Understanding the Needs of Gender-Diverse Youth and Young Adults and Their Staff Members in Homeless Shelters and Supported Housing

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Understanding the Needs of Gender-Diverse Youth and Young Adults and Their Staff Members in Homeless Shelters and Supported Housing

Abstract

Background: Gender-diverse youth experience twice the risk for homelessness as their same-age cisgender peers and report experiencing discrimination in homeless shelters and supported housing.

Method: Eighteen participants (9 gender-diverse residents and 9 staff members) were interviewed individually to understand their experience of and needs in these settings.

Results: The major findings included: (a) Gender-diverse service recipients felt unsafe and vulnerable in these facilities. Sharing space in which to carry out occupations of vulnerability often triggered anxiety and PTSD. (b) Gender-diverse service recipients felt that staff members did not understand how cumulative trauma adversely affected participation in programmatic activities. (c) Staff members reported that their facilities did not provide formal training needed to understand and address the unique needs of gender-diverse residents. (d) Gender-diverse service recipients commonly sustained trauma throughout their lives that compromised their ability to attain desired daily life skills and adult occupational roles. Such ruptures in their knowledge base likely served to maintain their homelessness despite repeated shelter admissions and housing placements.

Conclusion: Occupational therapists could provide essential intervention to a gender-diverse youth population, including assisting with the attainment of skills needed for apartment management, employment seeking, maintenance, and health management.

Comments

The authors declare that they have no competing financial, professional, or personal interest that might have influenced the performance or presentation of the work described in this manuscript.

Keywords

gender-diverse youth, homelessness, occupational therapy

Cover Page Footnote

We thank Jody Victoria, MS, OTR/L, for her help with the review and design of the interview protocols.

Credentials Display

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Researchers estimate that approximately 1 in 10 adolescents and young adults between 18 and 25 years of age experience homelessness at some point during a year in Western countries (Morton et al., 2017). Of the 700,000 adolescents and young adults who experience some form of homelessness each year in the United States, Canada, Australia, and the United Kingdom, it is estimated that 20% to 40% self-identify as gender diverse (Morton et al., 2018). Gender diversity refers to people who do not identify with the gender that was assigned at birth (i.e., cisgender) and who have advanced the idea that gender can be experienced as fluid and more expansive than the traditional binary poles of male and female that have been put forth by heteronormative societies (Carpenter et al., 2020).

For multiple reasons, youth and young adults who self-identify as gender diverse are at double the risk for homelessness than their same-age, cisgender peers (Morton et al., 2018). Reasons accounting for this disproportionate risk of homelessness include family and school rejection and chronic discrimination by the larger society (Vandenberg et al., 2022). Although homelessness can commonly ensue after disclosure of their gender identity, gender-diverse youth and young adults more commonly report that their families of origin rejected them or they volitionally chose to leave after years of chronic emotional, physical, or sexual abuse and neglect and harassment. Youth also report chronic abuse and discrimination by peers and adults in their school systems that contributed to school drop-out, educational gaps, academic incompetencies, and prolonged feelings of victimization (Strauss et al., 2020).

Youth and young adults who identify as members of more than one high-risk group, including racial, ethnic, gender, and socioeconomically disadvantaged groups, report the highest levels of homelessness and victimization (Robards et al., 2020). This phenomenon has become known as intersectionality, and youth who self-identify as gender diverse, Black or Brown, and socioeconomically disadvantaged possess the highest risk for homelessness (Call et al., 2021). When such youth and young adults become homeless, they often find themselves on the street or sleeping randomly in a series of impermanent refuges without the minimal resources needed to survive. Food, clothing, medical care, and sanitary bathing and toileting become inaccessible and, as a result, homeless young people commonly engage in occupations that heighten their vulnerability for revictimization, including survival sex (exchanging sex for shelter and food), substance use, and unsafe sex practices (Gutman et al., 2021).

Gender-diverse youth and young adults who enter the shelter system commonly experience discrimination and revictimization similar to that which they experienced on the street. When shelter systems are not specific for an LGBTQIA+ (i.e., lesbian, gay, bisexual, transexual, queer and questioning, intersexual, and asexual) community, they can proliferate the same types of abuses that gender-diverse youth experience chronically throughout their lives. Bed, showering, and toileting assignments are often based on sex assignment at birth, which commonly places gender-diverse youth in precarious situations. The literature is replete with accounts of the assault and even murder of gender-diverse youth by homophobic and transphobic shelter residents (Ormiston et al., 2022). Staff members, who may not have received sensitivity and awareness training to address the unique needs of gender-diverse shelter residents, may inadvertently or advertently discriminate against gender-diverse people by denying shelter admission (often because the shelter is sex-segregated or does not provide services specific to the needs of an LGBTQIA+ community), discharging gender-diverse residents once their gender orientation is disclosed, referring to transgender shelter residents by their birth name rather than chosen name, and failing to intercede in harassment perpetrated by homophobic and transphobic shelter residents (Romero et al., 2020).
Shelter and supported housing systems for both cisgender and gender-diverse persons are typically not designed to teach the daily life skills that are needed to help residents transition to more permanent housing and integrate into the larger community. Shelter systems commonly serve large numbers of people in communal living situations, including shared areas for sleeping, eating, toileting, and showering. Supported housing often serves smaller groups of people who reside in an apartment or house and may share space, including bedrooms, bathrooms, and eating areas (Waegemakers Schiff & Rook, 2012). Although there is an increasing amount of occupational therapy literature reporting life skill programs for homeless shelter and supported housing residents (Marshall et al., 2020), most sites only possess the resources sufficient to provide a bed, showering, and toileting facilities; three meals per day; medical, dental, and mental health services; and social services to secure supplemental income and housing (Fluery et al., 2021). For over a decade, social service agencies advanced the idea that housing itself could sufficiently prevent or ameliorate homelessness (Waegemakers Schiff & Rook, 2012). However, reasons accounting for why people commonly become homeless include socioeconomic disadvantage, severed family systems, lack of educational and vocational skills needed to secure livable wage employment, and mental health conditions exacerbated by chronic trauma. Many homeless people with such histories often receive and then lose or abandon government-funded housing because they lack the life skills needed to live independently and manage health conditions (Kertesz et al., 2017).

