



GALFA LGBTQ Homelessness Research Project

FINAL Report

LGBTQ Homelessness: Risks, Resilience, and Access to Services in Victoria



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MEDICINE,
DENTISTRY
& HEALTH
SCIENCES



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Advisory group

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1) Introduction and background

The pervasiveness of homelessness, both in Australia and abroad, has led to concerted efforts to understand its causes and to develop effective policies and programs to support people affected to access housing and rebuild their lives. Existing research feeding into policy priorities has identified highly vulnerable groups in need of targeted support, including Indigenous Australians, young and older homeless Australians, and persons exiting State care, juvenile justice, other correctional facilities or medical or psychiatric facilities (FaHCSIA, 2008). However, to date, sexual orientation, sex and gender identity minorities have not been identified among those requiring tailored policy and practice intervention.

Whilst there is mounting evidence that the risk of and potential consequences of homelessness among lesbian, gay, bisexual, transgender, intersex, and queer or questioning (LGBTIQ) people are heightened compared to the general population, there has been limited systematic research in Australia to inform a more targeted response. Bletsas and Oakley (2013, p. 4) note that Australia lags behind similarly advanced democracies in developing research, policy and best practice in the area of LGBTIQ homelessness. Major gaps in Australia include research on older LGBTIQ adults' experiences of homelessness, longitudinal studies, comparisons between sub-groups, comparisons between rural/regional and urban areas, and the development of best practice guidelines.

This report documents a mixed methods research study, the aims of which were to:

- Identify major contributors and pathways into and out of homelessness for LGBTIQ people;
- Investigate their experiences of current homelessness service provision;
- Examine current practice (including data collection) and best practice to ensure homelessness services are LGBTIQ inclusive; and

- Make the project findings available to influence homelessness and mental health policy initiatives, services, and training on specific issues for LGBTIQ people.

In this study, we conceptualise that LGBTIQ inequalities in homelessness largely emerge from the structural stigma of community norms and institutional policies that embed heteronormative and homophobic, biphobic or transphobic prejudices in everyday practice (Hatzenbueler & Link 2014). We also regard silence on LGBTIQ populations in policies to be a form of structural stigma. This conceptual framing is situated within an understanding that the existence of structural inequalities more broadly - including discrimination, income poverty, and market opportunities - interact with individual vulnerabilities (for example, family rejection) to influence pathways into homelessness and prolong its resolution. Similarly, individual capacities and resilience combined with the availability of socially structured resources, such as the affordability and accessibility of housing and a secure 'living' income, will influence pathways out of homelessness (Mallett et al 2010).

The main research questions were:

- What are the pathways into and out of homelessness that are specific to being LGBTIQ?
- How can homelessness services best serve the specific needs of LGBTIQ people?
- How does Australian housing and homelessness policy need to change in order to become more inclusive of LGBTIQ people?

The research approach we adopted was exploratory and collaborative in nature. It combined descriptive analysis of secondary data sources - including the *Journeys Home* longitudinal survey (Bevitt et al., 2013) and the General Social Survey (GSS) (ABS 2014) - with qualitative interviews. *Journeys Home* and the GSS were selected because they provide, in our assessment, the best available measures of sexual identity and homelessness

given the limitations of current data collection systems. It is also recognised that the limited options/categories and concerns around disclosing sexual identity in such data sources may conceal the full extent of homelessness among LGBTIQ people. The qualitative interviews were conducted with homelessness service providers and people with lived experience of homelessness.

A project advisory group was engaged throughout the research to provide advice on recruitment of service provider and LGBTIQ participants, and with the interpretation of findings. The advisory group met 8 times between February 2015 and August 2017.

2) Brief literature review

2.1 Homelessness definitions

Homelessness as a concept and experience is multifaceted and diverse. Researchers, policymakers, and service providers draw on various approaches to measure and further understand its subjective and objective dimensions.

A widely accepted approach to defining homelessness in the Australia literature has been the relative cultural definition of *primary*, *secondary* and *tertiary* homelessness developed by Chamberlain & MacKenzie (2003), which informed the first Australian Bureau of Statistics Census enumerations undertaken from 1996-2006. Within this framework primary homelessness included sleeping 'rough' in public places and squatting; secondary forms include moving between temporary accommodation, such as emergency or transitional accommodation and couch-surfing; while tertiary homelessness includes medium to long-term accommodation that still falls below a culturally defined minimum standard (Chamberlain & MacKenzie, 2003).

More recently, the ABS (2012) have extended the Chamberlain & MacKenzie framework to incorporate other dimensions including the adequacy of the dwelling, security of tenure, and control/accessibility of space for social relations - or a measure of overcrowding (ABS, 2012). Whilst the precise measurement and conceptualisation of homelessness continues to be debated there is a general consensus that homelessness is more than the absence of a 'house' to live in and encompasses experiences where both access to and security of tenure is absent or threatened.

In this research, particularly in the statistical analysis drawing on the quantitative *Journeys Home* data, and following Chamberlain & MacKenzie (2003) and ABS (2012), we apply a cultural definition of homelessness that incorporates more insecure forms of tenure¹. However, in our analysis of the *Journeys Home* data, we do not specifically examine experiences of overcrowding as has been incorporated into the most recent ABS definition of homelessness. Overcrowding was not excluded from the qualitative analysis, which was informed by definitions of homelessness by people who identified as having lived experience in such housing conditions.

2.2 LGBTIQ and homelessness – what we know

Anecdotal and practitioner accounts indicate that homelessness among lesbian, gay, bisexual, transgender, intersex, and queer (LGBTIQ) people in Australia is a pervasive concern. Despite this, we have yet to fully establish the risks and causes, their magnitude and the longer-term impact for those affected. To date there has been little systematic analysis of LGBTIQ homelessness through a rigorous program of research and - as has been noted overseas (Abramovich, 2015) - many mainstream data collection systems in Australia do not record or inadequately record diverse genders, sex characteristics, and sexual orientations (Bletsas & Oakley, 2013). Furthermore, experiences of or anticipated discrimination among LGBTIQ

¹ The definitions applied in the statistical analysis as further discussed in Section 4.

people who access homelessness services can also reinforce major disincentives to disclose diverse sexual orientations or gendered identities (Bletsas & Oakley, 2013; Maberley & Coffey, 2005; PICYS, 2002).

Notwithstanding these constraints, there is some indicative national and international evidence that LGBTIQ people are over-represented among those with current or recent experiences of homelessness (ABS General Social Survey, 2014; Bletsas & Oakley, 2013; Corliss et al, 2011; Durso & Gates, 2012; Gaetz, et al, 2016; Hillier et al, 1997; Jones et al, 2016; Ray, 2006; Rossiter et al, 2003; True Colours Fund & National LGBTQ Taskforce, 2016). In Canada and the US, reports indicate that young LGBTQ2S (LGBTQ plus queer and 2 spirit) people make up 20-40% of the youth homeless population (Corliss et al, 2011; Durso & Gates, 2012; Gaetz, et al, 2016; Ray, 2006; True Colours Fund & National LGBTQ Taskforce, 2016). The 2014 General Social Survey in Australia recorded that 13.4% heterosexuals had ever been homeless compared with 20.8% bisexual people and 33.7% lesbian/gay people² (ABS General Social Survey, 2014). In a recent survey of people with intersex variation in Australia, 6% responded that they were homeless or living precariously (Jones et al, 2016). A survey of 859 14-25 year old trans and gender diverse Australians found that 22% had experienced accommodation problems or homelessness; those who had self-harmed were over 4 times more likely to have experienced homelessness, and those who had ever attempted suicide were over 5 times more likely to have experienced accommodation issues, including homelessness (Strauss et al, 2017).

