A Scoping Review Examining Interventions Intended to Help LGBTQIA+ Youth Transition Out of Homelessness

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Abstract
Objective: Youth self-identifying as lesbian, gay, bisexual, transgender, questioning/queer, intersex, asexual, and other identities (LGBTQIA+) are overrepresented among the homeless youth population in western countries. Although scholars have documented the situations and events contributing to disproportionately high rates of homelessness among LGBTQIA+ youth compared to cisgender peers, researchers have not as thoroughly examined the efficacy of services available to this group to assist their transition from homelessness to stable residency. The purpose of this scoping review was to examine the peer-reviewed literature to determine how many journal articles have been generated that addressed (a) the assessment of client satisfaction or (b) the effectiveness of intervention designed to help LGBTQIA+ homeless youth transition from homelessness to stable tenancy.

Method: A database search of six peer-reviewed, health care publication indexes, with 50 key search terms was performed. The database search spanned publication years with no beginning year, but ended in January 2021.

Results: Nineteen articles were identified that described programming, reported intervention outcomes, or outlined policies and recommendations intended to help LGBTQIA+ youth transition out of homelessness. Of the 19 studies, only five (26.31%) reported program evaluation (n=1, 5.26%), the assessment of intervention effectiveness (n=2, 10.52%), or an analysis of client satisfaction (n=2, 10.52%). Findings exemplify the dearth of scholarship and research examining this area of academic inquiry and public health need.

Discussion: Without empirical research investigating service provision for the LGBTQIA+ homeless youth population, service providers have little data upon which to inform practice based on an understanding of the services that are needed and desired by this population to transition out of homelessness, the effectiveness and perceived satisfaction of those services, and whether services should be modified to better meet the needs of those for whom it was intended. Scholars and researchers are called upon to generate this needed public health research, which should include service recipient perspectives to target outcomes and interpret findings.

Keywords: LGBTQIA+, homeless youth, housing transition, intervention effectiveness, client satisfaction
Introduction

Youth homelessness is an escalating societal problem in westernized countries and is defined as the condition in which a young person between the ages of approximately 13-24 lacks a safe and stable place in which to reside on one or multiple nights over a period of time (National Conference of State Legislators, 2021). Estimates suggest that 41,000 unaccompanied youth in the United States (U.S. Department of Housing and Urban Development, 2017), 35,000-40,000 youth in Canada (Gaetz et al., 2016), and 27,680 youth in Australia (Australian Bureau of Statistics, 2017) are homeless on any given night. It is estimated that 121,000 youth in the United Kingdom requested or used homeless services in 2020 (Centrepoint, 2021). Common forms of homelessness include street sleeping (or rough sleeping) (Parsell et al., 2020), couch surfing or sleeping in a series of impermanent conditions (Roberts, 2020), and transitioning through temporary shelters (Robinson, 2020).

Researchers further suggest that a disproportionate number of homeless youth self-identify as lesbian, gay, bisexual, transgender, questioning/queer, intersex, asexual (LGBTQIA+); the “+” in this abbreviation denotes people who do not identify with traditional gender roles but who not identify as LGBTQIA. It is estimated that between 20% to 40% of youth experiencing homelessness in North America self-identify as LGBTQIA+, with higher percentages of this range reported in large urban areas (Gaetz et al., 2016; National Conference of State Legislators, 2021). The risk of homelessness is estimated to be 120% higher for youth who self-identify as LGBTQIA+ compared to their same-age, heterosexual, cisgender peers (Morton et al., 2017; Morton et al., 2018). Additionally, identifying as both a member of the LGBTQIA+ community and a racial or ethnic minority (e.g., Black, Brown, African American, Hispanic) further increases the risk of homelessness (Morton et al., 2018).

Researchers have documented many of the factors underlying the overrepresentation of LGBTQIA+ youth among the homeless youth population. The most common reasons occurring in the family of origin or foster care placements in response to disclosure of sexual identity or gender orientation (Mountz & Capous-Desyllas, 2020). Many homeless youth report having been sexually victimized, physically abused, and verbally harassed by family members and foster care guardians who displayed homophobia and transphobia (Robinson, 2021). Such discrimination and abuse may have transpired over years or occurred primarily after the youth’s gender orientation disclosure. LGBTQIA+ youth also commonly report school bullying and violence in response to gender non-conforming behaviors, that frequently continues and even escalates after youth seek assistance from school officials (Earnshaw et al., 2020), Youth who experience such abuse, discrimination, and violence commonly leave family and foster care homes of their own volition or are ejected after disclosure (Mountz & Capous-Desyllas, 2020). Family rejection of one’s core identity, particularly at a developmental period when adolescents and young adults traditionally explore and shape their gender orientation through experimentation and testing, is often experienced as traumatic (Robinson, 2020, 2021). When LGBTQIA+ youth are displaced from foster care homes or leave in response to discrimination and abuse, they leave situations in which they were placed for their own protection. Consequently, youth having such experiences report feeling demoralized and abandoned by the very child welfare system that was designed to safeguard them (Dolamore & Naylor, 2018).

The effects of family, foster care, and school abuse become cumulative and commonly propel a cascade of mental health concerns, including low self-esteem and suicidality (Fish, 2020). It is not surprising then, that LGBTQIA+ youth report the highest rates of mental health concerns in comparison to their same age, cisgender counterparts. According to a National Alliance on Mental Illness report (2021), LGBTQ youth are twice as likely as their cisgender peers to experience depression, anxiety, and a substance use disorder, while transgender youth are four times as likely. The same report suggests that LGBTQ youth are twice as likely to have made a
suicide attempt, with transgender youth having the highest suicide risk at 40%, compared to less than 5% of the general United States population.

When homeless, LGBTQIA+ youth are at a heightened risk of victimization and participation in behaviors of self-harm. Unsafe behaviors—such as survival sex (trading sex for shelter and food), unprotected sex, sex with partners using intravenous drugs, and sex with strangers—increase their risk for human immunodeficiency virus (HIV) and sexually transmitted diseases (STD), sexual exploitation, and physical assault (Keuroghlian et al., 2014). Earlier ages at which LGBTQ youth disclose their gender orientation are positively correlated with higher numbers of lifetime sexual partners, greater incidences of forced sex, higher risk of unprotected sex and HIV or STD contraction, and increased incidences of sex while intoxicated and unable to assess risk level (Keuroghlian et al., 2014; Price-Feeney et al., 2020).

Because of their conflicted and often severed family relationships—emotional, mental, and physical health needs, and educational and life skill gaps resulting from periods of unstable housing—LGBTQIA+ homeless youth have a unique set of needs that must be addressed to help this population transition out of homelessness. Many of the same discriminatory and abusive behaviors that initially caused them to leave the family or foster care home, reoccur in juvenile shelter systems: violence is often perpetrated by homophobic and transphobic peers, heteronormative staff may inadvertently or advertently display discriminatory behaviors and language, and sex-segregated shelters may implement LGBTQIA+-insensitive policies and practices that have the effect of excluding this population or forcing it to become invisible (i.e., assigning shelter placements based on birth sex rather than self-identified gender, and failing to provide private showering facilities and gender neutral bathrooms) (Robinson, 2020, 2021).

LGBTQIA+-specific youth homeless programs are scarce in western countries (Norman-Major, 2018). Prock and Kennedy (2017) surveyed 124 transitional living programs (TLPs) in the U.S and found that only 43.5% offered LGBTQIA+-specific services among the larger array of programming for all residents. Only ten TLPs were designed to cater to the needs of LGBTQIA+ youth alone, and these were primarily located in large urban centers. Abramovich and Kimura (2021) noted a similar lack of LGBTQIA+-specific transitional living programs in Canada. McNair and Andrews (2020) described four TLPs in Australia that offered services specifically tailored to LGBTQIA+ homeless youth; a fifth TLP provided general homeless youth services as well as LGBTQIA+-specific resources.

Although the existence of LGBTQIA+-specific TLPs for homeless youth is minimal, researchers and policymakers have attempted to document needed services and formulate best practice models. LGBTQIA+-specific services and policies include support groups and counseling, LGBTQ- affirming therapy, gender-neutral bath- and bedrooms, the availability of private showering facilities, referrals for hormone therapy, community and personal advocacy, community outreach and mentoring, HIV and STD awareness and prevention, substance use harm reduction, educational and employment assistance, financial education, and independent living skills (Abramovich, 2016; Keuroghlian et al., 2014; Prock & Kennedy, 2017).