Gender-diverse youth and young adults who experience homelessness commonly share a similar background of chronic discrimination, harassment, and abuse; educational gaps that impede the path to livable wage employment; and deficiencies in daily life skills needed to live and work independently in the community (including apartment management, financial management, and self-management) (Mountz & Capous-Desyllas, 2020; Robinson, 2020, 2021). They also possess the added trauma of being ostracized and discriminated against by the larger, heteronormative society because of pervasive homophobic and transphobic ideologies upheld by religions, governments, and school systems (Ormiston et al., 2022).

Although there is a small body of literature examining both the factors that cause gender-diverse youth to become homeless and the unique service needs that this group possesses in the shelter system (Abramovich & Kimura, 2021; Earnshaw et al., 2020; Mountz & Capous-Desyllas, 2020; Robinson, 2020, 2021), this literature has not substantially translated into practice. In the United States, Canada, and Australia, researchers have found that few homeless shelters exist that either address the unique needs of gender diverse youth or were developed specifically as safe havens for the LGBTQIA+ community (McNair & Andrews, 2020; Prock & Kennedy, 2017). The vast majority of homeless shelters offering services for gender-diverse youth and young adults were found to be located in urban regions, leaving a dearth of services in non-urban areas.

The study aimed to understand the experience of gender-diverse youth and young adults residing in homeless shelters or supported housing and identify what they perceive as needed services to attain more stable living situations and community integration. A second purpose was to understand the experience of staff members working in these settings to discern whether they feel comfortable and sufficiently trained to provide services to gender-diverse persons. The research questions of this study were:
• What is the experience of gender-diverse persons currently residing in a shelter or supported housing?
  o Do gender-diverse service recipients feel comfortable with and accepted, respected, and welcomed by staff and other service recipients?
  o What types of services do gender-diverse service recipients identify as most important for them to attain desired roles and occupations in the larger community?
• What is the experience of staff members who are employed in shelters or supported housing and who provides services to gender-diverse persons?
  o Do staff members feel comfortable interacting with and addressing the needs of gender-diverse service recipients?
  o Do staff members feel adequately trained to support the unique needs of gender-diverse persons? What types of training do they identify as needed to best assist members of a gender-diverse community?
  o Are staff members adequately aware of the common traumatic histories that many gender-diverse service recipients possess, and how such trauma can impact programmatic participation and outcomes?

It is hoped that this study’s findings can help occupational therapists increase awareness and understanding of the unique trauma-informed service needs of gender-diverse youth who are attempting to transition to more independent community living.

Method

Research Design

This exploratory, qualitative study used in-depth interviews to understand the perceptions of gender-diverse service recipients and their staff members who reside or work in shelters or supported housing for adolescents and young adults. The Rutgers University Institutional Review Board approved this study, and all participants provided written informed consent.

Participants

Participants were either (a) service recipients who identified as gender diverse and were currently receiving services in a homeless shelter or supported housing or (b) staff members employed in these sites. Service recipients were required to meet the following inclusion criteria: currently residing in a shelter or supported housing, self-identification as gender diverse (e.g., lesbian, bisexual, gay, transgender, queer or questioning, intersexual, asexual, nonbinary gender, pansexual), 18–35 years of age, and English-speaking. Although young adulthood is commonly defined as 18–24 years of age (Jensen Arnett, 2017), we extended the inclusion age to 35 years to capture gender-diverse persons who were continuing to experience chronic or episodic periods of homelessness and who could provide insight regarding factors contributing to homelessness and needed services. Service recipients were excluded if they were currently using substances or were experiencing an acute mental health crisis that made study participation disruptive. Staff members were required to meet the following inclusion criteria: currently employed in a shelter or supported housing facility and working directly with service recipients, 18+ years of age, and English-speaking.

All of the participants were recruited from a convenience sample of service recipients and employees of two separate housing agencies. One agency was a 12-bed homeless shelter for gender-diverse adolescents and young adults in a large northeastern urban area of the United States. The second
agency was a multisite facility that provided supported housing for youth and adults with histories of homelessness, mental health concerns, and substance use. The multiple sites of the second agency were located within a 20-mile vicinity of the first agency. Service recipients and staff members who responded to flyers posted on agency property and who met the inclusion and exclusion criteria were enrolled in the study.

**Instruments**

Two interview protocols were developed for this study. The interview protocol for service recipients had 23 questions with 15 possible sub-questions depending on the participant’s answers. The questions addressed such items as the service recipients’ experiences as a gender-diverse person in the shelter or supported housing site, whether the participants perceived their needs as a gender-diverse person to be adequately met by staff members, whether they had ever experienced discrimination as a gender-diverse person, and which services they identified as needed to support their transition to more permanent housing and community integration.

The interview protocol for staff members had 25 questions with 10 possible sub-questions depending on the participant’s answers. The questions addressed such items as how comfortable staff members felt working with gender-diverse service recipients; whether they had received adequate training to meet the needs of gender-diverse service recipients; how well they understood the needs of gender-diverse service recipients concerning health care, counseling, employment concerns, and safety; and what types of changes they would like to see at the facility to support gender-diverse service recipients’ needs better.