LGBTIQ young people who have experienced homelessness are at higher risk than their cisgender³ heterosexual counterparts of bullying at school, poorer mental health, experiences of trauma and childhood abuse, substance abuse

² Gender identity was not included.

³ Cisgendered people are those whose gender identity matches their gender assigned at birth.

issues, survival sex, STIs and HIV, multiple experiences and longer periods of homelessness. Moreover, family conflict and rejection because of their sexual orientation or gender identity has been identified as a major cause of homelessness for this group (Abramovich, 2012, 2013, 2015; Abramovich & Shelton, 2017; Albert Kennedy Trust, 2015; Choi et al, 2015; Corliss et al, 2011; Durso & Gates, 2012; Ferguson-Colvin et al, 2012; Gold, 2005; Irwin et al, 1995; Keuroghlian et al, 2014; National Centre for Social Research and Stonewall Housing, 2001; O'Connor & Molloy, 2001; Ray, 2006; Twenty10, 2007; Ventimiglia, 2012; Whitbeck et al, 2016). They are also more likely to have a first episode of homelessness before the age of 16 (Gaetz et al, 2016). Recent international research has also emphasised the importance of adopting an intersectional framework here, especially when discussing family conflict and rejection, and acknowledging the complexity of narratives and factors (Wheeler, Price & Ellasante, 2017). The few studies that have been conducted in Australia to date, nonetheless, indicate that discrimination has been a major obstacle to safe and appropriate service provision (Bletsas & Oakley, 2013; Maberley & Coffey, 2005; McDonald, 2015; Oakley & Bletsas, 2017; PICYS, 2002; Twenty10, 2007). A recent study by Oakley & Bletsas (2017) of young LGBTIQ people experiencing homelessness in Sydney and Adelaide has called for 'rethinking policy and practice' when it comes to providing services for this population in Australia.

Research on LGBTIQ health generally in Australia has relevance for the homeless population. It reveals higher than average rates of substance abuse and poorer mental health, especially depression, anxiety, and suicidality, with experiences of discrimination again being a key factor (Corboz et al, 2008; Leonard et al, 2012; McNair et al, 2005; McNair et al, 2011; McNair et al, 2016; Rosenstreich, 2013). The degree of psychological distress tends to be more acute among transgender and bisexual people, and resilience scores appear to be lowest among bisexual women (Leonard et al, 2012). Some research has suggested that friends are an important emotional resource for Australian same-sex attracted, trans and gender

diverse people, including in times of illness and when support from family members is not available or denied (see Dempsey, 2014, Leonard et al. 2012). Studies of lesbian, bisexual and queer women have found higher rates of alcohol consumption than the heterosexual population (McNair et al, 2016). Moreover, people with intersex variations are often subjected to medical treatments and surgeries with significant risks that can have negative long-term impacts on physical and mental health (Jones et al, 2016).

3) Design and methods

3.1 General Social Survey secondary data analysis methods

The fourth General Social Survey (GSS) was conducted in Australia in March to June 2014, and involved 12,932 households. The purpose of the survey was to understand relative advantage and disadvantage, and capacity to participate in society. The Australian Bureau of Statistics (ABS) coordinated the survey. Interviews with people at their homes were conducted using a Computer Assisted Interviewing (CAI) questionnaire method. One question was included on sexual identity, and the responses were ‘heterosexual’, ‘lesbian/gay’, ‘bisexual’, ‘other’, ‘don’t know’, and ‘not stated’. The ABS provided us with an analysis of several selected questions based on the sexual identity of respondents.⁴

The analysis presented in this report is a preliminary descriptive analysis of the GSS data including prevalence of homelessness, stressors, mental health and general health status, sources of support, and access to services generally and while homeless. It allows population-based comparisons according to sexual identity, and sets the scene for the analysis of the sub-

⁴ The ABS collapsed ‘other’, ‘don’t know’, and ‘not stated’ into one category. The responses under this collapsed category were not consistently like any of the other categories and as this would have been a very diverse sub-group, we have not presented that data here.

group that is vulnerable to homelessness in the *Journeys Home* study. A limitation of the GSS dataset is that it does not include people who were currently homeless apart from potentially a few who might have been couch surfing in private dwellings or whose housing status cannot be determined but may be experiencing homelessness. It also does not allow analysis of trans and gender diverse respondents or people with intersex variations, as there was no question on gender identity or sex status.

The definition of homelessness used in the GSS refers to whether:

...a person has ever previously been without a 'permanent place to live' for reasons other than one (or more) of the following only: saving money; work related reasons; building or renovating their home; travelling/on holiday; house-sitting or having just moved back to a town or city. People who had ever previously been without a permanent place to live for other reasons (e.g. family/relationship breakdowns, financial problems, tight rental/property sectors etc.) were counted in the survey as having had an experience of homelessness. (ABS Glossary GSS 2014)⁵.

3.2 Journeys Home secondary data analysis methods

Journeys Home is a national longitudinal survey developed by Melbourne Institute of Applied Economic and Social Research and funded by the Department of Social Services (formerly FaHCSIA). It commenced in 2011 and comprises a sample of those with current or recent past experiences and/or who are at risk of, or vulnerable to homelessness. Respondents for the survey were initially recruited via the Centrelink database, with those completing the first wave survey followed up every six months over a total of six waves or three years of data collection (See Bevitt et al 2013 for a more detailed discussion of the sampling strategy for the survey). The

⁵<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/4159.0Glossary12014?opendocument&tabname=Notes&prodno=4159.0&issue=2014&num=&view=>

Journeys Home dataset enables a comparison of risk and experience of homelessness on the basis of selected sexual identities (heterosexual, lesbian, gay, and bisexual), although questions pertaining to gender diversity and intersex variation were not included.

The analysis presented in this report draws on a preliminary descriptive analysis of the demographic and risk profile of homelessness according to sexual identity. We use existing measures of homelessness in the dataset including the Melbourne Institute Classification of Housing Status (HSTATUS2) (Bevitt et al., 2013). The population weight rescaled to the sample is applied to the data to correct for the differential probability of selection and response throughout the analysis. Initial CHI square analysis was undertaken using the first wave of the survey only to identify statistically significant differences between those identifying as heterosexual, lesbian/gay and bisexual. It should be noted that the unweighted sample sizes for people identifying as gay or lesbian (n=53) and bisexual (n=70) in the *Journeys Home* dataset is small and findings should be treated as indicative. Nonetheless, the mixed method approach adopted does allow for additional robustness checks of the data by triangulating the findings with initial patterns and comparisons from other national surveys. The combined findings from the GSS and existing literature tend to support the overall group differences observed between individuals identifying as gay, lesbian, and bisexual, compared with those identifying as heterosexual in *Journeys Home* data.

