, 2016; Bry et al., 2017; Matthews et al., 2019; Munro et al., 2017; Wagaman, 2014). Therefore, explicit invitations for disclosure from caseworkers allows for affirmation of SGD identities by providing a safe space (Argüello, 2021; Bry et al., 2017; Matthews et al., 2019; Painter et al., 2018). This aligns with participants of the study indicating they would appreciate their worker starting the conversation around SGD identities and noting that they only disclosed when asked directly.

There were distinct findings for the transgender participants: a) barriers when accessing gender-based services such as shelters when the gender binary was imposed; b) concerns for their safety when trans identities and experiences are invisibilized (Begun & Kattari, 2016; Ecker et al., 2019). Gender-diverse individuals in the study indicated ‘thin rationality’ choices of staying outdoors where they could present as their gender identity, rather than in a shelter where they may need to conceal it to remain safe (Matthews et al., 2019). Unlike several cisgender experiences within the study where sexual identity could remain undisclosed, transgender individuals appeared less able to selectively disclose their gender-identity. In this case, affirming interactions related to gender were noted as particularly meaningful and signify that normalized and open conversations surrounding gender-affirming care allow for feelings of safety and validation within the case manager relationship.

Intensive case management and Housing First

This study was situated within an ICM program that integrates Housing First, which has not been widely studied in SGD populations (Abramovich, 2016; de Pass et al., 2023; Ecker et al., 2019; Powell et al., 2016). Participants indicated a desire for affirmative practice from their case managers and noted this would be impactful for addressing issues related to their intersecting identities such as homelessness, mental health struggles, substance use and their SGD identities. Both transgender participants connected to gender-affirming care via ICM. There is some literature showing ICM programs are effective for SGD individuals when an intersectional and affirmative approach is utilized (Alessi et al., 2019; Powell et al., 2016), which requires case manager education on affirmative and intersectional practices (Alessi et al., 2019; Argüello, 2021; Powell et al., 2016; Wagaman, 2014).

Housing First methods have potential effectiveness for SGD populations, but limited literature exists on the implementation experience (Abramovich,

2016; de Pass et al., 2023; Ecker, 2017; Ecker et al., 2019; Matthews et al., 2019; Munro et al., 2017; Powell et al., 2016). Housing First was spoken of positively by participants who discussed how housing allowed them to work on other goals. As safety is important for SGD identity development, Housing First programs for SGD people would benefit from enhanced focus on the safety and inclusivity of housing locations, landlord relationships, neighborhood dynamics and tenant matching (Abramovich, 2016; Abramovich & Shelton, 2017; Ecker et al., 2019; Munro et al., 2017). Low vacancy rates and a lack of affordable and accessible housing options are barriers to this enhanced focus in the study's city (Nili et al., 2025), but the host CBO is developing permanent supportive housing.

Implications for practice

The following recommendations were presented to the staff and management at the host CBO. Following this, a leadership meeting was held to implement changes in frameworks within the agency to operate from a more affirmative, intersectional and inclusive perspective and suggestions were provided on supporting case managers to implement these changes in their work.

Although individuals described their relationship with their case managers as safe and caring, they still often refrained from disclosing their SGM identities, which is consistent with the literature (Argüello, 2021; Matthews et al., 2019; Painter et al., 2018). In alignment with Minority Stress Theory, participants' accounts indicate that not disclosing can be understood within the broader social constructs shaped by cisheteronormative systemic and organization failings that lead to experiences of oppression and marginalization (Frost & Meyer, 2023; Meyer, 2003; Meyer 2015). The first implication is that case managers should explicitly ask, acknowledge, and affirm clients' SGD identities and needs, demonstrating intentionality (Alessi et al., 2019; Argüello, 2021; Matthews et al., 2019; Painter et al., 2018). Notably, several participants were unaware of an existing SGD organization. A second implication is that case managers should know of SGD-specific resources and improve access to these resources. Participants' noted that affirmative practice extends beyond terminology and basic understanding as they value relational approaches that reflect openness, validation and genuine curiosity about their lived experiences. Participants also expressed the importance of implicit relational cues when deciding if it is safe to disclose their identity to case managers. A third implication is that SGD representation amongst case managers would make clients more comfortable expressing their identities which aligns with the literature (Ecker et al., 2019; Matthews et al., 2019; Munro et al., 2017). Case managers may not be comfortable discussing SGD

identities and issues with participants due to lack of education and confidence, as well as their own biases and learned societal norms (Alessi et al., 2019; Argüello, 2021; Ecker, 2017; Powell et al., 2016).