However, while researchers have examined the reasons accounting for the overrepresentation of LGBTQIA+ youth among the homeless, and have begun to both document the insufficiency of LGBTQIA+-specific homeless youth services and recommend best practice models, it appears that little attempt has been made to assess existing services with regard to effectiveness and perceived satisfaction. Although some researchers have suggested that it is difficult to select program outcomes that adequately reflect participant gains (Stevens & Morgan, 2001), such data regarding effectiveness and satisfaction are critically needed to understand whether existing services adequately meet the needs of LGBTQIA+ homeless youth. In addition, there is a need to understand if the modification of services is necessary to better help this population transition out of homelessness.

The purpose of this scoping review was to examine the literature describing LGBTQIA+ homeless youth programs to understand what attempt has been made to (a) assess service provision, (b) identify exiting gaps in intervention accessibility and assessment, and (c) formulate evidence-based recommendations for policies and practices supporting LGBTQIA+
homeless youths’ transition out of homelessness. Our research questions queried:

- How many peer-reviewed journal articles have been generated that addressed the assessment of (a) intervention programs and (b) participants’ perceived satisfaction of services designed to help LGBTQIA+ homeless youth transition from homelessness into stable residency? From which professional areas and countries did this body of literature emerge?
- What outcomes were used to assess programs and services (e.g., percentage of participants attaining outcomes such as tenancy, employment, school completion, harm reduction)?
- What types of services were identified as existing and accessible?
- What types of practice and policy recommendations were generated?
- Which subpopulations of the LGBTQIA+ community were addressed in this literature?

**Method**

The methods for this scoping review were based on the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for scoping reviews (PRISMA) guidelines containing 20 essential reporting items needed to ensure methodological rigor and reporting quality (Tricco et al., 2018).

**Search Strategy**

A database search of six peer-reviewed, health care publication indexes including PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), PsycInfo, Embase, Scopus, and LGBTQ+ Source was performed by a research librarian to identify peer-reviewed journal articles that addressed LGBTQIA+ youth homelessness. The search was executed on February 24 and 25, 2021. LGBTQIA+ youth was defined as adolescents and young adults self-identifying as lesbian, gay, bisexual, transgender, questioning/queer, intersex, asexual, or gender non-specific and uncategorized. Homelessness was defined as the lack of a safe and stable residence, and included conditions such as street or rough sleeping, couch surfing, and temporary shelter residence.

Three sets of key search terms were combined: (1) adolescent, teen, youth, minor, and young adult; (2) gender identity, sex role, gender role, sexual minority, gender minority, sexual and gender minorities, non-heterosexual, sexual dissident, LGB, LGBT, GLBT, lebgay, gay, men who have sex with men, women who have sex with women, lesbian, homosexual, homosexuality, bisexual, bisexuality, queer, intersex, intersex persons, transgender, two-spirit, transsexual, transsexualism, asexual, disorders of sex development, nonbinary, nonbinary, gender non-conforming, gender non-conforming, and gender-variant; and (3) homeless, rough sleep, couch sleep, couch surf, sofa surf, street people, street youth, runaway, street child, shelter, and homeless persons.

**Study Selection**

Inclusion criteria consisted of articles that (1) were peer-reviewed; (2) were retrievable through an academically accepted online database; (3) were written in English; (4) addressed any members or subgroups of the LGBTQIA+ community of adolescents and young adults experiencing homelessness; (5) described programs, reported the assessment of intervention, or delineated policy and service recommendations specifically intended for LGBTQIA+ homeless youth; and (6) reported sufficient details to allow for data extraction to occur based on precise study criteria. Peer-reviewed literature was selected because of its ease of access and higher level of rigor, based on the blinded peer-review process and authorship by researchers and scholars trained in data collection and analysis. Articles in which policy recommendations were detailed were included in the event that such recommendations were based on some form of outcome data. Articles that described the problem of LGBTQIA+ youth homelessness, but made no attempt to describe existing services, assess the outcome of service provision, or make policy and service recommendations, were excluded. Systematic reviews were excluded; however, the single studies comprising reviews were assessed for inclusion. Literature reviews that addressed the overrepresentation of LGBTQIA+ youth among the homeless population in order to make policy recommendations were included; however,
when literature reviews described existing services or outcome data, they were excluded, and the articles upon which the literature review was based were assessed for inclusion. The database search spanned publication years with no beginning year, but ended in January 2021.

Data Extraction

Once the database search had been executed, data were extracted by the first and second authors independently using Covidence (2020). To determine whether retrieved articles met study inclusion criteria, both the first and second authors independently read all abstracts of identified publications. Articles that were determined to meet inclusion criteria by both authors separately, were then jointly analyzed until consensus was reached. When consensus could not be attained, final determination of article inclusion was made by the third author. This process was then replicated for articles selected for full-text review. A final data extraction step involved searching the references of included full-text articles for additional relevant articles that the database search strategy may have omitted. Additional articles that were retrieved through reference page search were then reviewed using the above-described procedure.

Data Charting Process

Charting of extracted articles was performed independently by the first and second authors. After independent analysis, both authors performed fidelity checks on each other’s work to ensure the accuracy of charted data. When the first and second authors could not determine consensus for specific articles, the third author performed fidelity checks on the articles in question to finalize the accuracy of charted data.

Chart variables included (1) article publication reference information; (2) article summary; (3) article type (e.g., literature review with suggestions for practice and policy change, research study, narrative program description, program evaluation, policy guidelines); (4) research design; (5) population addressed (i.e., which subgroup[s] of the LGBTQIA+ community was identified); (6) whether the article reported data regarding intervention effectiveness or participant satisfaction; (7) country from which the article emerged; and (8) authors’ profession.

Synthesis of Results

Frequency data were calculated for the following chart variables: article type, research design, population addressed, determination of whether the article reported intervention outcomes, author profession, and country(ies) from which the article emerged. Article information regarding provided services, recommended policies and best practice models, and research study results were categorized, collated, and summarized.

Results

The search strategy yielded 2746 articles with 1180 duplicates that were removed; 1566 article titles and abstracts were then screened for relevancy (see Figure 1). Screening revealed that 1473 articles did not meet study inclusion criteria leaving 93 articles that were assessed for full-text eligibility. The majority (n=1469) of excluded articles at this stage were eliminated because they did not address the population of homeless youth self-identifying as LGBTQIA+. Seventy-four articles were further excluded, leaving 19 articles that described programming, reported intervention outcomes, or outlined policies and recommendations intended to help LGBTQIA+ youth transition out of homelessness. The most common reasons for exclusion at this stage included lack of information regarding service outcomes and policy suggestions, (n=41) and publication in non-peer-reviewed venues (n=18).

The 19 articles were published in a 16-year period from 2006-2021, with the majority of articles published after 2013 (n=11, 57.89%). The yearly mean of published papers was 1.58 (SD=0.99). The year in which scholars published the highest number of articles addressing programs, interventions, or policy recommendations for LGBTQIA+ homeless youth was 2016, with four papers (21.05%). The 19 articles were produced by scholars from the US (n=16, 84.21%) and Canada (n=3, 15.78%), and emerged from one discipline (gender studies: n=1, 5.26%) and five professions (social work:
n=7, 36.84%; law: n=4, 21.05%; public health, public administration, public and international affairs: n=4, 21.05%; psychiatry: n=2, 10.52%; psychology: n=1, 5.26%).

The predominance of articles were research studies (n=7, 36.84%) and literature reviews with suggestions for practice and policy changes (n=6, 31.57%). Six articles were narrative program descriptions (n=3, 15.78%), discussion papers intended to inform policy (n=1, 5.26%), program evaluations (n=1, 5.26%), and policy guidelines (n=1, 5.26%). Of the 19 studies, only 5 (26.31%) reported program evaluation (n=1, 5.26%), the assessment of intervention effectiveness (n=2, 10.52%), or an analysis of client satisfaction (n=2, 10.52%) (see Table 1).