3.3 Interviews with homelessness service providers

Ethics approval was granted by the University of Melbourne Human Research Ethics committee on 13 May 2016 (Ethics ID number 1646561). A case study design was employed, and focused on four homelessness organisations. Potential services were selected by the project advisory group, which aimed to recruit for service diversity. The advisory group based their selections on

personal recommendations, word of mouth, and descriptions of the agencies available in publicly accessible documents or advertisements in sector-wide newsletters.

- Service 1 was selected as they are the only service in Victoria to have a specific program (including transitional housing and other support) for LGBTI youth (aged 15-25 years) at risk of homelessness. The service requested to be identified in the report - it is the Family Access Network
- Service 2 - is a faith-based organisation offering homelessness services, based in inner city Melbourne, servicing any age group
- Service 3 - is a faith-based rural outreach service with a homelessness focus, and a LGBTI-specific youth group
- Service 4 is an inner city mainstream homelessness service for anyone aged 15 and over, as well as families and their children.

Once the executive staff of each service agreed to being involved in the study, their assistance was sought regarding the best method to advertise and recruit staff within their organisation. Advertisements were sent to staff at each service with a request to contact the researchers directly if they were interested to participate in an interview. This enabled staff to participate without the knowledge of senior managers. We aimed to interview at least one manager and two frontline staff from each of the four services, and this was achieved. We interviewed all staff that contacted us, with the final sample comprising 19 people. These workers occupied a range of roles at service delivery level (e.g. support worker, youth worker, community development worker, private rental brokerage worker, team leader, coordinator), and upper management/executive level (senior manager, director, CEO).

Participants were asked a series of open-ended questions in one of two formats, depending on whether they were frontline service staff or managers/executives. The in-depth semi-structured interviews were conducted with staff at selected agencies in Victoria. The interviews not

only examined contributing factors and pathways in relation to homelessness for LGBTIQ people, including differences between sub-groups where possible, and regional/rural and urban locations, but perceptions of current and best practice. The main areas of inquiry included:

- Definitions of homelessness
- Data collection processes - current systems and challenges in reporting on LGBTIQ homelessness
- Prevalence estimates and trends over time
- Major pathways into homelessness and risk factors for LGBTIQ clients (also similarities and differences compared with cisgendered heterosexual clients)
- Major factors constraining pathways out of homelessness for LGBTIQ clients (and similarities/differences compared with cisgendered heterosexual clients)
- Impacts of discrimination
- What needs to change in the sector
- Specific needs of LGBTIQ clients
- Differences in the usage and accessibility of services within and between sub-groups
- Challenges of introducing LGBTIQ specific responses/programs
- Best practice for LGBTIQ inclusive care
- Current training needs.

Where appropriate, participants were asked additional questions, or to expand on their responses. The average time commitment for each participant was 60 minutes. Interviews were digitally recorded with their consent. In total, 19.25 hours of interview data involving service provider staff was collected. This was transcribed by the Research Assistant.

To analyse the data, perspectives of service providers from each case study were compared and contrasted - with reference to the 12 main areas of inquiry identified previously - in order to identify repeating ideas, key

differences, and significant relationships, within and across contexts. This data was also compared to the secondary data analysis from the *Journeys Home* study and GSS.

3.4 Interviews with LGBTQ people who have experienced homelessness

Ethics approval for this part of the study was granted by the University of Melbourne Human Research Ethics Committee on 28 September 2016 (Ethics ID 1647592). Semi-structured interviews were conducted with 17 people, aged 16 years and over, who identified as LGBTQ. Although the sample was open to people who have an intersex variation, we were unfortunately not able to find participants who could speak to their experience for this study. Participants were recruited through advertisements placed in community newsletters, on social media, and flyers that were distributed via a range of service providers and community organisations. Once interest in participating in the research was expressed to the Research Assistant, and the Plain Language Statement had been read and understood, a mutually convenient time to conduct the interview was arranged (either face-to-face or by phone). A consent form was signed by each participant.

During the interview, participants were asked about their:

- Experiences and understanding of ‘homelessness’
- Factors that may have facilitated or constrained pathways into and out of homelessness
- Experiences of service provision
- Experiences of disclosing (or not) their LGBTIQ status to staff when accessing services
- Perspectives on what is needed for homelessness services to deliver best practice for LGBTIQ clients
- Social connections and support.

Participants were welcome to bring a support person of choice to the interview⁶, and this was strongly encouraged if they were under the age of 18. Participants were also asked to complete a preliminary survey, so the researchers could obtain some basic demographic information. Where surveys were conducted by phone, participants were asked to complete these electronically, or provided with a hard copy and self-addressed envelope to return by post. One postal survey was not returned.

Interviews ranged in duration from 15 to 112 minutes, depending on the individual's availability and inclination. With permission, audio recordings of the interview were taken and transcribed. Two people requested the opportunity to make revisions to their transcripts before they were used. After the interview, participants received a \$50 gift card as reimbursement for their time.

Interview participant demographics

The age of participants ranged from 16-67 years, with the average age being 38.1 years. Most participants were born in Australia and one participant was Aboriginal. Other participants originated from South East Asia and the United Kingdom. One participant identified as having a disability. Only four participants were currently living in inner suburban or urban areas, the majority was located in outer suburban areas. Most did not identify as cisgender. Given the range of gender identities and sexual orientations expressed by participants we have elected to use LGBTQ as our acronym for interview participants. We have removed I for intersex, as no participants had an intersex variation. A more detailed breakdown of other demographics within the LGBTQ sample is presented in Table 1 (age and sexual orientation, gender identity) and 2 (other demographics).

⁶ 5 people chose to do this.

Table 1. LGBTQ sample age, gender identity and sexual orientation

Age	16-25	26-35	36-45	46-55	56+	Age not specified	Total
<i>Gender identity</i>							
Genderqueer/non-binary		1		1			2
Transwoman/trans female		2	2		1	2	7
Cis female		1			2		3
Transgender male	2			1			3
Cis male	1						1
Don't use labels	1						1
<i>Sexual orientation</i>							
Lesbian/Gay	1				2		3
Bisexual/Pansexual	1	1	1	1		2	6
Queer		1					1
Heterosexual	1						1
None/other/not specified	1	2	1	1	1		6
TOTAL	4	4	2	2	3	2	17

As with the service provider interviews, transcripts were coded independently by the members of the research team in order to identify similarities or points of difference and emerging themes within and across the dataset, before the researchers' notes were compared. An additional researcher who had not previously been exposed to the study was also asked to independently code a selection of transcripts, which provided a different perspective and added to the key themes in the LGBTQ interviews.