Indigenous participants did not directly discuss the intersections of their Indigenous and SGD identities, however many described experiences of displacement, child welfare involvement, and desire for community and connection. Existing literature suggests that Indigenous SGD individuals experience intersecting impacts of colonialism, stigma, and forced disconnection from culture and community, which highlights the importance of intersectional, trauma-informed, culturally competent and affirmative approaches to care in order to foster further community, identity development and resistance (Ansloos et al., 2021; Ristock et al., 2019; Saewyc et al., 2017). A fourth implication is for further education and reflective supervision for staff around SGD identities, intersections of race, Indigeneity, and affirmative practice.

Future research

Although the current study helps to provide an understanding of an SGD population accessing ICM services in the context of the Canadian prairies, more research needs to be conducted to understand the nuances and experiences within this understudied population. The current study focused on an urban area, but there is a significant lack of literature on rural unhoused SGD individuals accessing services within the Canadian prairies. It would also be valuable for more research on the implementation of affirmative and intersectional ICM for SGD individuals to be conducted to assess its effectiveness for this specific population in addressing identity development and specific issues they face. It would also be of benefit to interview case managers regarding their perspective for further in-depth understanding of the phenomena studied in this research. Lastly, it would be beneficial to further explore the resilience and resistance this population achieves in the face of the multiple levels of intersecting oppression and stigma they experience while navigating their sexual and gender identities.

Limitations

This study has several limitations. The small sample means results should be considered with caution. The first author's work experience with the participant population risks confirmation and social desirability biases. Yet, there were benefits from having an 'insider' researcher such as participant trust and rapport, understanding the context of the CBO being studied, and being able to interview participants without assistance from

other members of the agency to maintain confidentiality (Greene, 2014). Another limitation relates to the amount of questionnaires filled out and returned in order to locate a sample. More specific instructions for caseworkers and more time to have them assist may have led to a higher completion rate. Further, based on the results that individuals did not always disclose their SGD identities with their caseworkers, it is possible many individuals did not feel comfortable disclosing their identities while filling out the questionnaires in order to participate in the study.

Conclusion

This article highlights the importance of affirming and intersectional ICM and Housing First services, as well as the unique challenges for SGD adults who have experienced homelessness within a Canadian urban prairie context. Harsh prairie winters and the current socio-political climate toward SGD individuals necessitate further research. Changes need to be made from the frontline workers in terms of becoming more affirmative and inclusive in their practices, but also built into the frameworks and core values of the organizations and systems that the SGD community access.

Disclosure statement

The authors have no competing interests to declare.

Funding

The authors would like to acknowledge the assistance of the caseworkers at the crisis intervention service and the participants of the study without whom none of this would have been possible. This study was funded by Dr. Andrew D. Eaton's Insight Development Grant from the Social Sciences and Humanities Research Council (SSHRC #430-2024-00241).

ORCID

Jasmine Streisel  <http://orcid.org/0009-0007-2669-4919>

Travis R. Scheadler  <http://orcid.org/0000-0002-3609-442X>

Andrew D. Eaton  <http://orcid.org/0000-0003-1331-1222>

References

- Abramovich, A. (2016). Preventing, reducing and ending LGBTQ2S youth homelessness: The need for targeted strategies. *Social Inclusion*, 4(4), 86–96. <https://doi.org/10.17645/si.v4i4.669>
- Abramovich, A., & Shelton, J. (2017). Conclusion: The way forward. In A. Abramovich & J. Shelton (Eds.), *Where am I going to go?: Intersection approaches to ending LGBTQ2S youth homelessness in Canada and the*. (pp. 335–364). Canadian Observatory on Homelessness Press.