**Extraction of Data Diagram**

| 2746 references imported for screening | 1180 duplicates removed |
|----------------------------------------|-------------------------|
| 1566 studies screened against title and abstract | 1473 studies excluded |
| 93 studies assessed for full-text eligibility | 74 studies excluded |
| 19 studies included |

| □ 41 did not address service assessment or policy recommendation |
| □ 18 were not published in peer-reviewed venue |
| □ 14 did not address LGBTQIA+ homeless youth population |
| □ 1 conference abstract without full article |

**Program Evaluation**

Only one article (5.26%) in this body of literature reported program evaluation of a TLP, which was a 10-bed temporary residence for homeless youth who self-identified as LGBTQ, called Green Chimney’s Children Services of New York (Nolan, 2006). Program outcomes included participants’ program exit status, and educational and employment attainment. Through a retrospective record review of 40 resident files, Nolan reported that a predominance of residents (42%) were asked to leave the program as a result of repeated rule violations, 32% exited after program completion, and 25% left volitionally with or without plans. Of those who exited the program prior to or after completion (and who were not requested to leave), a majority (47%) transitioned to a private residence, while 33% left for college, the military, or the street. More than half (57%) of participants had obtained employment at program exit, while another approximate third (37.5%) had successfully completed high school, obtained a General Education Development (GED) test, or enrolled in college. Nolan additionally interviewed a small group of 11 former program residents who reported that TLP services helped them learn money management, interpersonal communication, time management,
prioritization, goal setting, and greater independence and responsibility (see Table 1).

**Assessment of Program Effectiveness**

Two studies (10.52%) used quantitative methods to address treatment response and participant post-intervention outcomes. In one study, an LGBTQ gender-affirming care approach, referred to as My Treatment Empowerment for Adolescents on the Move (iTEAM) was assessed for effectiveness with 210 youth participants who self-identified as LGBTQ or a straight ally (cisgender person who supports LGBTQIA+ rights) and who were homeless or near homeless (Powell et al., 2016). Two quantitative measures, the Global Appraisal of Individual Needs (Dennis et al., 2008) and the Government Performance and Results Act Client Outcome Measure for Discretionary Programs (Substance Abuse and Mental Health Services Administration, 2019), were used to compare pre- and post-intervention data regarding participants’ substance use, mental health status, housing accessibility and stability, independent living skills, education and/or employment status, and HIV-risk behaviors. Statistically significant improvements were observed from pre- to post-intervention in the areas of HIV-risk reduction ($t(209)=3.48, p<.001$), housing placement ($t(178)=-4.84, p<.001$), employment ($t(209)=4.27, p<.001$), and substance use ($t(178)=4.15, p<.001$). The authors attributed observed participant gains to iTEAM’s service accessibility, LGBTQ-affirming space and programming, and staff education and sensitivity training. Results must be interpreted with caution because of the study’s lack of randomization and control (see Table 1).

In a secondary analysis of a randomized controlled trial with 244 participants, Grafsky et al. (2011) attempted to determine whether 52 GLB self-identifying homeless youth would respond differently than 192 non-GLB self-identifying youth who were both receiving services at a drop-in center for homeless youth and were randomized to a community reinforcement approach (CRA) or to treatment-as-usual (which served as a control). CRA sessions addressed employment, social skills, HIV/STD prevention, and drug counseling and harm reduction. Treatment-as-usual was provided by the drop-in center and offered similar services as the CRA. GLB self-identifying youth demonstrated greater improvements at post-intervention in the areas of mental health symptoms ($t(1, 191)=3.303, p=.02$) and reduced drug use ($t(1, 187)=4.46, p<.05$) compared to their non-GLB counterparts. At 6-month follow-up, however, no statistically significant differences were found between both groups. The authors surmised that a possible explanation for observed gains at post-intervention may have been attributed to the opportunity for GLB youth to receive services from a GLB-affirming therapist—an occurrence that is typically absent from this population’s history (see Table 1).

**Assessment of Perceived Satisfaction of Program Services**

Two research studies addressed participants’ perceived satisfaction with program services. In a qualitative study using open-ended interviews, researchers queried 32 former residents of a TLP for homeless youth—11 of whom self-identified as LGBT—to understand program characteristics that participants perceived as most critical in the attainment of their goals (Holtschneider, 2016). Essential program properties included the ability to (1) develop a sense of family with TLP staff and peers, (2) deep one’s empathy through the formation of bonds with peers, (3) form friendships with diverse residents, (4) enhance interpersonal communication skills, (5) receive guidance and nurturance from staff, (6) reside in an environment in which they did not feel alone or abandoned, (7) recognize that at intake participants did not possess the skills to live independently, (8) learn structure through program rules and responsibilities, and (9) learn needed skills to make a gradual transition to independent living (see Table 1).

Similarly, in a mixed-methods study, researchers used quantitative surveys and in-depth interviews to query 13 residents of Canada’s first transitional housing program for youth self-identifying as LGBTQ+ regarding perceived satisfaction of program services (Abramovich & Kimura, 2021). Although, participants expressed that the program provided a sense of safety, connection, stability, and community, they also indicated that the
program was not sufficiently equipped to adequately manage their mental health needs, including suicidality and substance use. Survey data indicated that participants perceived only modest gains in the areas of employment, mental health status and management, and substance use and self-harm reduction (see Table 1).

**Identification of Existing and Insufficient LGBTQIA+ Services for Homeless Youth**

Three qualitative studies addressed TLP staff members’ identification of existing and insufficient LGBTQIA+-specific homeless youth services (Ferguson & Maccio, 2015; Maccio & Ferguson, 2016; Prock & Kennedy, 2017). Of the three studies, two used the same sample of 24 service providers and administrative staff from 19 US programs serving LGBTQ homeless youth to identify extant services and programmatic gaps (Ferguson & Maccio, 2015; Maccio & Ferguson, 2016). Identified services included mental health counseling, substance use harm reduction, case management, family services including possible reunification, legal services, assistance with education and/or employment, and housing (Ferguson & Maccio, 2015). Gaps or insufficiency in service provision were categorized into seven areas and were identified as housing needs, assistance with education and/or employment, family services, LGBTQ-affirming services, cultural competency training for staff, and advocacy skill training (Maccio & Ferguson, 2016) (see Table 1).

Similarly, in a cross-sectional exploratory study using qualitative methods, researchers surveyed 124 TLPs in the US that provided services to homeless youth, including 10 that solely provided LGBTQ-specific services, and 54 that offered services to both LGBTQ and non-LGBTQ homeless youth (Prock & Kennedy, 2017). Services for homeless youth self-identifying as LGBTQ included support groups, LGBTQ-affirming therapy, gender-neutral bedrooms and showering facilities, referral for medical care including hormonal therapy, advocacy skill training, case management, independent living skill training, mental health counseling, and employment and education assistance. The ten LGBTQ-specific TLPs were primarily located on the west coast and northeastern regions of the U.S in large metropolitan areas. Researchers noted both a paucity of available services for LGBTQ homeless youth as well as the inaccessibility of programs throughout the country, particularly in non-urban areas (see Table 1).

Six (31.57%) further articles described programmatic services for LGBTQIA+ homeless youth through narrative program description (n=3, 15.78%), quantitative analysis of intervention effectiveness (n=2, 10.52%), and program evaluation (n=1, 5.26%). Additional services were identified as the provision of food, self-care supplies, clothing, laundering, infant and childcare services (Dolamore & Naylor, 2018); financial management, time management, prioritization, goal setting (Nolan, 2016); and transportation, computer access, health care, and leadership training (Norman-Major, 2018). Ryan (2010) further identified family counseling to (a) assist ethnically and religiously diverse families to support their LGBT children; and (b) assist LGBT youth to stay in or reunite with their families to prevent homelessness, foster care placement, and juvenile justice system involvement (see Table 1).

**Recommended Policies and Practices to Support LGBTQIA+ Homeless Youth**

Eight (42.10%) of the 19 articles recommended the adoption of policies and practices intended to optimally support LGBTQIA+ youth to transition out of homelessness. Recommendations included the following: developing LGBTQIA+-specific housing and programming, creating gender-inclusive and affirming intake forms and spaces, providing LGBTQIA+ cultural competency and sensitivity training for staff and administrators, educating families and schools to prevent LGBTQIA+ youth homelessness (Abramovich, 2016; Gattis 2009); making homeless youth shelters safe by placing low limits on occupancy rates, prohibiting service discrimination of LGBTQ clients (Gattis, 2009; Hunter, 2008); adopting nondiscrimination and confidentiality policies, maintaining harassment nontolerance (Keuroghlian et al., 2014); treating people as the gender to which they identify, establishing housing placement based on self-identified

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gender, providing safe and respectful showering and sleeping areas (Mottet & Ohle, 2006; Yu, 2010); and supporting healthy and age-appropriate gender identity exploration and expression (Wilber et al., 2006). Additionally, Ashley (2019) argued that transgender youth should have the right to access puberty blockers to halt the development of sex-based physical characteristics, and that families should receive publicly funded and mandatory assistance to help them reconstruct positive relationships with their transgender children. Gattis (2009) similarly argued that unaccompanied minors self-identifying as LGBTQIA+ should have the right to access and receive primary and specialty health care services without parental or guardian consent (see Table 1).