Table 2. LGBTQ sample other demographics

Demographic Feature (total sample n = 17)	Number
<i>Geographic area</i>	
Inner suburban or urban	4
Outer suburban	10
Regional centre	2
Rural area (<5,000)	1
<i>Language other than English spoken at home</i>	
No	11
Yes	5
Unknown	1
<i>Highest education achieved</i>	
Primary School	2
Up to Year 10 or equivalent	4
Up to Year 12 or equivalent	1
Diploma, trade, certificate, TAFE	4
University degree	2
Higher degree (Grad Dip, Masters, PhD)	3
Unknown	1
<i>Problems requiring medical review</i>	
No	9
Yes	7
Unknown	1
<i>Work and study</i>	
Not in the paid workforce	3
Studying full-time	1
Unemployed, not looking for work, and studying part-time	1
Unemployed, looking for work	4
Unemployed, looking for work, and not in the paid workforce	1
Working full-time	1
Working part-time	3
Working part-time, and not in the paid workforce	1
Working part-time, and studying part-time	1
Unknown	1
<i>Pension/benefit</i>	
No	5
Yes	11
Unknown	1

4) Results and discussion

In this section, we present the integrated findings from the *Journeys Home* and GSS data along with analysis of the interviews with homelessness service providers and LGBTQ people who have experienced homelessness, under the major emerging themes. These themes are:

- Incidence and prevalence of homelessness (Section 4.1)
- LGBTQ-specific risk factors and pathways to homelessness (Section 4.2)
- LGBTQ-specific experiences and needs within homelessness services (Section 4.3)
- Sources of support and pathways to secure housing (Section 4.4)
- Service provider perspectives on organisational issues and inclusive practice (Section 4.5)

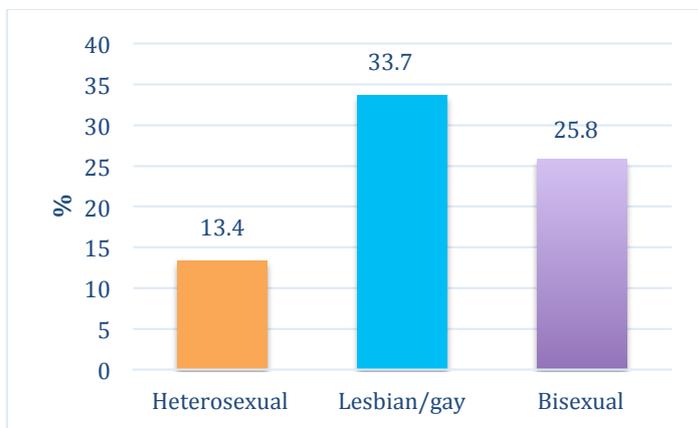
Where possible, we highlight differences within population sub-groups, however, there are some limitations. First, the *Journeys Home* and GSS respondents were not asked about their gender identity or intersex variations, so these datasets cannot represent trans or intersex issues. Second, the participants in the services interviews had no experience of seeing intersex clients, and intersex experiences were not discussed in the LGBTQ sample, so again, any specific issues for people with intersex variations cannot be identified.

We identify all services quotations by the allocated number of the participating service. Service 1 (Family Access Network) also requested to be identified in all reports. We have elected not to identify any demographic features of LGBTQ participants' quotations in order to protect their anonymity.

4.1 Incidence and prevalence of homelessness according to LGBTQ subgroups

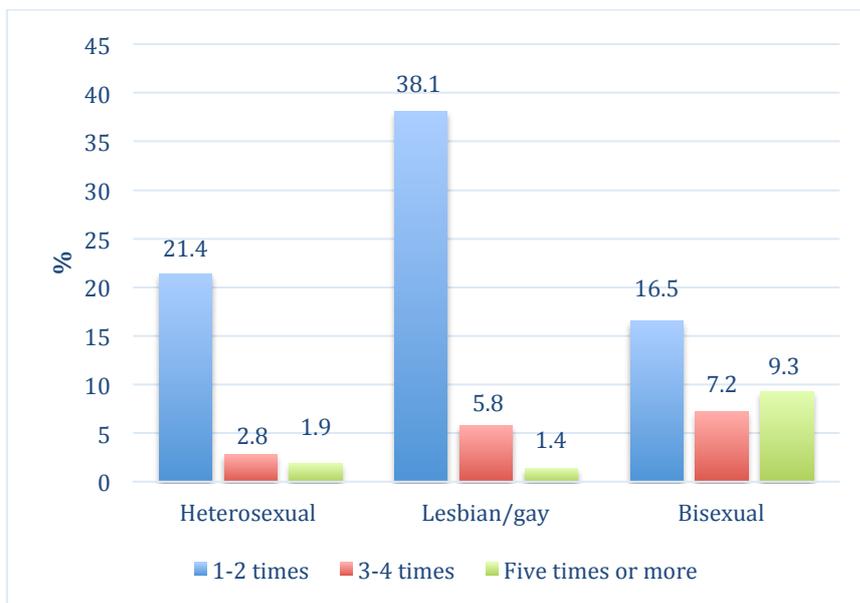
The GSS provides important prevalence data for homelessness showing that people who identified as LGB were at least twice as likely as those who identified as heterosexual to have ever experienced homelessness (Figure 1).

Figure 1. Ever experienced homelessness (GSS)



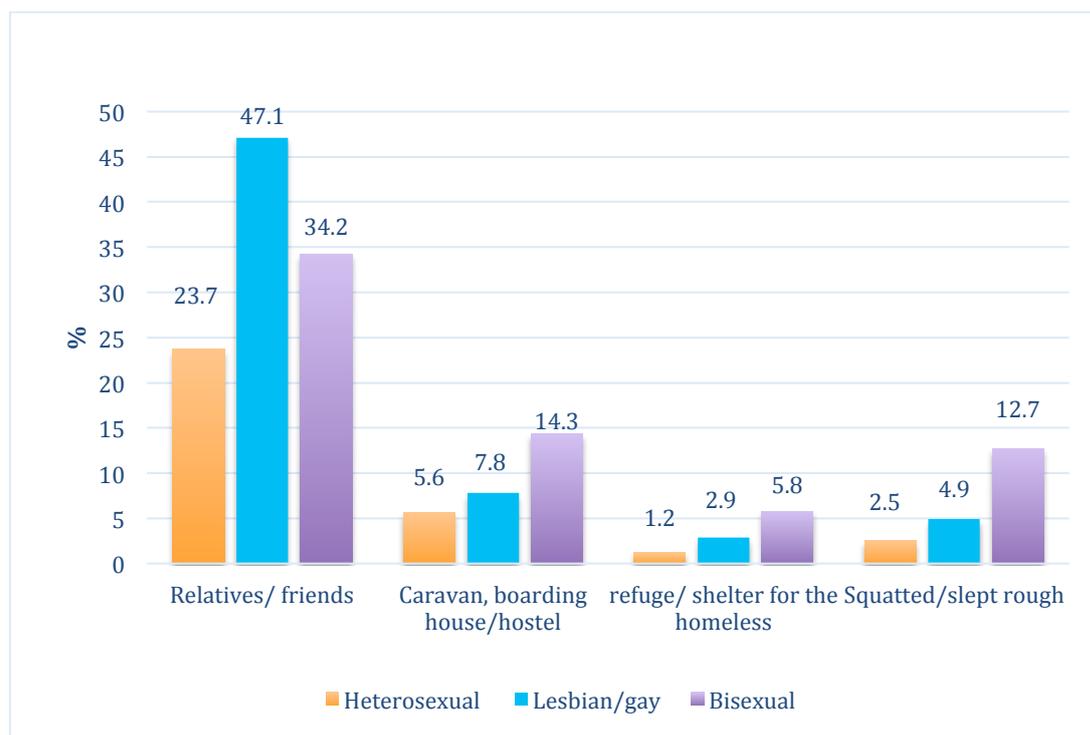
Bisexual people are much more likely to have at least five repeated experiences of homelessness (Figure 2).