Both interview protocols were designed to guide the interview process but allow the interviewer and participant to modify the order of questions or pursue novel but related topics if ones emerged. The interview protocols were developed based on a literature review of gender-diverse service recipients’ perceptions of homelessness and shelter experiences. Drafts of the interview protocols were reviewed by a panel of experts comprised of four people self-identifying as gender diverse (who were all formerly homeless) and two staff members currently working in a gender-diverse homeless shelter on the West Coast of the United States. In addition, a 6-item demographic form was developed for this study to collect basic demographic information about age, race, ethnicity, diagnosis, gender, and educational level.

**Data Collection**

The interviews were conducted over two 1.5-hour sessions between a participant and an interviewer. After completion of the first interview, the interviewers reviewed the transcripts with the first author to determine whether questions were answered fully and identified follow-up questions to gain more in-depth information that was not explained or addressed in the first interview. A second interview scheduled 1-week later was then carried out with the participants to obtain additional and clarifying information. The interviewers used summary statements with the participants to check that they fully understood what they conveyed and allowed them to clarify information that interviewers may have misunderstood. All of the interviews were conducted virtually through the university’s secure Zoom platform. The participants could use their cell phones or a facility laptop that could be relocated to a confidential setting, such as a private office. All of the interview transcripts were generated by Zoom after the conclusion of each interview. Once all of the participant interviews were completed, member checking was carried out with four participants. Two service recipients and two staff members were asked to review compiled themes (presented in writing and verbally by each reviewer) and provide feedback.
The field notes of each interview were documented within a day of interview completion. Field notes allowed the interviewers to describe the contextual characteristics of each interview that could not be captured through transcribed text. The field notes also allowed the interviewers to describe and examine their responses to interviews to reduce possible researcher bias. The interviewers were two occupational therapy doctoral students (second and third authors) who received 10 hrs of interview training and practice from the first author.

Data Analysis

Analysis of transcripts was performed using an iterative, reflexive method in which data collection and analysis occurred as an integrated process (Creswell & Creswell, 2018). After each initial participant interview, the first author and the interviewer assigned to each participant independently reviewed the interview transcript to identify emergent topics that participants addressed and that required additional probing through a second interview. Data coding was performed using a conventional content analysis approach in which small units of data (e.g., repeated words and concepts) were coded first, followed by larger phrases and constructs, and finally, overarching mega themes (Creswell & Poth, 2018). This first level of data analysis was carried out independently by the first author and each of the two interviewers. Once this initial stage of data analysis was completed, the first three authors compared independent findings and further synthesized and refined themes to precisely capture the participants’ lived experiences.

Data analysis was conducted until the first three authors achieved consensus in thematic construction. Measures to ensure data trustworthiness included (a) the triangulation of participant responses to questions, as categorized by service recipient and staff member groups; and (b) the conduction of an audit trail by an independent researcher who reviewed all researcher field notes, interview transcripts, and data analysis to ensure that bias had not occurred in data collection and analysis procedures (Creswell & Creswell, 2018; Cutcliffe & McKenna, 2004).

Results

Eighteen participants enrolled in and completed this study. Nine of the participants were service recipients currently residing in the homeless shelter for gender-diverse youth and young adults (n = 8) or at the non-gender-specific supported housing site (n = 1). Nine of the participants were staff members either working at the homeless shelter for gender-diverse youth and young adults (n = 3) or at the non-gender-specific supported housing facility (n = 6). Demographics regarding gender orientation, age, race, ethnicity, diagnosis, and highest educational level are provided in Figure 1.

Four major themes emerged from the interviews with gender-diverse service recipients: “You’re always somebody’s target,” “Don’t ask, don’t tell,” “They say that we’re lazy, no,” and “We need help preparing ourselves for actually living on our own.” Four primary themes also emerged from the interviews with staff members: “Ok, what pronouns do you want us to use?” “When it comes to that training it’s mostly self-taught,” “It’s a big topic that no one really talks about,” and “The recipients have to get a little bit more motivated.” These eight themes are discussed below.
### Figure 1
*Participant Demographics*