- Alessi, E. J., Dillon, F. R., & van der Horn, R. (2019). The therapeutic relationship mediates the association between affirmative practice and psychological well-being among lesbian, gay, bisexual, and queer clients. *Psychotherapy (Chicago, Ill.)*, 56(2), 229–240. <https://doi.org/10.1037/pst0000210>
- Ansloos, J., Zantigh, D., Ward, K., McCormick, S., & Bloom Siri wattakanon, C. (2021). Radical care and decolonial futures: Conversations on identity, health, and spirituality with Indigenous queer, trans, and two-spirit youth. *International Journal of Child, Youth and Family Studies*, 12(3-4), 74–103. <https://doi.org/10.18357/ijcyfs123-4202120340>
- Argüello, T. M. (2021). Heteronormativity and social work: The what that dare not speak its name. In SJ Dodd (Ed.), *The Routledge International Handbook of Social Work and Sexualities*. (pp. 12–22). Routledge. <https://doi.org/10.4324/9780429342912-3>
- Bansal, H. S., Eldridge, J., Halder, A., Knowles, R., Murray, M., Sehmer, L., & Turner, D. (2017). Shorter Interviews, Longer Surveys: Optimising the Survey Participant Experience While Accommodating Ever Expanding Client Demands. *International Journal of Market Research*, 59(2), 221–238. <https://doi.org/10.2501/IJMR-2017-0>
- Begun, S., & Kattari, S. K. (2016). Conforming for survival: Associations between transgender visual conformity/passing and homelessness experiences. *Journal of Gay & Lesbian Social Services*, 28(1), 54–66. <https://doi.org/10.1080/10538720.2016.1125821>
- Bobrowski, D. (2018). Concurrent disorders: A cat chasing its tail. *University of Toronto Medical Journal*, 95(2), 54–56.
- Bry, L. J., Mustanski, B., Garofalo, R., & Burns, M. N. (2017). Management of a concealable stigmatized identity: A qualitative study of concealment, disclosure, and role flexing among young, resilient sexual and gender minority individuals. *Journal of Homosexuality*, 64(6), 745–769. <https://doi.org/10.1080/00918369.2016.1236574>
- Chan, C. D., & Farmer, L. B. (2017). Making the case for interpretative phenomenological analysis with LGBTGEQ+ persons and communities. *Journal of LGBT Issues in Counseling*, 11(4), 285–300. <https://doi.org/10.1080/15538605.2017.1380558>
- Craig, S. L., Austin, A., Levenson, J., Leung, V. W. Y., Eaton, A. D., & D'Souza, S. A. (2020). Frequencies and patterns of adverse childhood events in LGBTQ+ youth. *Child Abuse & Neglect*, 107, 104623. <https://doi.org/10.1016/j.chiabu.2020.104623>
- Crenshaw, K. (1991). Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color. *Stanford Law Review*, 43(6), 1241–1299. <https://doi.org/10.2307/1229039>
- Creswell, J. W., & Poth, C. N. (2023). *Qualitative inquiry and research design: Choosing among five approaches*. (5th. Ed.) Sage Publications.
- Crisp, C., & McCave, E. L. (2007). Gay affirmative practice: A model for social work practice with gay, lesbian, and bisexual youth. *Child and Adolescent Social Work Journal*, 24(4), 403–421. <https://doi.org/10.1007/s10560-007-0091-z>
- de Pass, T., Dada, O., Lund, J., John, J., & Kidd, S. A. (2023). A scoping review of housing stabilization interventions for youth experiencing homelessness. *Children and Youth Services Review*, 155, 107193. <https://doi.org/10.1016/j.childyouth.2023.107193>
- Dieterich, M., Irving, C. B., Bergman, H., Khokhar, M. A., Park, B., & Marshall, M. (2017). Intensive case management for severe mental illness. *The Cochrane Database of Systematic Reviews*, 1(1), CD007906. <https://doi.org/10.1002/14651858.CD007906.pub3>
- Ecker, J. (2017). *LGBTQ2S adult housing needs assessment: Final report*. Centre for Research on Educational and Community Services. https://homelesshub.ca/wp-content/uploads/2023/12/LGBTQ2S-Adult-Housing-Needs-Assessment_Final-Report_23Nov2017-1.pdf
- Ecker, J., Aubry, T., & Sylvestre, J. (2019). A review of the literature on LGBTQ adults who experience homelessness. *Journal of Homosexuality*, 66(3), 297–323. <https://doi.org/10.1080/00918369.2017.1413277>