Figure 2. Number of times experienced homelessness (GSS)



LG respondents were twice as likely to stay in crisis accommodation or sleep rough, and bisexual respondents at least three times more likely than heterosexual respondents, indicating a higher level of risk for LGB (Figure 3).

Figure 3. Where stayed when homeless (GSS)



There were 1,659 individuals (weighted) who fully completed wave 1 of the *Journeys Home* study. Of these, 54 identified as gay or lesbian and 74 as bisexual. The pooled weighted sample in *Journeys Home* included a total of 8,878 completed surveys across the 6 waves, of which 8,157 were completed by heterosexual respondents, 300 (3.4%) by gay or lesbian, and 421 (4.7%) by bisexual respondents. This proportion of non-heterosexual respondents is higher than might be expected from population-based samples. For example, the Australian Health and Relationships study found that among respondents who identified as women for the purpose of that survey 1.2% identified as lesbian, and 2.2% bisexual, and among those who identified as men 1.9% were gay and 1.3% bisexual (Richters 2014). This

suggests that LGB people are over-represented among this most vulnerable sample compared with the general population.

Almost all respondents in the *Journeys Home* Study had a history of homelessness, including 98% of LG and 100% of B. In addition to primary, secondary and tertiary homelessness, the Melbourne Institute housing status variable includes a separate category for those living in marginal housing or short-term rental accommodation, which we condense and refer to as insecurely housed. Interestingly, the service providers interviewed used a similar definition of homelessness to that used in the *Journeys Home* study. Services consistently defined homelessness as a lack of access to safe, affordable, secure, long-term housing; as such, they included people at risk of homelessness, including those who were housed insecurely, and housing was seen by some as a basic human right.

In summary, statistically significant ($p < .05$) demographic differences between groups at wave 1 of the *Journeys Home* study were identified for:

- *Age* - bisexual (B) respondents had a younger mean (average) age (26.9 years) compared with those who identified as heterosexual (H) (33.5 years), lesbian (L) and gay (G) (32 years).
- *Relationship status* - LG more likely to be partnered than heterosexual
- *Current study activity* - LG more likely to be studying
- *Highest education* - LG more likely to have a degree or diploma
- *Work* - LG more likely to be unemployed or looking for work, and B and H more likely to out of the labour force
- *Centrelink payment* - B more likely to be receiving a payment.

Incidence and prevalence estimates within three of the four participating homelessness services were impossible to quantify due to the shortcomings of the official data collection system Specialist Homelessness Information Platform (SHIP). The Department of Health and Human Services (Vic) funding is linked to using these data, however, it contains no options to

record sexual orientation, intersex status, or diverse gender identity markers. Several service providers interviewed were frustrated by this as they felt it prevented them from recording LGBTIQ status and therefore from monitoring LGBTIQ client numbers, identifying service improvements, or serving LGBTIQ client needs. One of the four services (Service 1 - the Family Access Network-FAN) did collect sexual orientation and gender identity from all clients in a parallel data system. This was part of their whole-of-service commitment to LGBTIQ inclusive practice.

Data tells a story. Data is a platform for advocacy, it's a platform for identifying gaps, trends, achievements, and opportunity to see what works and to maximize that and to reflect on what doesn't (Service 1, FAN).

FAN recorded that 25% of their clients were LGBTQ (no intersex clients were recorded). This is clearly a much higher proportion than would be expected from population estimates, possibly due to a specific and dedicated focus to increasing the accessibility for LGBTIQ people experiencing homelessness. Despite the lack of actual data collection, service provider participants at each of the other three organisations noted a dramatic increase in the number of trans clients attending their services over the past two years or so, particularly trans women (services 1, 2 and 4) and trans men (service 3). Some wondered about the reasons for this, and others suggested it may relate to the increased media attention, allowing trans people to feel more inclined to approach services.

In regard to LGB clients, some believed that lesbian women and gay men were presenting less often than in the past. One participant believed that LGB people were under-represented at their service (service 2) due to a fear of discrimination and lack of LGBTIQ specific programs. There was some recognition that services may not be aware of LGB clients due to lack of disclosure of sexual orientation, and bisexuality was felt to be especially 'invisible'. A number of participants revealed a reluctance to ask clients about their sexual orientation and gender identity. This was due to a

perceived lack of relevance for some, and others felt it was the client's responsibility to tell. Others felt 'uncomfortable' about asking. Therefore, while the *Journeys Home* data reinforce suggestions in the literature that LGB people are more likely to be homeless, lack of access to services and/or lack of disclosure within services makes staff much less aware of this client group and whether they might be over-represented. This issue of visibility is revisited in section 4.3.

4.2 LGBTQ-specific risk factors and pathways to homelessness

We found in both the survey and interview data that there were LGBTQ-specific structural factors and individual factors that were associated with homelessness. We have labelled the structural factors in two categories: *violence, harassment, and explicit discrimination; and ignorance and implicit discrimination*; and the individual factors as *vulnerability*. Violence and harassment experiences arose from homophobia, biphobia and/or transphobia⁷. Ignorance included heteronormativity⁸ and/or cisgenderism⁹, often manifested as assumptions of heterosexuality and/or misgendering. These structural and individual factors were often inter-connected, in that individuals had to navigate the difficult environmental inequalities while coping with various personal stressors. The vulnerability was often directly related to experiences of structural inequalities.

⁷ Homophobia, biphobia and transphobia are fear and loathing of lesbian, gay, bisexual, trans or gender diverse identities.

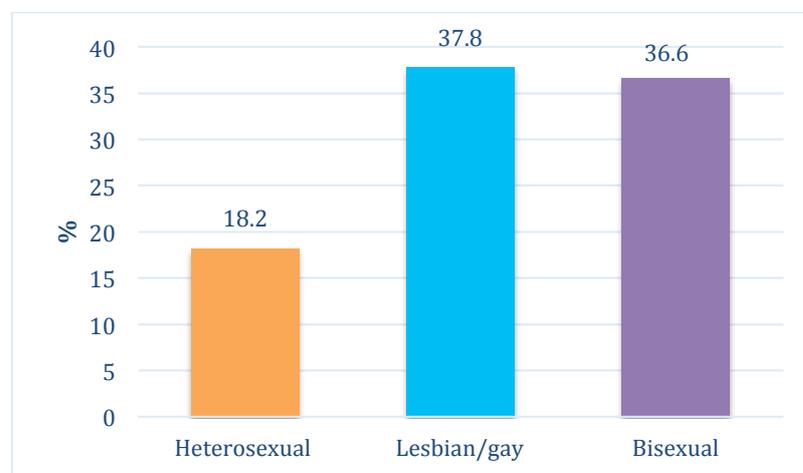
⁸ Heteronormativity is the privileging of heterosexuality and heterosexual relationships at an institutional or interpersonal level.