Subpopulations Addressed

In the 19 articles that comprise this body of literature, the population of youth who identify as gender nonconforming or non-binary was addressed by six separate terms: LGBTQ (n=7 articles, 36.84%), LGBT (n=5, 26.31%), transgender (n=3, 15.78%), LGBTQ2S (n=2, 10.52%), GLB (n=1, 5.26%), and GLBT (n=1, 5.26%). The most commonly used term was LGBTQ and was noted in articles with publication dates ranging from 2006 – 2018 (mean year=2015.14, SD=4.18), with the majority of articles published in or after 2015. The term LGBT was the second most commonly used term and was observed in articles published in or prior to 2016 (range: 2006 – 2016, mean year=2010.80, SD=4.14), indicating that use of the term was likely precedent to LGBTQ. The term LGBTQ2S was identified in two articles published in 2016 and 2021 by the same author and may indicate that it is a more recently developed term intended to include additional subgroups as the larger community of gender non-binary people gain a public voice and strive to more precisely identify themselves (see Table 1).

Discussion

The primary purpose of this scoping review was to determine how many peer-reviewed articles have been generated that addressed intervention effectiveness or participant satisfaction of housing services for homeless youth identifying as LGBTQIA+. Although LGBTQIA+ homeless youth are overrepresented among the homeless youth populations of Canada, the US, Australia, and the United Kingdom (Gaetz et al., 2016; National Conference of State Legislators, 2021), only five peer-reviewed articles were identified that addressed the assessment of housing services for this population. This finding exemplifies the dearth of scholarship and research examining this area of academic inquiry and societal public health needs. Empirical studies that assess intervention effectiveness and client satisfaction are the pinnacle of public health research because they are the highest quality methods to attain the most trustworthy and valid data regarding client service outcomes (Kumar & Taggarsi, 2021). While the five studies that comprise this small body of literature are critically important as they are the first to address a public health need that has been marginalized into invisibility by a heteronormative society, this body of literature is also severely insufficient, as most of these studies consisted of small samples sizes from urban areas that may only represent the experiences of a homogenous subgroup. Health care reporting standards, such as Cochrane Review Protocols (2021) and the PRISMA Statement (Page et al., 2021), suggest caution when applying data from a small body of studies to generate practice guidelines. Without sufficient empirical research investigating service provision for the LGBTQIA+ homeless youth population, service providers and administrators have little data upon which to inform practice—that is, to understand what services are needed and desired by this population to transition out of homelessness, determine the effectiveness and perceived satisfaction of those services, and ascertain how services should be modified to better meet the needs of those for whom it was intended.

The lack of research examining the effectiveness and perceived satisfaction of housing services for LGBTQIA+ homeless youth likely stems from two larger societal problems: (1) the paucity and inaccessibility of available services for this population, and (2) institutional erasure of homeless youth who self-identify as LGBTQIA+. Several researchers have noted both the lack and inaccessibility of housing transition services for LGBTQIA+ homeless youth. As
noted previously, Prock and Kennedy (2017) reported that in a survey of 124 TLPs for homeless youth in the US, only ten offered LGBTQIA+-specific programming and space, and these were located in large urban regions that were inaccessible to much of the United States’ homeless youth population. Ferguson and Maccio (2016) and Abramovich and Kimura (2021) similarly noted that while homeless LGBTQIA+ youth identified specific services as the most critically important in their housing programming (e.g., housing assistance, education/employment assistance, mental health counseling, substance use harm reduction, and family services), they also identified these same services as the least available and inadequately delivered by TLP staff. Maccio and Ferguson (2016) additionally observed that LGBTQIA+ cultural competency and sensitivity training for TLP staff has been identified by residents and staff alike as deficient.

The dearth of LGBTQIA+-affirming TLP services and staff training are factors that likely contribute to discrimination, harassment, and violence against LGBTQIA+ homeless youth residing in shelters (Abramovich, 2013; Keuroghlian et al., 2014). Such discrimination and violence, however, have been inadequately addressed by public health systems as a result of institutional erasure in which, until recently, governmental policies failed to require shelters to collect data documenting the rate of LGBTQIA+ homeless youth requesting services (Abramovich, 2016). Shelters using intake forms that do not allow for identification other than through binary gender labels, and that designate bed and shower facility use based solely on sex assignment at birth, not only support the invisibility of LGBTQIA+ youth, but foster the incidence of homophobic and transphobic violence. The discrimination, harassment, and violence perpetrated in the homeless youth shelter system cause many LGBTQIA+ youths to feel safer on the street than in the shelter system (Abramovich, 2013; Keuroghlian et al., 2014).

When LGBTQIA+ homeless youth avoid the shelter system, they are not only perceived as invisible, but TLP administrators fail to recognize the need for targeted services for such youth (Keuroghlian et al., 2014). Gaps in awareness regarding this population’s existence, accurate size, and history of trauma and discrimination, inevitably translate into deficient services. Yet, this population’s high rates of trauma and suicidality (National Alliance on Mental Illness, 2021), and increased risk for assault and harassment (Hunter, 2008; Mottet & Ohle, 2006; Robinson, 2020, 2021), heighten their need for specialized services, including LGBTQIA+-affirming and trauma-informed services.

The generation of only five peer-reviewed articles addressing the effectiveness and satisfaction of LGBTQIA+ homeless youth services reflect the unavailability of needed services and this population’s institutional erasure. When a population is neither well-identified nor understood, the academicians responsible for studying public health service needs and outcomes, are not sufficiently aware of the need for scholarly inquiry in a specific area. Such lack of research inquiry translates into insufficient knowledge application and mobilization by health care providers who may be unaware of both the unique needs of LGBTQIA+ homeless youth and how their professional skills can serve this community in novel and needed ways.

Only five professions and one discipline produced the body of literature examined in this scoping review (social work, law, public health and administration, psychiatry, psychology, and gender studies). Notable absences from this scholarship included health care academicians, including nursing, medicine, dentistry, and occupational therapy. Scholars from these professions are needed to develop and assess services addressing this population’s emotional, cognitive, and physical well-being, including malnourishment from homelessness and its associated dental health problems; and the health consequences of addiction, self-harm, HIV and STD contraction, cumulative trauma from assault, and side effects of hormonal therapy obtained both from licensed practitioners and via the street. Occupational therapists could additionally provide valuable services addressing the attainment of daily living skills, such as financial management; meal preparation; apartment management; employment; education preparation; and the construction of daily life routines supporting desired, healthy activities that could replace activities of self-harm (e.g., substance use, survival sex, unsafe sex practices). Shelter staff, nurses, occupational therapists, and
psychologists could benefit from additional knowledge that could inform practices designed to assist sheltered transgender youth through the complexities of transition, particularly while navigating unstable living situations and attempting to secure employment and/or education. Research should also examine how peer specialist support staff (young adults self-identifying as LGBTQIA+ who have successfully transitioned out of homelessness) (a) can be trained to deliver services based on their own similar life experiences and (b) can aid health care professionals to identify, develop, and provide novel and needed services.

Similarly, six different terms were used in the 19 articles to describe this population, emphasizing a lack of societal awareness of and knowledge about LGBTQIA+ homeless youth. Further, while 8 (42.10%) articles addressed the development and reporting of practice and policy recommendations for LGBTQIA+ homeless youth, none of these recommendations were based on research regarding intervention effectiveness and perceived satisfaction as determined by the clients for whom services were intended. To attain the highest degree of effectiveness, health and public services must include service recipients in both the development and evaluation of rendered programming (Israel et al., 2016). Without service recipient perspectives, providers are unable to target, formulate, and modify services that are able to optimally meet the distinct needs of a specific group—particularly one possessing a history of cumulative trauma and discrimination. The exclusion of LGBTQIA+ homeless youths’ perceptions from service development and assessment invalidates their unique life experience and mental and physical health needs. Such exclusion from their own health care is yet another erasure from the larger public health system.

It is unclear why authors from only two countries (US and Canada) were represented in this scoping review. While the US and Canada are countries in which LGBTQIA+ community members have undauntedly advocated for acceptance and equality (Coley & Das, 2020; Smith, 2020), other countries known to possess more liberal attitudes and protections for this community (e.g., Norway, the Netherlands, Spain) (Flores, 2019) were not visibly represented in the database search results. One reason accounting for this finding may involve a diminished need to address this topic if a country has already recognized and established effective housing transition programs for LGBTQIA+ homeless youth. A second reason may be that articles written in a language other than English were excluded from the search results. A third reason may involve the existence of heteronormativity and bias in other countries that precluded scholars from identifying this public health need as an area of essential research inquiry.