<table>
<thead>
<tr>
<th>Gender Orientation</th>
<th>Age</th>
<th>Race</th>
<th>Ethnicity</th>
<th>Diagnosis</th>
<th>Highest Educational Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 female, pansexual, gender-fluid, intersexual</td>
<td>31</td>
<td>African American</td>
<td>Non-Hispanic</td>
<td>PTSD, depression</td>
<td>high school</td>
</tr>
<tr>
<td>2 male, cisgender, pansexual</td>
<td>19</td>
<td>Latino, African American</td>
<td>Hispanic</td>
<td>bipolar, PTSD, ADHD, autism, depression, anxiety</td>
<td>high school</td>
</tr>
<tr>
<td>3 female, lesbian</td>
<td>23</td>
<td>African American</td>
<td>Non-Hispanic</td>
<td>bipolar, depression</td>
<td>grade school</td>
</tr>
<tr>
<td>4 female, lesbian</td>
<td>20</td>
<td>African American</td>
<td>Non-Hispanic</td>
<td>bipolar</td>
<td>high school</td>
</tr>
<tr>
<td>5 female, gay, lesbian, gender-fluid</td>
<td>22</td>
<td>African American</td>
<td>Non-Hispanic</td>
<td>ADHD, bipolar</td>
<td>high school</td>
</tr>
<tr>
<td>6 male, bisexual, gender non-conforming</td>
<td>20</td>
<td>African American</td>
<td>Non-Hispanic</td>
<td>none</td>
<td>high school</td>
</tr>
<tr>
<td>7 female, cisgender, bisexual</td>
<td>21</td>
<td>African American</td>
<td>Non-Hispanic</td>
<td>depression</td>
<td>some college</td>
</tr>
<tr>
<td>8 transgender</td>
<td>26</td>
<td>African American</td>
<td>Non-Hispanic</td>
<td>depression, anxiety, suicidal ideation</td>
<td>high school</td>
</tr>
<tr>
<td>9 female, pansexual</td>
<td>22</td>
<td>White</td>
<td>Non-Hispanic</td>
<td>depression</td>
<td>high school</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Staff Members</th>
<th>Age</th>
<th>Race</th>
<th>Ethnicity</th>
<th>Diagnosis</th>
<th>Highest Educational Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 female, cisgender</td>
<td>24</td>
<td>White</td>
<td>Non-Hispanic</td>
<td>anxiety, major depression</td>
<td>college</td>
</tr>
<tr>
<td>2 female, transgender, intersexual</td>
<td>39</td>
<td>African American</td>
<td>Non-Hispanic</td>
<td>PTSD, bipolar, depression</td>
<td>high school</td>
</tr>
<tr>
<td>3 female, cisgender</td>
<td>36</td>
<td>White</td>
<td>Non-Hispanic</td>
<td>PTSD</td>
<td>graduate school</td>
</tr>
<tr>
<td>4 female, pansexual</td>
<td>24</td>
<td>African American</td>
<td>Non-Hispanic</td>
<td>none</td>
<td>some graduate school</td>
</tr>
<tr>
<td>5 female, bisexual</td>
<td>43</td>
<td>African American</td>
<td>Non-Hispanic</td>
<td>high blood pressure</td>
<td>high school</td>
</tr>
<tr>
<td>6 female, lesbian</td>
<td>25</td>
<td>Guatemalan</td>
<td>Hispanic</td>
<td>none</td>
<td>graduate school</td>
</tr>
<tr>
<td>7 female, heterosexual</td>
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<td>Non-Hispanic</td>
<td>none</td>
<td>college</td>
</tr>
<tr>
<td>8 female, cisgender, heterosexual</td>
<td>42</td>
<td>African American</td>
<td>Non-Hispanic</td>
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<td>high school</td>
</tr>
<tr>
<td>9 female, cisgender</td>
<td>62</td>
<td>African American</td>
<td>Non-Hispanic</td>
<td>none</td>
<td>high school</td>
</tr>
</tbody>
</table>

**You’re Always Somebody’s Target**

One of our primary objectives was to understand whether service recipients who identify as gender diverse feel comfortable with and accepted by staff and other service recipients in their shelter residence or supported housing. While most of the eight service recipients residing at the gender-diverse-specific shelter reported that they felt comfortable with and accepted by staff members, they described the difficulty of having to be in close proximity to people whom they did not know.

The pros are that they [shelter staff] help you get on your feet, they allow you somewhere to stay, it’s not like an ordinary shelter. It’s treated as if it’s your house. The cons are there’s limited privacy, you have to share stuff, you’re surrounded by people that you barely know that you got to get used to. Some of them might be your family, some of them might be your enemies. But it all takes a toll. When you’re gender diverse, you got people that try little things to get to you, whether it’s good intentions or bad intentions. But you’re always somebody’s target. (Service Recipient 8)
The necessity of sharing space with unfamiliar people and carrying out intimate occupations that placed them in positions of vulnerability (e.g., toileting, showering, dressing, sleeping) served as triggers for anxiety disorders and PTSD in gender-diverse service recipients having a history of chronic discrimination, harassment, and abuse. The nine service recipients in this study recounted pasts characterized by familial rejection, societal discrimination, and victimization during past and present experiences of homelessness.

The one service recipient who was currently receiving services in a non-gender-specific housing site and the four service recipients who had previously resided in non-gender-specific homeless shelters reported that they felt judged by both staff members and other service recipients.

It [the facility] was hell. It was very much judgmental. It made me feel like I was walking in a costume like it was Halloween every day. I couldn’t be the person I wanted to be. You know they [staff and other service recipients] don’t feel comfortable around you because they’re not gay. They [are] very weird about it, or they [are] rude and standoffish. They say the wrong stuff and don’t correct themselves. I [had] people that tried to crack a joke or tried to be funny, and it wasn’t funny. (Service Recipient 7)

**Don’t Ask, Don’t Tell**

Service recipients stated that staff members who were not gender diverse or who did not possess close relationships with gender-diverse family or friends either adopted a “don’t ask, don’t tell” attitude or were perceived as unkind. Service recipients reported that when they experienced harassment from gender-conforming peers in their facility, many gender-conforming staff did not intervene. Such lack of protection by staff members was perceived by gender-diverse service recipients as uncaring.

What I’ve gotten so far is that as long as you don’t try to portray or push what you do onto [staff], you’re fine. Sort of like a don’t ask, don’t tell. If they didn’t ask for nothing, don’t tell. Staff don’t want to know, and they don’t care. (Service Recipient 9)

**They Say That We’re Lazy, No**

Staff members who did not understand the trauma that many gender-diverse homeless youth and young adults experience throughout their lives were perceived by gender-diverse service recipients as uninformed and unsupportive.