⁹ Cisgenderism is the institutionalised support for or privileging of cisgender identities (gender matches the sex assigned at birth).

4.2.1 Violence, harassment, and explicit discrimination

Discrimination¹⁰ has been identified in the literature as a central driver of homelessness for LGBTQ people. The GSS included questions regarding experiences of discrimination and violence (Figure 4). LGB people were twice as likely to have experienced discrimination as heterosexual people.

Figure 4. Discrimination or unfair treatment GSS



Several service providers in our interviews expressed the view that LGBTQ-specific discrimination was an underlying issue contributing to the higher levels of distress, stress, PTSD, anxiety and substance use that we have described as personal vulnerabilities. There was a common feeling that while the pathways to homelessness were very similar amongst all clients - including family violence, mental health issues, substance abuse and financial stress - they were made more complex for LGBTQ clients by the impact of discrimination and/or family rejection; and that these intersecting influences were seen to lead to a cycle of recurrent

¹⁰ Discrimination in the GSS is defined as being treated unfairly due to being seen as different from others. People who had experienced discrimination were asked whether they thought it was because of any of the following: their skin colour, nationality, race or ethnic group; the language they speak, the way they dress or their appearance, their gender, age, a disability or health issue, their marital status, family status, sexual orientation, occupation, religious beliefs, or political position.

homelessness that was worse for LGBTQ people than cisgendered heterosexual people.

Experiences of homelessness and housing insecurity in this participant group encompassed squatting, sleeping in cars, sleeping in a tent, couch-surfing, over-crowding, sleeping rough, transitional housing, public housing, crisis accommodation, and boarding houses. These were partly driven by rejection from shared housing situations:

...being trans [as the reason for homelessness], it's very hard to find somewhere to live, because a lot of people don't accept you. Even the trans community cannot accept you themselves - yeah... Just rejection, you know. Applying for share housing with trans, gay, les, bi, just getting told no all the time.

For other participants who were unable for various reasons to provide identity documentation that matched their name and gender, and who were sometimes from migrant backgrounds, attempting to navigate the private rental sector here also led to precarious living situations, rejection and harassment, with impacts on mental health:

The problem I'm finding is that it's difficult to get the housing here because of the agents. They are asking too many identification details from me. That's what I'm not able to provide and that's why I'm not getting the house.

Looking at us then they refused to give the houses... we appear as female, but our voice is male voice. Maybe that is the reason.

Most LGBTQ participants described specific incidences of discrimination that related to homophobia, biphobia and transphobia. Many people had had multiple experiences, and these were perpetrated by families, housemates, workplaces, religions, strangers, clients in services, and service providers. The discrimination appeared to be worse for those with visible difference,

who did not fit into binary or cisgendered identities. One participant spoke about the pervasive nature of discrimination:

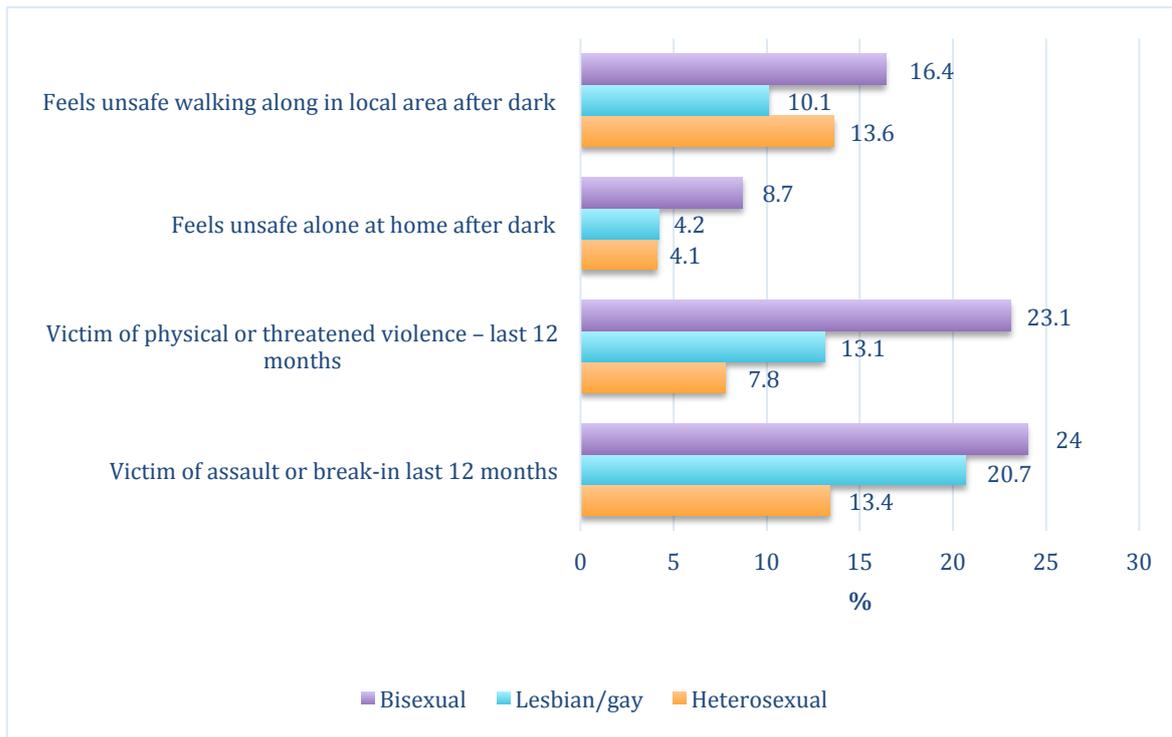
Everywhere you go, it doesn't matter where you go, you're discriminated against in some form; people on the street, people in shops, businesses. Even if you have a friend, and you meet one of their friends, and they're like, oh, you're trans.

The history of discrimination towards queer and trans people from homelessness services, particularly faith-based, was a significant barrier to help-seeking. It became clear in the course of these interviews that if these services which have a reputation for discrimination - and rejecting trans clients in particular - hope to become more inclusive then, despite the efforts of some staff to educate themselves and/or drive organisational change, considerable work will need to be undertaken in order to build trust with the community.

Discrimination in the private rental sector was another common experience, as was a sense of hopelessness for some queer and trans participants, who were often on low incomes and - whether they were single or looking for housing with other members of their chosen families - competing against cisgendered, heterosexual, double-income couples for a dwindling supply of affordable housing in a conservative industry. Even service provider staff who were interviewed gave explicit examples involving their clients (for example, “A young M to F went in as M to F, and the reception was not well, didn't even get to fill out the forms, nothing like that. Went back as M, got to fill forms out”, Service 3).