**Limitations**

One limitation of this study was the sole use of English-language, peer-reviewed articles. Although peer-reviewed literature was selected because of its accessibility and rigor, articles about the effectiveness and perceived satisfaction of housing transition services for LGBTQIA+ homeless youth may have been published in venues other than peer-reviewed journals (e.g., books, book chapters, conference abstracts, newsletters, theses, dissertations, and practice magazines). As such, relevant non-peer-reviewed materials about the effectiveness and satisfaction of service delivery for this population may have been omitted from our search results, but may hold information germane to this area of inquiry.

A second limitation was the exclusion of articles published in languages other than English. This criterion restricted the identification of non-English, peer-reviewed articles that addressed the effectiveness and satisfaction of housing transition services for LGBTQIA+ youth. It is plausible that international scholars have examined this public health topic and published results in non-English journals.

A third limitation was the lack of consistent terminology used to describe members of the LGBTQIA+ community in the literature extracted for this scoping review. Terms describing this community changed over time as members found their voice in the larger society, defined their subgroups, and demanded societal acknowledgment. As a result, articles in which the LGBTQIA+ community and their subgroups were addressed by a term differing from those of
our search strategy, may have been omitted from our findings.

**Future Research**

The results of this scoping review exemplify the need for the generation of a body of research examining the effectiveness and perceived satisfaction of housing transition services for LGBTQIA+ homeless youth; needed service contributions from health care professionals such as nurses, physicians, and occupational therapists; and how knowledge gained from research inquiry can be best translated into knowledge mobilization. Such research must include service recipients in the development and assessment of programs that are based on their own goals for housing transition and health. Research is also needed to determine whether housing transition programs delivered in adolescence and young adulthood can diminish or halt the occurrence of homelessness arising in later life. There is evidence that adult members of the LGBTQIA+ community also experience homelessness at higher rates than their cisgender peers as a result of employment and housing discrimination (Kattari et al., 2016). Research exploring whether housing transition services delivered in youth could minimize the frequency and duration of adult homelessness, may provide cost-effectiveness data that could be used to advocate for funding for LGBTQIA+ youth programming.

**Conclusion**

The results of this scoping review highlight the need for scholars and researchers to participate in the assessment of services designed to assist LGBTQIA+ homeless youth to transition from temporary shelter to stable tenancy. Although scholars from law, public health, social work, psychology, psychiatry, and gender studies have been responsible for generating the extant literature to date, it is additionally critical for health care professionals to become involved in both the development and assessment of programming addressing the attainment of needed life skills, and emotional, cognitive, and physical health. The development and assessment of programming should also incorporate feedback from the clients for whom service is intended, and clients should be sought to become peer service providers to optimize both relevancy and potency of service delivery. In addition to assessment of effectiveness and satisfaction, programming should also be evaluated to determine whether it correlates with a reduced incidence of assault and violence within the shelter system. Training programs for TLP staff and administrators should also be developed and assessed to ascertain whether it is able to increase LGBTQIA+ cultural competency and sensitivity. The area of scholarship regarding the development and assessment of (a) housing programming for LGBTQIA+ youth and (b) cultural competency and sensitivity awareness training for staff and administrators is in its nascent stage, and health care and public health researchers are called to answer this societal need to halt this community’s continued institutional erasure and discrimination.

**References**

Abramovich, A. (2013). Chapter 23. Diversity and subgroups. No fixed address: Young, queer, and restless. In S. Gaetz, B. O’Grady, K. Buccieri, J. Karabanow, & A. Marsolais (Eds.), *Youth homelessness for policy and practice* (pp. 387-403). Canadian Homeless Research Press. [https://www.eenet.org.uk/resources/docs_nondb/Youth-Homelessness-in-Canada.pdf?page=394](https://www.eenet.org.uk/resources/docs_nondb/Youth-Homelessness-in-Canada.pdf?page=394)

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](https://doi.org/10.17645/si.v4i4.669)

Abramovich, A., & Kimura, L. (2021). Outcomes for youth living in Canada’s first LGBTQ2S transitional housing program. *Journal of Homosexuality*, 68(8), 1242-1259. [https://doi.org/10.1080/00918369.2019.1696102](https://doi.org/10.1080/00918369.2019.1696102)

Ashley, F. (2019). Puberty blockers are necessary, but they don’t prevent homelessness: Caring for transgender youth by supporting unsupportive parents. *American Journal of Bioethics*, 19(2), 87-89. [https://doi.org/10.1080/15265161.2018.1557277](https://doi.org/10.1080/15265161.2018.1557277)
Australian Bureau of Statistics. (2017). 2016 Census of population and housing. https://www.abs.gov.au/ausstats/abs@.nsf /lookup/by%20subject/1001.0-2016-17~main%20features~the%202016~20census%20of%20population%20and%20housing~1000

Centrepoint. (2021). How many young people are homeless in the UK? https://centrepoint.org.uk/about-us/blog/how-many-young-people-are-homeless-in-the-uk/

Cochrane Library. (2021). Cochrane database of systematic reviews. https://www.cochranelibrary.com/cdsr/about-cdsr

Coley, J. S., & Das, D. (2020). Creating safe spaces: Opportunities, resources, and LGBTQ student groups at US Colleges and Universities. Socius: Sociologic Research for a Dynamic World, 6, 1-12. https://doi.org/10.1177/2378023120971472

Covidence. (2020). Covidence data management (Version 2103 65c773d7) [Computer software]. www.covidence.org

Dennis, M. L., Titus, J. C., White, M. K., Unsicker, J. I., & Hodgkins, D. (2008). Global appraisal of individual needs: Administration guide for the GAIN and related measures. http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.457.2468&rep=rep1&type=pdf

Dolamore, S., & Naylor, L. A. (2018). Providing solutions to LGBT homeless youth: Lessons from Baltimore’s youth empowered society. Public Integrity, 20(6), 595-610. https://doi.org/10.1080/10999922.2017.1333943

Earnshaw, V. A., Menino, D. D., Sava, L. M., Perrotti, J., Barnes, T. N., Humphrey, D. L., & Reisner, S. L. (2020). LGBTQ bullying: A qualitative investigation of student and school health professional perspectives. Journal of LGBT Youth, 17(3), 280-297. https://doi.org/10.1080/19361653.2019.1653808

Ferguson, K. M., & Maccio, E. M. (2015). Promising programs for lesbian, gay, bisexual, transgender, and queer/questioning runaway and homeless youth. Journal of Social Service Research, 41(5), 659-683. https://doi.org/10.1080/01488376.2015.1058879

Fish, J. N. (2020). Future directions in understanding and addressing mental health among LGBTQ youth. Journal of Clinical Child & Adolescent Psychology, 49(6), 943-956. https://doi.org/10.1080/15374416.2020.1815207

Flores, A. R. (2019). Social acceptance of LGBT people in 174 countries: 1981 – 2017. Williams Institute, UCLA School of Law. https://escholarship.org/content/qt5qs218xd/qt5qs218xd.pdf

Gaites, M. N. (2009). Psychosocial problems associated with homelessness in sexual minority youths. Journal of Human Behavior in the Social Environmen, 19(8), 1066-1094. https://doi.org/10.1080/10911350902990478

Grafisky, E. L., Letcher, A., Slesnick, N., & Serovich, J. M. (2011). Comparison of treatment response among GLB and non-GLB street-living youth. Children and Youth Services Review, 33(5), 569-574. https://doi.org/10.1016/j.childyouth.2010.10.007

Holtschneider, C. (2016). A part of something: The importance of transitional living programs within a Housing First framework for youth experiencing homelessness. Children and Youth Services Review, 65, 204-215. https://doi.org/10.1016/j.childyouth.2016.04.009

Hunter, E. (2008). What's good for the gays is good for the gander: Making homeless youth housing safer for lesbian, gay, bisexual, and transgender youth. Family Court Review, 46(3), 543-557. https://doi.org/10.1111/j.1744-1617.2008.00220.x

Israel, T., Willing, C. E., & Ley, D. (2016). Development and evaluation of training for rural LGBTQ mental health peer advocates.