A lot of times, people [staff] who work in these places don’t know enough to help people who have had traumatic circumstances, to be honest. Unless the person [staff] themselves has more knowledge or has that real hunger and drive to keep asking questions to better understand. Most of them [staff] don’t know the abuse and rejection that has gone on in people’s [gender-diverse service recipients] lives. Not everybody [service recipients] is mentally stable or has enough energy to get there. People [staff] ignore that part. They say that we’re lazy, no. A lot of times, people [gender-diverse service recipients] are too tired from trying to survive abuse for so many years. People are tired. People have been through bad stuff over and over with no help. There are people who have gone through stuff, punch after punch after punch, and what they’re doing is they’re using their energy to keep themselves alive and to keep themselves focused, that’s what they’re doing. So, they seem like they’re not trying to help themselves. But really, they need more support and sometimes [staff] aren’t equipped to support people who need that much support. (Service Recipient 6)
Many service recipients stated that there was a need for staff sensitivity training to help staff members better understand what it’s like to experience discrimination as a gender-diverse person and how to interact with gender-diverse service recipients in a respectful manner. Service recipients also expressed a desire for staff members who could assist gender-conforming service recipients to understand gender diversity better and demonstrate greater tolerance and respectfulness in the shared living space of a shelter or supported housing.

I feel like it’s all about who you hire. Just hire people who can identify with things of that matter [people having different gender orientations]. Have sensitivity trainings. Hold groups here. Speak about specific stuff. For those who aren’t transgender or gender diverse, help them know how to respectfully speak to someone, respect someone’s pronouns, use the name they want to be called by, respect who they want to be with. (Service Recipient 2)

Service recipients also stated that they desired to have help understanding gender diversity, the trauma that they experienced throughout their lives, and how past trauma contributed to their present life situation.

I think that [we need] more groups broadening the education of gender diversity. Because I feel like it’s not just one specific thing like, “Oh, you identify as a man or a woman.” I think it’s a bit broader, it’s deeper. I feel like there are people that come here and don’t fully understand themselves, don’t understand what they’ve gone through, and why they ended up here. If someone here could give them little pieces of information that might help them get the bigger picture, I think that might be helpful. (Service Recipient 4)

**We Need Help Preparing Ourselves for Actually Living on Our Own**

Although many service recipients could not clearly identify the types of services that would be most important for them to transition from the shelter to tenancy, one service recipient who had previously resided in homeless shelters was able to provide a more specific and precise answer regarding both the transition to housing and adulthood.

Most of the places I have been just provide for your basic needs. We need more than that. I’m grateful for a bed to sleep in and meals each day. But we need mental health [care] and therapy and things of that nature. [We need] help applying to different programs and for benefits. Help with searching for housing and then preparing for housing. We need help preparing ourselves for actually living on our own. Like working out transportation and finding a job. We got to know how to save and spend money, maybe I want to go back to school. We need coming-of-age resources. I’m learning because I’m 21, but a lot of people are coming here, like 18, 19, and people don’t realize but that’s a very critical age for pushing people into adulthood properly. A lot of young minorities that are in this community [LGBTQIA+] especially, people were not kind with them or patient with them, people didn’t teach them how to grow up, how to do adult stuff. And so they don’t know how to do it themselves. We need resources that actually help us push us in the correct direction. Because by the time you’re 21, if somebody passed 21, most likely they’re going to be like 27, 28 and still lost and still struggling. (Service Recipient 7)

**OK, What Pronouns Do You Want Us to Use?**

Although staff members all reported that they felt comfortable interacting with and providing services to gender-diverse service recipients, many were unable to identify the needs of this population...
Beyond using appropriate pronouns and providing safe housing, many also stated that the practices of their facilities were not up to date with regard to identifying gender identity on intake forms and using it to assign bed placement.

I think for us, the biggest challenge was just because of our social programming, you see someone who you would say looks or presents like a traditional male or traditional female, and like, I think it was a learning process for us to really slow down and make sure we use the correct pronouns that they identified. “OK, what pronouns do you want us to use?” We would kind of catch each other on that and then, like, apologize. I think we’ve definitely gotten better throughout the years but that was our biggest challenge. We have an intake for the demographics portion [of the form] that asks gender. I believe the breakdown is male/female and then trans-male/trans-female; those are the categories. As of right now that’s our electronic health record. So, I guess until they [facility] catch up, those are kind of the broad categories that we have for gender. (Staff Member 2)

Another staff member commented:

I wouldn’t say that everyone’s welcoming. In this environment, not everybody’s very accepting of it, so some challenges that they may face is say if they’re transgender they [staff members] may place them in housing that’s with the gender they were assigned at birth versus the gender that they identify with. Even if they’re not transgender, just not respecting their pronouns or their identity as a whole. (Staff Member 5)

One staff member equated using a service recipient’s chosen name, as opposed to their birth name, to using a nickname.

It’s funny because I just had a situation with one of my [service recipients]. I think it is a legal written form, we do ask for their name, but if they want a nickname while they’re here, we can definitely do that. Like, I had a person here, she wanted to be referred to as [name], and that wasn’t her real name. And that was fine. (Staff Member 6)

Although one staff member identified the need to use a trauma-informed approach, she was unable to articulate what a trauma-informed approach meant behind “being humble,” “listening,” and “letting them [gender diverse service recipients] know what their needs are.”

I think it’s really coming from a trauma-informed approach. Every single person that I’ve worked with who was gender diverse mentioned, you know, significant trauma. So, just coming from that framework when working with them and just being humble and listening and letting them know what their needs are and what their concerns are and kind of helping them fill that gap and getting the resources and linkage they need. (Staff Member 3)

**When it Comes to That Training, it’s Mostly Self-Taught**

Many staff members stated that they did not receive formal training from their facility to address the needs of gender-diverse service recipients. Instead, several staff members reported that they either sought some form of formal training on their own or learned about the experience of gender-diverse youth from their own lived experience or from the experience of family members and friends who identified as
gender diverse. Similarly, most staff members were unable to identify the types of training that could best support their work with a gender-diverse population beyond using correct pronouns and using chosen names rather than birth names.