In the GSS, assault was more likely for respondents who identified as LGB than heterosexual, particularly bisexual, which is reflected in bisexual respondents being more likely to feel unsafe than LG and heterosexual respondents (Figure 5).

Figure 5. Assault and feelings of safety (GSS)



Among the LGBTQ interview participants - especially among trans and gender diverse participants - there also was no shortage of firsthand experiences of harassment and assault from other residents of accommodation facilities. Even once public housing was secured, the threats typically continued, as one public housing resident explained:

For 3 years since I moved into this apartment [public housing], I have been harassed, been given death threats, I was told there was a contract put on my life to kill me. There was two petitions gone around this building so far to get rid of me, because - in the petition it said I was a woman trying to be a man, and I was not normal, that I did not belong living with normal people... so I was outed before I even began visibly changing. So my idea of keeping under cover and being myself and being private was blown out of the water, because there was no way I could be private after that.... and I still have to live in this building after being assaulted and spending two weeks in hospital.

4.2.2 Ignorance and implicit discrimination

Among the interviews with LGBTQ participants, there was a widespread sense of ignorance about LGBTQ identities and culture, described within society generally, families of origin, workplaces and services. This was particularly related to non-binary identities of bisexuality and gender diversity. Participants experienced such ignorance in the form of marginalisation or ‘othering’, misinformation, and misgendering.

Many participants alluded to homelessness service providers ignoring their LGBTQ identity. This was also a point of discussion in some of the service provider interviews, with some identifying their ignorance or heterosexism as an issue, and others stating that they or their colleagues saw little relevance in knowing the sexual identity of clients, for example:

... probably the majority of the staff lean on the side of they would prefer not to ask people, because they don't see that it is relevant to the type of service they should be offered (Service 2).

Some participants felt that a more detailed awareness of gender diversity in services is needed in order to facilitate disclosure and engage with gender diverse clients in a way that is appropriate and respectful:

... I had a major problem with one service, although they did give me a spot in a women's refuge. But I had - I felt I was really asked inappropriate questions in order to get that spot.

Assumptions of cisgenderism frequently led to misgendering within services:

...I have had a couple of good housing officers, but they - it's really common for them to misgender and to make assumptions about gender and probably sexuality, but I don't generally have that conversation with them

Some cases of misgendering at services were publicly humiliating for participants:

I told [the housing service] I was transitioning and wanted to be referred to in the male pronoun.... [the person on the front desk] called me the female pronoun and referred to me in the female pronoun. I said I want to speak to someone and she called up the person and said [client's dead name] is here, she, she, she, she, she...and I looked at the people there, and they looked at me like I had three heads, I was humiliated, and I said to [the person on the front desk] please can you use the male pronoun. Her response was very loud and clearly so all could hear 'we need a doctor's letter from your doctor saying you've had the sex change surgery before we can call you male.

As has been noted by Abramovich (2016), furthermore, the highly gendered nature of accommodation options in the homelessness services sector was a major challenge for people whose gender was non-binary or fluid, with implications for future help-seeking. 'Having to choose' between binary gender options was also potentially triggering if their non-binary or fluid gender identity was a reason for their becoming homeless: "Being seen as female, absolutely. It just infuriates me. Really, that's why it's not safe to be out there", a non-binary participant stated.

Other participants pointed out that within the private rental sector, assumptions of cisgenderism and heteronormativity were often "subtle and largely unconscious". One participant felt that:

They don't see it as queerphobia or transphobia. It's just invisible to them... Yeah, queerness and transness seem to be like very identifiable - things that real estate agents identify as indicators that maybe you're not going to be the best tenant. So they'll put more pressure on you. I suppose it's similar kind of stuff that people of colour or poor people experience as black - you know, estate agents telling you to like mow your lawns and to keep the house a certain

way, or making assumptions or judgements about your ability to meet the requirements of the lease. All of that stuff, I think, contributes to the extent to which you're able to hold on to a lease and whether or not your lease is going to be renewed... It's also about how queerness and transness intersect with other things - with other social, economic and critical dynamics. Where, if you're queer or trans, then you're going to be less likely to own property. You're going to be less likely - you're going to be in a less privileged class position probably. You're going to have less money. You're going to have less assets. You're going to have a lower wage. You might not even be employed.

Similarly, another participant spoke about their experience of the private rental sector and employment discrimination:

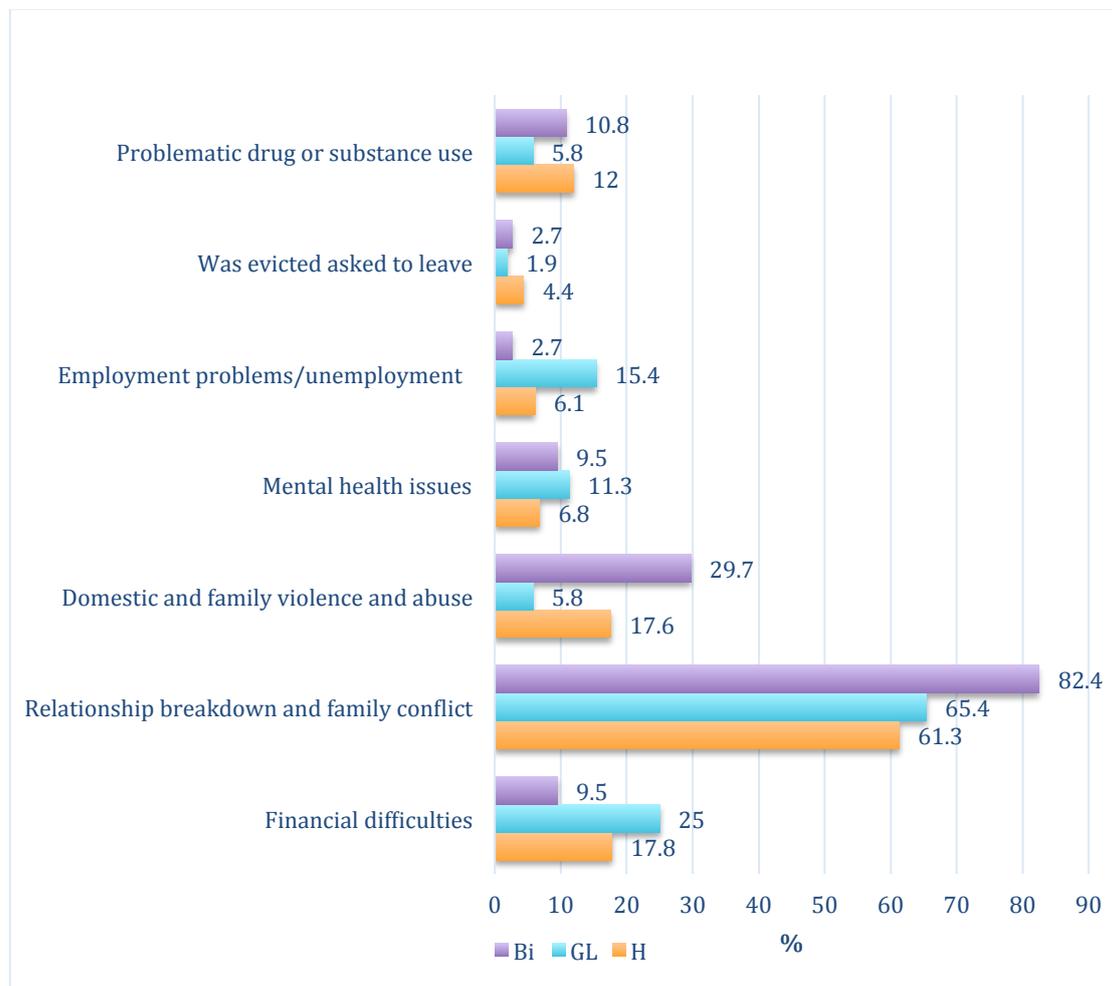
I know trying to get into share houses is - if I was more upfront about my sexuality and gender there would have been no chance I could have got into them. Not that I did [laughs]. But likewise with job interviews, one of the last - oh this was a long time ago, I went to an interview. It was just menial work, but that I could do it. I went there. One of the men asked me - like I wasn't presenting as a woman or anything, but the man asked me, oh can you - went through all the questions, told me the job and said, well can you put up with chiding? Like said, well what do you mean chiding? Am I going to get bullied here? He said, oh you know, the guys, they like to have a bit of a joke.