13 | International Journal on Homelessness: https://ijoh.ca
Journal of Rural Mental Health, 40(1), 40-62. https://doi.org/10.1037/rmh0000046

Kattari, S. K., Whitfield, D. L., Walls, N. E., Langenderfer-Magrunder, L., & Ramos, D. (2016). Policing gender through housing and employment discrimination: Comparison of discrimination experiences of transgender and cisgender LGBTQ individuals. Journal of the Society for Social Work and Research, 7(3), 427-447. https://www.journals.uchicago.edu/doi/full/10.1086/686920

Keuroghlian, A. S., Shtasel, D., & Bassuk, E. L. (2014). Out on the street: A public health and policy agenda for lesbian, gay, bisexual, and transgender youth who are homeless. American Journal of Orthopsychiatry, 84(1), 66-72. https://doi.org/10.1037/h0098852

Kumar, A., & Taggarsi, M. (2021). GRADEing quality of evidence and its importance in evidence-based practice. BMJ Evidence-Based Medicine, 26(5), 228-230. http://dx.doi.org/10.1136/bmjebm-2020-111525

Maccio, E. M., & Ferguson, K. M. (2016). Services to LGBTQ runaway and homeless youth: Gaps and recommendations. Children and Youth Services Review, 63, 47-57. https://doi.org/10.1016/j.childyouth.2016.02.008

McNair, R., & Andrews, C. (2020). Federal Parliamentary inquiry into homelessness. Pride Foundation Australia. file:///C:/Users/sag339/Downloads/sub053.pdf

Morton, M. H., Dworsky, A., & Samuels, G. M. (2017). Missed opportunities: Youth homelessness in America. National estimates. Chicago, IL: Chapin Hall at the University of Chicago. https://voicesofyouthcount.org/wp-content/uploads/2017/11/VoYC-National-Estimates-Brief-Chapin-Hall-2017.pdf

Morton, M. H., Samuels, G. M., Dworsky, A., & Patel, S. (2018). Missed opportunities: LGBTQ youth homelessness in America. Chicago, IL: Chapin Hall at the University of Chicago. https://voicesofyouthcount.org/wp-content/uploads/2018/05/VoYC-LGBTQ-Brief-Chapin-Hall-2018.pdf

Mottet, L., & Ohle, J. (2006). Transitioning our shelters: Making homeless shelters safe for transgender people. Journal of Poverty, 10(2), 77-101. https://doi.org/10.1300/J134v10n02_05

Mountz, S., & Capous-Desyllas, M. (2020). Exploring the families of origin of LGBTQ former foster youth and their trajectories throughout care. Children and Youth Services Review, 109, 104622. https://doi.org/10.1016/j.childyouth.2019.04622

National Alliance on Mental Illness. (2021). LGBTQI Journey/Identity-and-Cultural-Dimensions/LGBTQI

National Conference of State Legislators. (2021). Youth homelessness overview. https://www.ncsl.org/research/human-services/homeless-and-runaway-youth.aspx

Nolan, T. C. (2006). Outcomes for a transitional living program serving LGBTQ youth in New York City. Child Welfare, 85(2), 385-406. https://web.a.ebscohost.com/ehost/pdfviewer?vid=0&sid=1c83516a-24a6-48c8-8245-277c08bfc335%40sessionmgr4008

Norman-Major, K. (2018). Thinking outside the box: Using multisector approaches to address the wicked problem of homelessness among LGBTQ youth. Public Integrity, 20(6), 546-557. https://doi.org/10.1080/10999222.2017.1325999

Page, M. J., McKenzie, J. E, Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, A., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hróbjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S. . . Moher, D. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. BMJ, 372, n71. https://doi.org/10.1136/bmj.n71

Parsell, C., Clarke, A., & Vorsina, M. (2020). Evidence for an integrated healthcare and psychosocial multidisciplinary model to address rough sleeping. Health & Social Care in the Community, 28(1), 34-41. https://doi.org/10.1111/hsc.12835

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*, 97(3), 181-190. https://doi.org/10.1606/1044-3894.2016.97.24

Price-Feeney, M., Green, A. E., & Dorison, S. (2020). Understanding the mental health of transgender and nonbinary youth. *Journal of Adolescent Health*, 66(6), 684-690. https://doi.org/10.1016/j.jadohealth.2019.11.314

Prock, K. A., & Kennedy, A. C. (2017). Federally-funded transitional living programs and services for LGBTQ-identified homeless youth: A profile in unmet need. *Children and Youth Services Review*, 83, 17-24. https://doi.org/10.1016/j.childyouth.2017.10.023

Roberts, C. D. (2020). Couchsurfing and the marked body: The emergence of queer identity in a hybrid collective. *Journal for Cultural Research*, 24(2), 159-173. https://doi.org/10.1080/14797585.2020.1804694

Robinson, B. A. (2020). The lavender scare in homonormative times: Policing, hyper-incarceration, and LGBTQ youth homelessness. *Gender & Society*, 34(2), 210-232. https://doi.org/10.1177/089124320906172

Robinson, B. A. (2021). “They peed on my shoes”: Foregrounding intersectional minority stress in understanding LGBTQ youth homelessness. *Journal of LGBT Youth*, 1-17. https://doi.org/10.1080/19361653.2021.1925196

Ryan, C. (2010). Engaging families to support lesbian, gay, bisexual, and transgender youth: The Family Acceptance Project. *Prevention Researcher*, 17(4), 11-13. https://web-a-ebcsohost.com.proxy.libraries.rutgers.edu/ehost/pdfviewer/pdfviewer?vid=4&sid=919fd64e-351c-427b-aaf3-aa58680edaaa%40sessionmgr4006

Smith, M. (2020). Homophobia and homonationalism: LGBTQ law reform in Canada. *Social & Legal Studies*, 29(1), 65-84. https://journals.sagepub.com/doi/pdf/10.1177/096463918822150

Stevens, P. E., & Morgan, S. (2001). Health of lesbian, gay, bisexual, and transgender youth. *Journal of Pediatric Health Care*, 15(1), 24-34. doi:10.1067/mph.2001.107986

Substance Abuse and Mental Health Services Administration (SAMHSA). (2019). *Government Performance and Results Act (GPRA) Client Outcome Measures for Discretionary Programs*. Center for Substance Abuse Treatment (CSAT). https://spars.samhsa.gov/sites/default/files/CSATGPRATool1.pdf

Tricco, A. C., Lillie, E., Zarin, W., O’Brien, K. K., Colquhoun, H., Levac, D., Moher, D., Peters, M. D. J., Horsley, T., Weeks, L., Hempel, S., Akl, E. A., Chang, C., McGowan, J., Stewart, L., Hartling, L., Aldcroft, A., Wilson, M. G., Garrity, C., . . . Straus, S. E. (2018). PRISMA extension for scoping reviews (PRISMA-ScR): Checklist and explanation. *Annals of Internal Medicine*, 169(7), 467-473. https://doi.org/10.7326/M18-0850

U.S. Department of Housing and Urban Development. (2017). The 2017 annual homeless assessment report (AHAR) to Congress. Part 1: Point-in-time estimates of homelessness. https://www.huduser.gov/portal/sites/default/files/pdf/2017-AHAR-Part-1.pdf

Wilber, S., Reyes, C., & Marksamer, J. (2006). The Model Standards Project: Creating inclusive systems for LGBT youth in out-of-home care. *Child Welfare*, 85(2), 133-149. https://www.proquest.com/docview/213807833?pq-origsite=gscholar&fromopenview=true

Yu, V. (2010). Shelter and transitional housing for transgender youth. *Journal of Gay & Lesbian Mental Health*, 14(4), 340-345. https://doi.org/10.1080/19359705.2010.504476
Table 1