- Frost, D. M., & Meyer, I. H. (2023). Minority stress theory: Application, critique, and continued relevance. *Current Opinion in Psychology*, 51, 101579. <https://doi.org/10.1016/j.copsyc.2023.101579>
- Frost, D. M., McClelland, S. I., Clark, J. B., & Boylan, E. A. (2013). Phenomenological research methods in the psychological study of sexuality. In D. L. Tolman & L. M. Diamond (Eds.), *APA handbook of sexuality and psychology, volume. 1: Person-based approaches*. (pp.121–141). American Psychology Association. <https://doi.org/10.1037/14193-006>
- Greene, M. (2014). On the inside looking in: Methodological insights and challenges in conducting qualitative insider research. *The Qualitative Report*, 19(29), 1–19. <https://doi.org/10.46743/2160-3715/2014.1106>
- Kelley, F. A. (2015). The therapy relationship with lesbian and gay clients. *Psychotherapy*, 52(1), 113–118. <https://doi.org/10.1037/a0037958>
- Kunzекweguta, M., Findlay, I., Kowalchuk, M., Pham, A. (2022). 2022 Saskatoon point-in- time homelessness count. Community-University Institute for Social Research. <https://cuirs.usask.ca/documents/publications/2020-2024/cuirs-pit-homelessness-academic-report.pdf>
- Lukersmith, S., Millington, M., & Salvador-Carulla, L. (2016). What is case management? A scoping and mapping review. *International Journal of Integrated Care*, 16(4)2, 2. <https://doi.org/10.5334/ijic.2477>
- Matthews, P., Poyner, C., & Kjellgren, R. (2019). Lesbian, gay, bisexual, transgender and queer experiences of homelessness and identity: Insecurity and home(o)normativity. *International Journal of Housing Policy*, 19(2), 232–253. <https://doi.org/10.1080/19491247.2018.1519341>
- McCarthy, L., & Parr, S. (2025). Is LGBT homelessness different? Reviewing the relationship between LGBT identity and homelessness. *Housing Studies*, 40(7), 1525–1544. <https://doi.org/10.1080/02673037.2022.2104819>
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>
- Meyer, I. H. (2015). Resilience in the study of minority stress and health of sexual and gender minorities. *Psychology of Sexual Orientation and Gender Diversity*, 2(3), 209–213. <https://doi.org/10.1037/sgd0000132>
- Munro, A., Reynolds, V., & Townsend, M. (2017). Youth wisdom. Harm reduction & housing first: Raincity housing's queer & trans youth project. In A. Abramovich & J. Shelton (Eds.), *Where am I going to go?: Intersection approaches to ending LGBTQ2S youth homelessness in Canada and the*. (pp.135–154). Canadian Observatory on Homelessness Press.
- Nili, N., Findlay, I. M., Rueda, R. M. (2025). 2024 Saskatoon point-in-time homelessness count. Community- University Insititute for Social Research. https://www.saskatoon.ca/sites/default/files/documents/community-services/planning-development/2024%20PIT%20Homelessness%20Count%20Report_FINAL.pdf
- Noble, H., & Smith, J. (2015). Issues of validity and reliability in qualitative research. *Evidence-Based Nursing*, 18(2), 34–35. <https://doi.org/10.1136/eb-2015-102054>
- Painter, K. R., Scannapieco, M., Blau, G., Andre, A., & Kohn, K. (2018). Improving the mental health outcomes of LGBTQ youth and young adults: A longitudinal study. *Journal of Social Service Research*, 44(2), 223–235. <https://doi.org/10.1080/01488376.2018.1441097>
- Parent, M. C., DeBlaere, C., & Moradi, B. (2013). Approaches to research on intersectionality: Perspectives on gender, LGBT, and racial/ethnic identities. *Sex Roles*, 68(11-12), 639–645. <https://doi.org/10.1007/s11199-013-0283-2>
- Powell, C., Ellasante, I., Korchmaros, J. D., Haverly, K., & Stevens, S. (2016). iTEAM: Outcomes of an affirming system of care serving lgbtq youth experiencing homelessness.