So, I have not received formal training specifically for that population [gender-diverse youth]. Many, many years ago, early on in my career, I did [seek training], just to better understand the population, how to better communicate, how to respect certain things. Because one of the things I wanted [was] to get comfortable, understand, and respect gender pronouns. And also knowing how to be more comfortable with asking questions at intake. Like, how do you prefer to be referred to as. Some transgenders change their names. So even though their biological name, let’s say their city or county ID says one thing, that’s not the name they prefer to be referred to. So those are some of the things I learned. (Staff Member 7)

It’s a Big Topic That No One Really Talks About

When asked to identify what types of medical and psychological services are needed by a gender-diverse youth population, staff members as a group were able to name the following resources, but few individually were able to name more than two: access to health care providers who are nonjudgmental and educated about gender diversity; reproductive health care, hormonal therapy for transgender persons; psychiatry for diagnoses, such as ADHD, bipolar disorder, depression, PTSD, and anxiety; suicide prevention; substance use recovery; and peer-support groups. Beyond housing assistance, however, staff members reported that their facilities referred service recipients to external providers for all other services. Although staff members stated that support groups for service recipients were commonly held at their facilities, they were not specific to gender-diverse youth.

We don’t have support groups directly readily available for them [gender-diverse service recipients] so it’s a matter of connecting them to the most adequate services needed. I just really do think it’s needed in all shelters, all supportive service facilities that service gender diverse [people]. (Staff Member 4)

Me and my staff do talk a lot and I think we should do something regarding gender diversity at [name of facility], so I might just actually talk to my boss regarding it because it’s a big topic that no one really talks about. (Staff Member 8)

One staff member who had been working with gender-diverse homeless youth for over a decade commented on the lack of services for this population in general.

This is my first job working in [name of state]. I was taken back by, lack of a better term, the set-up of failure here for these kids. I mean for the homeless youth and the homeless population who are gender diverse, they don’t have adequate housing or rental assistance programs readily available for these kids. They don’t have enough supportive housing for them. It’s really sad. Because they are left to kind of survive on their own resources. I don’t even want to say resources, really. They just aren’t surviving because they are lacking the services. It’s sad. I get so many calls for people needing shelter who are over the age of 26 and there’s nowhere that I can refer them to, especially those that are gender diverse. There are none. I’ve gotten calls for kids under the age of 18. You know you have [facility name], but they are not specifically gender diverse. And most of
the kids I get [at my shelter] come from there [a different shelter] because they don’t feel safe. (Staff Member 7)

**The Recipients Have to Get a Little Bit More Motivated**

While many of the staff members stated that they were aware of the common traumatic histories that many gender-diverse service recipients possess, only one of the nine staff members was able to describe how trauma can impact programmatic participation and outcomes.

You have families [who] culturally or religiously don’t believe [in gender diversity], and they turn their backs on them, put them in the streets when they were 13, because [they] don’t agree with their sexuality or their gender preference or whatever the case may be. Hence, they [gender-diverse service recipients] have no family support. They’re still trying to emotionally evolve and grow to find out who they are as an individual while at the same time living [an] adult life, and [they] have to survive as an adult, but yet they’re still a kid. That’s most of these kids here [at shelter]. (Staff Member 7)

Staff member 7 was the only one of the nine staff participants able to identify services needed by gender-diverse youth to address the trauma that has impacted their life trajectories to date.

I’d actually like to see more in-house services. Mental health onsite services, minimally 3 days a week. I would like to see some substance abuse or psychotherapy groups here. Financial management, because they are financially unmanaged. Housing, I know some, but I don’t know it all, we need a housing specialist here for them. Getting and keeping a job. Taking care of an apartment. Many of them lose their housing because they don’t know how to take care of things or pay bills, and they get kicked out. They don’t know how to be respectful tenants. They lose their jobs because they don’t know how to be on time or how to interact with bosses. And I would like to see trans-specific programs here, too. (Staff Member 7)

Although most other staff members acknowledged the significant trauma that led to service recipients’ current homelessness, staff members did not appear to understand how such chronic trauma—combined with a lack of basic life skills—could impact motivation levels and the ability to formulate goals, break them down into manageable components, and take action through a series of small steps.

I can just say the recipients have to get a little bit more motivated. That’s the only thing. On the staff level, it’s all there. But we have to find a way to motivate these people [service recipients] to really get out there and do what they have to do because there’s a lot of laziness going on. (Staff Member 1)

**Discussion**

One of the major findings of this study was that all but one of the nine staff members possessed little understanding of the cumulative trauma that gender-diverse homeless youth and young adults experience throughout their lives, how that trauma contributed to their present homelessness, and what a trauma-informed approach to shelter and supported housing care means beyond using appropriate pronouns and chosen names instead of birth names. This lack of knowledge mirrors that of the larger society and may result from what Namaste (2000) labels as institutional erasure, in which the identities and needs of gender-diverse service recipients are ignored or obliterated by a heteronormative population...
that is uncomfortable with gender diversity. Namaste argues that policies, such as omitting gender identity on intake forms, failure to provide gender-neutral bathrooms and shower facilities, and bed assignments based on birth sex, are procedures that erase the identity of gender-diverse persons in social welfare agencies.

Similarly, all staff members reported that the facilities in which they were employed did not provide sensitivity and awareness training specific to gender-diverse service recipients, and many staff members stated that such knowledge more commonly emerged from their personal experience or that of close family and friends who identified as gender diverse. The lack of formal training provided by the facilities may have been because of a lack of resources, including funding and personnel. However, the non-gender-specific multisite that provided supported housing required extensive staff training in other areas. The failure to provide gender-diverse-specific training may have more likely resulted from a lack of awareness of the need for diversity, equity, and inclusion initiatives and creating a culture of acceptance.