Chart of 19 Articles

| No. | Reference | Article Summary | Article Type | Research Design | Population Addressed | Did data report service outcomes, effectiveness, and/or participant satisfaction? | Country of Origin, Authors’ profession |
|-----|-----------|-----------------|--------------|-----------------|-----------------------|----------------------------------------------------------------------------------|---------------------------------------|
| 1   | 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](https://doi.org/10.17645/si.v4i4.669) | The author discusses reasons accounting for the overrepresentation of LGBTQ2S youth among the homeless population, including facility and governmental policies that support erasure of gender nonconforming youth, homophobic and transphobic violence, and discrimination. A Youth Plan was developed based on a qualitative research study and a working group with the aim to construct policy recommendations and program strategies to meet the needs of homeless youth self-identifying as LGBTQ2S. The Youth Plan was developed to serve as a standard model of care for youth agencies and consisted of 6 core recommendations including the development of LGBTQ2S-specific housing and programming, creating gender inclusive and affirming intake forms and spaces, LGBTQ2S cultural competency training for staff and administrators, and education for families and schools to prevent LGBTQ2S youth homelessness. | Literature review with suggestions for practice and policy change | n/a | Youth self-identifying as LGBTQ2S and at risk for or homeless | Canada, Public Health |
| 2   | Abramovich, A., & Kimura, L. (2021). Outcomes for youth living in Canada’s first The authors note that while housing for homeless LGBTQ2S youth has increased in Canada, there is little published research regarding the effectiveness and satisfaction of these interventions. | Research study | Concurrent triangular mixed methods approach (data collected) | 13 homeless youth who self-identified as LGBTQ2S | Yes. Participants reported that the program provided safety, connection, stability, and a | Canada, Public Health |
| No. | Author(s) | Title | Description | Methodology | Future participants | Funding type | Country |
|-----|-----------|-------|-------------|-------------|---------------------|--------------|----------|
| 1   | Gutman et al. | Interventions Intended to Help LGBTQIA+ Youth Transition Out of Homelessness | Programs, leaving a dearth of evidence-based knowledge upon which to develop further housing programs. In this study, the first Canadian transitional housing program for youth self-identifying as LGBTQ2S was assessed by 13 residents to determine perceived effectiveness and satisfaction. Although, participants expressed that the program provided a sense of safety, connection, stability, and community, they also stated that the program was not sufficiently equipped to adequately manage their mental health needs, including suicidality and substance use. Data should be interpreted with caution given the small sample size. | Through survey and interview with youth at program entrance and exit) | Ages 17-24 and who participated in the YMCA Sprott House transitional housing program | Sense of community, but lacked sufficient mental health programming. | Canada, Law |
| 2   | Ashley, F. (2019). | Puberty blockers are necessary, but they don't prevent homelessness: Caring for transgender youth by supporting unsupportive parents. | The author argues that transgender youths’ right to access puberty blockers (to halt the development of further sex-based physical characteristics) should be accompanied by mandatory, publicly funded support groups and narrative counseling intended to help heal family conflict and separation that commonly results in transgender youth homelessness. The author proposes forms of narrative reconstruction to allow families to accept their transgender children and envision new, positive future possibilities. | Discussion paper intended to inform policy | No | Transgender youth at risk for homelessness | Canada, Law |

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|   | Authors | Title | Description | Methodology | Funding | Region |
|---|---------|-------|-------------|-------------|---------|--------|
| 4 | Dolamore, S., & Naylor, L. A. (2018). | Providing solutions to LGBT homeless youth: Lessons from Baltimore’s youth empowered society. *Public Integrity, 20*(6), 595-610. [https://doi.org/10.1080/109922.2017.133394] | The Youth Empowerment Society is a drop-in center for homeless youth in Baltimore that supports youth in the LGBTQ community. Services include the provision of food, bathrooms, self-care supplies, clothing, laundry, and infant and childcare services. Staff also assist clients with housing placements, health care, peer support, and education and employment assistance. | Narrative program description | n/a | Homeless youth ages 14-25 | no | US, Public and International Affairs |
| 5 | Ferguson, K. M., & Maccio, E. M. (2015). | Promising programs for lesbian, gay, bisexual, transgender, and queer/questioning runaway and homeless youth. *Journal of Social Service Research, 41*(5), 659-683. [https://doi.org/10.1080/01488373.2015.101448] | 19 programs for youth in the US who self-identified as LGBTQ and were homeless were described through interviews with 24 service providers and administrative staff. Seven areas of intervention were uncovered: mental health, substance use, case management, family, legal, education/employment, and housing. | Research study | Qualitative interviews | 24 Service providers and administrative staff of 19 US programs serving LGBTQ homeless youth | no | US, Social work |
|   | Gutman et al: Interventions Intended to Help LGBTQIA+ Youth Transition Out of Homelessness |
|---|------------------------------------------------------------------------------------------------|
|   | **Gattis, M. N. (2009).** Psychosocial problems associated with homelessness in sexual minority youths. *Journal of Human Behavior in the Social Environment, 19*(8), 1066-1094. doi:10.1080/10911350902990478 |
|   | Ecological systems theory is used to explore common psychosocial problems experienced by homeless youth who self-identify as GLBT or sexual minorities. Implications for practice and policy changes are offered. |
|   | Literature review with suggestions for practice and policy change |
|   | Youth who identify as a sexual minority and who are at risk for homelessness |
|   | US, Social work |
|   | **Grafsky, E. L., Letcher, A., Slesnick, N., & Serovich, J. M. (2011).** Comparison of treatment response among GLB and non-GLB street-living youth. *Children and Youth Services Review, 33*(5), 569-574. [https://doi.org/10.1016/j.child](https://doi.org/10.1016/j.child) |
|   | The authors report a secondary analysis of treatment response between homeless youth self-identifying as GLB and non-GLB receiving services at a drop-in center for homeless youth. Participants were randomized to community reinforcement approach (CRA) and treatment-as-usual. CRA included sessions on employment, social skills, drug counseling, relapse prevention, and HIV/STD reduction. The drop-in center offered similar services and case management. GLB self-identifying youth demonstrated greater improvements at post-intervention in the areas of mental health symptoms and reduced drug use. |
|   | Research study |
|   | Randomized controlled trial |
|   | 244 participants, aged 14-22, who were homeless and reported substance use and mental health concerns. 52 (21%) of participants self-identified as GLB. |
|   | Yes. This study attempted to determine whether GLB self-identifying homeless youth would respond to treatment differently than non-GLB self-identifying youth. Results showed that GLB homeless youth demonstrated greater improvements at post-intervention. |
|   | US, Psychology |
use than their non-GLB counterparts. At 6-month follow-up, no statistically significant differences were found between both groups. The authors surmise that a possible explanation may involve the opportunity for GLB youth to receive services from a GLB affirming therapist—which is typically absent from this population’s history.

Open-ended interviews were carried out with 32 former residents of a transitional living program (TLP) for homeless youth (11 self-identified as LGBT) to understand what participants perceived as critical program characteristics that helped them attain personal goals. The following factors were identified: (1) having a sense of family with program staff and peers, (2) deepening of empathy through bonds with peers, (3) formation of friendships with diverse residents, (4) learning improved interpersonal communication skills, (5) receiving guidance and nurturing from staff, (6) living in an environment in which GLB affirming interventions led to better drug use and mental health. These gains did not last at 6-month follow-up. The opportunity to receive counseling from a caring and GLB-affirming therapist may have accounted for the observed differences in groups at post-intervention.

Participants reported that the program provided a sense of family, opportunities to form bonds and empathy, opportunities to learn improved communication skills, guidance and nurturance from staff, and opportunities to learn responsibility and needed life skills.
| Ref     | Author(s) | Description                                                                                                                                   | Key Findings                                                                                           | Literature Review with Suggestions for Practice and Policy Change | Policy Change | Country | Field   |
|---------|-----------|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------|---------|---------|
| youth.2016.04.009 | Gutman et al | see text for full reference.                                                                                     | which they did not feel alone, (7) understanding that at intake they were not prepared to live independently, (8) learning structure through program rules and responsibilities, and (9) learning skills needed to make a gradual transition to independent living. |                                                                     |              |         |         |
| 9       | Hunter, E. (2008) | see text for full reference.                                                                                     | The author reviews the literature regarding the overrepresentation of LGBT youth among the homeless population and proposes the following policy changes to regulate homeless youth housing programs: placing low limits on occupancy rates, prohibiting discrimination in service provision to LGBT clients, requiring mandatory nondiscrimination and sensitivity training for all employed and voluntary staff, requiring shower facilities to be private, and creating LGBT-specific homeless youth housing programs. | Literature review with suggestions for practice and policy change | n/a          | Homeless youth who self-identify as LGBT | no       | US, Law |
| 10      | Keuroghlian, A. S., Shtasel, D., & Bassuk, E. L. (2014) | see text for full reference.                                                                                        | The authors review the literature regarding the overrepresentation of youth self-identifying as LGBT among homeless adolescents, and make recommendations for best practice and policy including ensuring sensitivity and cultural competency training for all employees, administrators, and | Literature review with suggestions for practice and policy change | n/a          | Homeless youth who self-identify as LGBT | no       | US, Psychiatry |
|   | Gutman et al: Interventions Intended to Help LGBTQIA+ Youth Transition Out of Homelessness |
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|   | bisexual, and transgender youth who are homeless. *American Journal of Orthopsychiatry*, 84(1), 66-72. [https://doi.org/10.1037/h0098852](https://doi.org/10.1037/h0098852) |
|   | volunteers; adopting nondiscrimination and confidentiality policies; ensuring safety in shelters and residences; providing or making referrals for mental health concerns including substance use and suicidality; and providing HIV testing and education about HIV transmission reduction. Future research recommendations include understanding the risk of chronic homelessness among LGBT youth as this population ages. |
| 11 | Maccio, E. M., & Ferguson, K. M. (2016). Services to LGBTQ runaway and homeless youth: Gaps and recommendations. *Children and Youth Services Review*, 63, 47-57. [https://doi.org/10.1016/j.childyouth.2016.02.008](https://doi.org/10.1016/j.childyouth.2016.02.008) |
|   | The authors report similar findings to their 2015 paper listed above (Ferguson & Maccio, 2015), but focus on service gaps identified by 24 service providers and administrative staff from 19 programs for youth who self-identified as LGBTQ and were homeless. Seven areas of intervention gaps were identified as housing needs, education/employment, family services, LGBTQ-affirming services, cultural competency training, and advocacy and organizing. |
|   | Research study | Qualitative interviews | 24 Service providers and administrative staff of 19 US programs serving LGBTQ homeless youth | no | US, Social work |
| 12 | Mottet, L., & Ohle, J. (2006). Transitioning our shelters: Making homeless | This article was developed collaboratively with the National Coalition for the Homeless and the National Gay and Lesbian Taskforce to provide practitioners with a greater understanding of (a) | Literature review with suggestions for practice | n/a | Youth and adults who self-identify as transgender and who | no | US, Law |
shelters safe for transgender people. *Journal of Poverty, 10*(2), 77-101. https://doi.org/10.1300/J134v10n02_05