- Families in Society: The Journal of Contemporary Social Services*, 97(3), 181–190. <https://doi.org/10.1606/1044-3894.2016.97.24>
- Ristock, J., Zoccole, A., Passante, L., & Potskin, J. (2019). Impacts of colonization on Indigenous Two-Spirit/LGBTQ Canadians' experiences of migration, mobility and relationship violence. *Sexualities*, 22(5-6), 767–784. <https://doi.org/10.1177/1363460716681474>
- Rojas, J. I., Leckie, R., Hawks, E. M., Holster, J., Trapp, M. D. C., & Ostermeyer, B. K. (2019). Compounded stigma in LGBTQ+ people: A framework for understanding the relationship between substance use disorders, mental illness, trauma, and sexual minority status. *Psychiatric Annals*, 49(10), 446–452. <https://doi.org/10.3928/00485713-20190912-01>
- Saewyc, E., Mounsey, B., Tourand, J., Brunanski, D., Kirk, D., McNeil-Seymour, J., Shaughnessy, K., Tsuruda, S., & Clark, N. (2017). Homeless & street-involved Indigenous LGBTQ2S youth in British Columbia: Intersectionality, challenges, resilience & cues for action. In A. Abramovich & J. Shelton (Eds.), *Where am I going to go?: Intersection approaches to ending LGBTQ2S youth homelessness in Canada and the*. (pp.13–40). Canadian Observatory on Homelessness Press.
- Saskatchewan Coroners Service. (2026). *Reported deaths from hypothermia/exposure*. Government of Saskatchewan. <https://publications.saskatchewan.ca/api/v1/products/88851/formats/105850/download>
- Saskatchewan Human Rights Commission. (2022, April 29). *2021 census data offers snapshot of transgender and non-binary population for first time*. <https://saskatchewanhumanrights.ca/2021-census-data-offers-snapshot-of-transgender-and-non-binary-population-for-first-time/>
- Shelton, J., DeChants, J., Bender, K., Hsu, H.-T., Santa Maria, D., Petering, R., Ferguson, K., Narendorf, S., & Barman-Adhikari, A. (2018). Homelessness and housing experiences among LGBTQ young adults in seven U.S. cities. *Cityscape: A Journal of Policy Development and Research*, 20(3), 9–34.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. Sage Publications.
- Souleymanov, R., & Pino, F. (2023). Understanding substance use and addiction from a queer perspective: Towards mobilizing a queer-oriented harm reduction approach. In Csiernik, R., Rowe, W. S., & Novotna, G. (Eds.), *Responding to the oppression of addiction: Canadian social work perspectives* (4th ed., pp. 327–339). Canadian Scholars.
- Starks, H., & Trinidad, S. B. (2007). Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory. *Qualitative Health Research*, 17(10), 1372–1380. <https://doi.org/10.1177/1049732307307031>
- Statistics Canada. 2021 March 26) *Socioeconomic characteristics of the lesbian, gay and bisexual population 2015-2018*. <https://doi.org/10.25318/1310081701-eng>
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2024). March 29). *Co-occurring disorders and other health conditions*. <https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/co-occurring-disorders#:~:text=Co%2Doccurring%20disorders%20may%20include,uniquely%20as%20co%2Doccurring%20disorders>
- Tank, P. (2024). Phil Tank: Frigid Sask. winter could claim lives, but data inadequate. Saskatoon StarPhoenix. <https://thestarphoenix.com/opinion/columnists/phil-tank-deadly-winter-brews-toll-in-sask-may-remain-a-mystery>
- Tufford, L., & Newman, P. (2012). Bracketing in qualitative research. *Qualitative Social Work*, 11(1), 80–96. <https://doi.org/10.1177/1473325010368316>
- Van Hoe, C., Moureau, L., & Verhofstadt, M. (2024). How to engage people experiencing severe and persistent mental illness in qualitative research: A descriptive and reflexive

- analysis. *International Journal of Qualitative Studies on Health and Well-Being*, 19(1), 2408817. <https://doi.org/10.1080/17482631.2024.2408817>
- Wagaman, M. A. (2014). Understanding service experiences of LGBTQ young people through an intersectional lens. *Journal of Gay & Lesbian Social Services*, 26(1), 111–145. <https://doi.org/10.1080/10538720.2013.866867>
- Walker, R. L., Adesanya, T. (2024). *Democracy's Sledgehammer: The use of the notwithstanding clause for Saskatchewan's Bill 137, "The parent's bill of rights"*. Johnson Shoyama: Graduate School of Public Policy. <https://www.schoolofpublicpolicy.sk.ca/research-ideas/publications-and-policy-insight/policy-brief/bill-137.php#:~:text=Increased%20Parental%20Involvement%20in%20Education,in%20sexual%20health%20education%20presentations>
- Weightman, A. L., Kelson, M. J., Thomas, I., Mann, M. K., Searchfield, L., Willis, S., Hannigan, B., Smith, R. J., & Cordiner, R. (2023). Exploring the effect of case management in homelessness per components: A systematic review of effectiveness and implementation, with meta-analysis and thematic synthesis. In *Campbell Systematic Reviews*, 19(2), 1–74. <https://doi.org/10.1002/cl2.1329>