Discrimination and harassment of gender-diverse people living in Western societies have occurred for decades, if not centuries (Dryden, n.d.; Government of Canada, 2022; Robinson, 2020). It has only been in roughly the last decade that the gender-diverse community has won important civil rights, including gay marriage and protection from employment and housing discrimination in Western countries (Dryden, n.d.; Government of Canada, 2022; Liptak, 2021; Rhodes, 2017). The health care, social welfare, and public school system needs of the gender-diverse community similarly have only recently been acknowledged, and while more liberal regions of the United States, Canada, Australia, and the United Kingdom have tried to support and accommodate this community’s needs, backlash against such liberalism has attempted to erode these newly won rights and accommodations (Lempinen, 2022). Likewise, while there is a small body of literature that describes this community’s experience of trauma and homelessness, it has not sufficiently translated to trauma-informed staff training and intervention practices in the shelter and supported housing systems (Gutman et al., 2021).

Several reasons may account for why knowledge regarding the needs of a gender-diverse youth population has not translated to practice. One reason may be a lack of funding and resources. Funding for sufficient staff and appropriate training in social welfare agencies, including homeless shelters and supported housing, has notoriously been deficient, and unless required by an oversight committee, often at a governmental level, they are commonly omitted. The high level of staff turnover in social welfare agencies, frequently resulting from low pay and poor benefits, additionally contributes to a lack of programmatic consistency and follow through of care plans and a continuous stream of unseasoned, untrained employees who often feel burdened by the enormous needs of such facilities and their residents (Paat, 2021).

A second reason for the lack of knowledge translation may be the idea put forth by housing agencies in the last two decades that the provision of housing itself could ameliorate the factors contributing to homelessness (Waegemakers Schiff & Rook, 2012); however, recent literature and the findings of this study show this idea to be inaccurate (Kertesz & Johnson, 2017). In the present study, five of the nine service recipients reported that they had been in homeless shelters previously. Staff Member 7, who had worked with gender-diverse homeless youth and young adults for over a decade, reported that many who attain housing commonly forfeit it for multiple factors, including loss of employment, difficulty with money management and timely utility bill and rent payment, lack of knowledge regarding appropriate interaction with landlords and supers, misunderstanding about how to live civilly and respectfully with
neighbors and community residents, and lack of understanding about apartment management and care of common areas. These basic daily life skills of adulthood were likely never learned as a result of broken family systems and familial rejection occurring before the transition into young adulthood (Earnshaw et al., 2020; Mountz & Capous-Desyllas, 2020). When these factors are combined with additional issues, such as substance use and untreated or poorly managed mental health concerns ensuing from or exacerbated by a lifetime of trauma, it is easy to understand why housing alone does not sufficiently address the needs of a gender-diverse homeless youth population. Service Recipient 7, who had experienced homelessness on previous occasions, recognized the need for “coming-of-age” services or assistance in learning basic life skills needed to seek and maintain employment, manage finances, care for an apartment, manage one’s health conditions, and live respectfully and civilly in the larger community.

**Implications for Occupational Therapy Practice**

In addition to the need for staff awareness and sensitivity training, this study’s findings include the need for gender-diverse specific shelter systems (much like protected shelters for women who experience homelessness as a result of domestic violence) and the provision of services designed to address the unique needs of gender diverse youth within non-gender specific shelter and supported housing sites. Both service recipients and staff members also identified the need for regular mental health counseling. These findings corroborate data previously reported in the literature (Abramovich & Kimura, 2021; Morton et al., 2018; Robinson, 2020, 2021). One service recipient and staff member additionally identified the need for a service provider who could help service recipients attain daily life skills needed to transition into adult occupations, including independent community living, apartment management, seeking and maintaining employment, financial management, and self-management. The service provider under whose domain of concern these skills fall is an occupational therapist.

Although the provision of occupational therapy services to homeless shelters and supported housing residents has been increasingly documented in the literature, occupational therapists do not routinely work in such settings, largely because social welfare agencies commonly do not have funding for occupational therapy positions and because agency directors may not be aware of how occupational therapy services could assist this population to transition from the shelter system, maintain housing, and integrate into the community. Yet, the skills of occupational therapists are essential in these settings and could meet the needs of staff members and gender-diverse service recipients. Occupational therapists could act as consultants to help facilities create competency-based sensitivity and awareness training for staff members to understand better gender diversity and the needs of gender-diverse service recipients, including guidelines regarding the use of preferred pronouns, chosen versus birth names, and the identification of language and behavior that could be perceived as covert forms of macro- and microaggressions. Occupational therapists could also mentor staff to examine and release preconceived biases and judgments regarding gender-diverse persons.

Environmental modification could take the form of conducting assessments to ensure the availability of gender-neutral bathrooms, bed and room assignments based on gender identity rather than birth-assigned sex, and intake forms that include a full representation of gender categories. Occupational therapists could also assist facilities in creating heightened privacy and quiet spaces using inexpensive materials such as screens, headphones, dividers, and panels.

Therapists could additionally assist staff members to better understand the chronic trauma that many gender-diverse minorities have experienced, the factors that lead to and maintain their homelessness,
and the ways that unaddressed trauma can adversely affect programmatic participation and outcomes. Helping staff members understand that service recipients who have been traumatized over years often experience PTSD, social and emotional withdrawal, and physical and emotional exhaustion and modify the perception that service recipients lack motivation. Occupational therapists could also provide education regarding how a trauma-informed approach translates to care in the shelter and supported housing systems, including providing time for newly admitted service recipients to decompress from years of victimization, discrimination, and rejection. Therapists could also facilitate support groups for gender-diverse youth and young adults through which they could better understand themselves, gender diversity, and their goals as independent adults. And certainly, occupational therapists could help service recipients attain daily life skills needed for basic self-care, financial management, apartment management, seeking and maintaining employment, health management, community integration, selecting healthy recreational occupations, and general time use and organization.