| 13 | Nolan, T. C. (2006). Outcomes for a transitional living program serving LGBTQ youth in New York City. *Child Welfare, 85*(2), 385-406. https://web.a.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=0&sid=1c83516a-24a6-48c8-8245-277c08bf6335%40sessionmgr4008 | The author reports the outcomes for 40 youth who participated in Green Chimney’s Children Services of New York City—a 10-bed transitional living program for homeless youth self-identified as LGBTQ ages 17-21. Youth reported that skills learned through their participation in the program included money management, interpersonal communication, and the concepts of independence and responsibility. Other learned skills were reported as time management, prioritization, and goal setting. | Program evaluation | Retrospective record review. 40 case files of youth who were participants in Green Chimney’s Children Services were reviewed. Additionally, 11 former and current participants answered a qualitative survey. | 40 homeless youth who participate in the Green Chimney’s Children Services transitional living program for youth self-identified as LGBTQ aged 17-21 | Yes. Approximately 42% of participants were asked to leave the program for repeated rule violations; 32% left after completing the program; 25% exited voluntarily with or without plans. 47% exited to a private residence; 20% exited to an independent living situation. | US, Social work |

The experience of homelessness and transgender youth and adults, and (b) guidelines for making shelters a safe and nondiscriminatory place for this population. Recommended shelter policies included treating people as the gender to which they identify, maintaining confidentiality, maintaining harassment non-tolerance, establishing housing placement based on self-identified gender, providing LGBT housing options specific for gender non-conforming youth, creative safe and respectful showering and sleeping areas.
| 14 | Norman-Major, K. (2018). Thinking outside the box: Using multisector approaches to address the wicked problem of homelessness among LGBTQ youth. *Public Integrity, 20*(6), 546-557. [https://doi.org/10.1080/109922.2017.1325999](https://doi.org/10.1080/109922.2017.1325999) | The author reviews the literature regarding homelessness among youth self-identified as LGBTQ and describes 6 US organizations providing services to this population. | Narrative program description | n/a | Homeless youth self-identified as LGBTQ | No | US, Public administration |
| 15 | Powell, C., Ellasante, I., Korchmaros, J. D., Haverly, K., iTEAM is an affirming system-of-care approach for youth self-identified as LGBTQ or straight ally and who are or near homeless. This | Research Study | Quantitative analysis of pre- to post-intervention | 210 participants in the iTEAM | Yes. Participants demonstrated pre- to post-intervention | US, Psychology, Gender studies |
| Reference | Study Details | Methodology | Population Characteristics | Findings | Implications |
|-----------|---------------|-------------|-----------------------------|----------|--------------|
| & Stevens, S. (2016). | The study assessed the effectiveness of the iTEAM approach with regard to decreasing substance use, improving mental health, increasing housing accessibility and stability, increasing life skills, increasing opportunities for education and/or employment, and reducing HIV-risk behaviors. Data were collected at program entrance and 6 months. Statistically significant improvements were observed from pre- to post-intervention in the areas of HIV-risk reduction, housing placement, employment, and substance use for participants who were high users at intake. The authors attributed observed participant gains to iTEAM’s service accessibility, LGBTQ-affirming space and programming, and staff education and sensitivity training. | Cross-sectional exploratory study | Program ages 15-24 who self-identified as LGBTQ and straight/all y and were homeless or near homeless | Improvements in the areas of substance use reduction, HIV-risk reduction, housing placement, and employment. | 
| Prock, K. A., & Kennedy, A. C. (2017). | The authors surveyed 124 transitional living programs (TLP) in the US providing services to homeless youth including 54 that offered services to youth self-identified as LGBTQ; 10 TLPs provided LGBTQ-specific services. Such services included support groups, LGBTQ-affirming therapy, gender neutral bedrooms and showering facilities, referral for medical treatment including hormonal therapy, advocacy training, case management, | Research study | 124 TLPs in the US that provide services to homeless youth including youth self-identifying as LGBTQ | No | 

25 | International Journal on Homelessness: https://ijoh.ca
| 17 | Ryan, C. (2010). Engaging families to support lesbian, gay, bisexual, and transgender youth: The Family Acceptance Project. *Prevention Researcher, 17*(4), 11-13. [Link](https://web-a.ebscohost.com.proxy.libraries.rutgers.edu/ehost/pdfviewer?vid=4&sid=919fd64e-351c-427b-aaef-aa58680edaaa%40sessionmgr4006) | The author describes the Family Acceptance Project which was developed to serve LGBT youth and their families by (a) helping ethnically and religiously diverse families to support their LGBT children; (b) help LGBT youth to stay in their families and prevent homelessness, foster care placement, and juvenile justice system involvement; and (c) decrease LGBT youths’ risk of depression, suicide, illegal drug use, and unsafe sex. | Narrative program description n/a | Homeless youth who self-identify as LGBT no | US, Social work |
| 18 | Wilber, S., Reyes, C., & | The Model Standards Project was established to set practice standards | Policy guidelines n/a | Youth in out-of- no | US, Law |
|   | Marksamer, J. (2006). The Model Standards Project: Creating inclusive systems for LGBT youth in out-of-home care. Child Welfare, 85(2), 133-149. [https://www.proquest.com/docview/213807833?pq-origsite=gscholar&fromopencview=true](https://www.proquest.com/docview/213807833?pq-origsite=gscholar&fromopencview=true) | governing the care of youth self-identified as LGBT who are in out-of-home care. Standards include creating safe and inclusive environments; dispensing training to staff, caregivers, and providers about the unique needs of LGBT youth; adopting practices that support healthy and age-appropriate exploration and expression of gender identity for all youth; adopting policies that respect the privacy and confidentiality of youths' gender identity by limiting staff disclosure only to occurrences having direct benefit to a youth in question; ensuring sufficient placement options that support LGBT youth; and providing access to healthcare that addresses the risk for substance use, sexually transmitted disease, sexual assault, and mental health concerns. |   | home care who self-identify as members of the LGBT community; staff providing out-of-home care to this group of youth |   |   |   |
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| 19 | Yu, V. (2010). Shelter and transitional housing for transgender youth. Journal of Gay & Lesbian Mental Health, 14(4), 340-345. [https://doi.org/10.1080/19359705.2010.504476](https://doi.org/10.1080/19359705.2010.504476) | This article documents the proceedings from an American Psychiatric Association workshop regarding the psychiatric needs of homeless people who self-identify as transgender. The author describes the discrimination that commonly causes and maintains homelessness for transgender youth and recommends transitional housing services for homeless LGBTQ youth that include mental health and substance use | Literature review with suggestions for practice and policy change | n/a | Homeless youth that self-identify as transgender | no | US, Psychiatry |
counseling, medical services, HIV and STD reduction programs, educational and employment support, bed assignment and showering facilities based on gender identity, and options for privacy when bathing such as single use showers.