Although occupational therapists are critically needed within the shelter and supported housing systems to work with both gender-conforming and gender-diverse service recipients, a shortage of occupational therapists in these settings will likely continue as a result of both underfunding and lack of awareness of how occupational therapists can assist this population. To address this gap in service delivery, we call on the few occupational therapists who are already employed in these settings to address the specific needs of gender-diverse residents. We also encourage occupational therapy educational faculty and students to address the unique needs of gender-diverse homeless youth and young adults through fieldwork and capstone projects in their schools’ established curricula. Western society’s awareness of the need to address diversity, equity, and inclusion among traditionally marginalized groups has expanded in the last decade. As a profession, we must push the envelope further and address the service needs of the most marginalized groups who have been and continue to be ostracized because of the intersectionality between race, socioeconomic disadvantage, and gender diversity.

Limitations

Several limitations of this study exist, including sample size. Although we had a small number of 18 participants who completed this study, many of the findings were similar to those reported in the emerging body of literature regarding the experience of gender-diverse youth in homeless shelters and supported housing (Abramovich & Kimura, 2021; Morton et al., 2018; Robinson, 2020, 2021; Vandenburg et al., 2022). That many of the findings were corroborated by other researchers strengthens the validity of the findings reported in the present study.

We also obtained our participants from the same general region of a large northeastern urban area of the United States. This area is known to be a liberal and more progressive area of the country and may not represent other regions of the United States or other countries. We also note that our participant enrollment may have been skewed, as eight of the nine service recipients resided in the shelter specific for gender-diverse youth and young adults. However, four of the eight had previously resided in non-gender-specific shelters and were able to describe and contrast these prior experiences with their present shelter or supported housing residence. Similarly, four of the nine staff members identified as gender diverse and may not have represented the larger group of staff members working in each site. It is likely that staff members who identified as gender diverse may have been interested in participating in this study because of their personal experience and may already have possessed a heightened awareness of the need to address a gender-diverse population’s service needs.
Future Research

The next step of this research requires the translation of findings into practice guidelines for occupational therapists. Practice guidelines should be developed that address occupational therapy services in three primary areas: (a) competency-based sensitivity/awareness training and education for staff members and gender-conforming service recipients; (b) environmental modification to increase safety and reduce the discomfort of gender-diverse service recipients in shelter and supported housing settings; and (c) direct services to help gender-diverse service recipients learn needed skills for apartment living, employment seeking and maintenance, and optimal community integration. These practice guidelines should then be assessed for effectiveness and service recipient satisfaction through intervention effectiveness studies.

Conclusion

This study corroborates several findings from previous studies: (a) the gender-diverse service recipients in this study often felt unsafe and uncomfortable in their shelter and supported housing settings, particularly if such facilities were not specific to an LGBTQIA+ community (Robinson, 2020, 2021; Vandenburg et al., 2022); (b) staff members lacked formal training to address the unique needs of a gender diverse community within the shelter and supported housing systems (Paat et al., 2021); and (c) facilities were not up to date with regard to policies regarding pronoun use, identification of gender on intake forms, bed assignment based on gender identity, and use of chosen names instead of birth names (Abramovich & Kimura, 2021). Two primary findings newly contribute to the literature: (a) gender-diverse service recipients perceived that staff members misinterpreted traumatization as avolition and lacked an understanding of the ways that cumulative trauma adversely affects programmatic participation and outcomes, and (b) gender-diverse youth and young adults in shelter and supported housing systems have sustained trauma that has fractured their ability to attain daily life skills needed to transition to adult occupational roles and activities. Such breaches in their knowledge base likely serve to maintain their homelessness despite repeated shelter admissions and housing placements.

Occupational therapists could provide essential intervention to a gender-diverse youth population in the shelter and supported housing system. Such services could help gender-diverse youth attain daily life skills to transition from the shelter to more stable housing, seek and preserve employment, and better manage mental health conditions. Occupational therapists could also implement environmental modifications that would enhance safety and comfort for gender-diverse persons, facilitate support groups in which gender-diverse service recipients assist each other to better understand themselves and their experiences, and provide competency-based sensitivity training for staff and gender-conforming service recipients to promote peaceful co-habitation within the shelter and supported housing environments.

Although the profession’s literature documents that occupational therapists are increasingly assuming more prominent roles within the shelter and supported housing systems in Western countries, there remains little acknowledgment of the need to specifically assist those service recipients who are among the most marginalized in our society because of the intersectionality between race, gender identity, and socioeconomic disadvantage. It is critical at this time in Western history, when the civil rights of gender-diverse persons are becoming better recognized and understood, that the profession of occupational therapy similarly acknowledge the needs of gender-diverse minority youths and young adults in shelters and supported housing who could greatly benefit from the skills that occupational therapists possess. All health care professionals have both implicit and explicit contracts with society to use their
training and education to benefit all members of society, including those who have been ostracized and have longstanding histories of discrimination, harassment, and victimization. Societies are most just when all members can equally participate in basic human occupations that are essential to quality of life; having livable wage employment opportunities to earn money and derive a sense of purposefulness, having permanent and safe shelter from the elements and external world, and participating in the roles and occupations of a community member to attain resources and social affiliation. Wilcock and Townsend named this occupational justice (2000), and few groups exist for whom occupational injustice has been more enduring than minority gender-diverse youth.

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