4.2.3 Vulnerability

There were several inter-connected indicators of vulnerability across all of the study data, including family conflict, early age at being first homeless, mental health and/or substance use problems. First, we will report on family-of-origin conflict, as we consider this to be one of the key underlying differences impacting on homelessness for LGBTQ people compared with cisgender heterosexual people.

Reported reasons for the first homelessness episode by *Journeys Home* respondents differed significantly according to sexual orientation. LGB survey respondents were more likely to report relationship breakdown and family conflict and/or family violence (Figure 6) than heterosexual respondents. Other reasons given were the same across sexual orientation groups including financial problems, mental health issues and problematic drug use. The greater impact of family conflict for LGB respondents was also indicated with regard to their housing status prior to homelessness. LGB respondents were significantly more likely than heterosexual respondents to have stayed with friends ($p = .000$) than with relatives.

Figure 6. Most commonly reported reasons for first ever homelessness episode, *Journeys Home Survey*, Wave 1

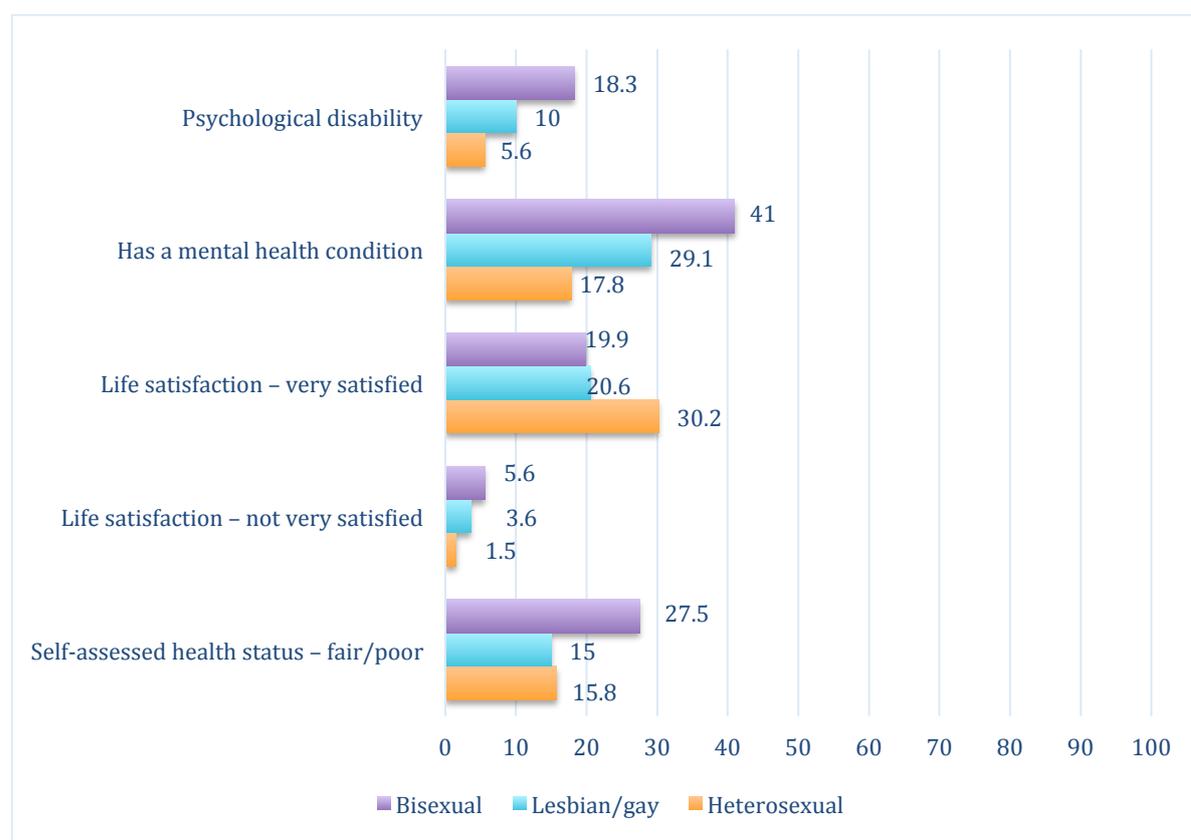


Service provider staff who were interviewed also identified that family conflict as a reason for homelessness was much more prevalent among their LGBTQ clients than others. One staff member at Service 3 believed that rejection by family based on one's core identity (sexual orientation or gender identity) was more damaging than other family conflicts and may have a greater impact on mental health. In particular, family rejection and isolation from community (community-of-origin or LGBTIQ communities) was described as 'a massive driver' of LGBTQ homelessness, resulting in people leaving home at a younger age than their peers. It was felt to be worse for people from certain cultural or religious groups who were seen as even less accepting. However, as previous researchers have pointed out, these diverse and multifaceted experiences involving multiple structural drivers, sources of oppression, and specific cultural factors, cannot simply be reduced to one general family conflict/rejection narrative (Wheeler, Price & Ellasante, 2017). Loss of social networks was also identified by service providers as a specific driver, particularly for rural young people, trans people, and those moving from rural to urban areas away from discrimination.

In the GSS, experiences of at least one personal stressor¹¹ in the last 12 months differed according to sexual identity: 71.7% of lesbian and gay survey respondents and 69.8% of respondents who identified as bisexual, as opposed to 62.8% of heterosexual respondents, had experienced a stressor. Life satisfaction, general health and mental health of LGB respondents were worse than that for heterosexual respondents (Figure 7). Bisexual respondents were particularly more likely to have a mental health condition or psychological disability.

¹¹ The definition of a personal stressor in the GSS included circumstances considered to be a problem for themselves or someone close to them: serious illness or accident, mental illness, serious disability, death of family member or close friend, divorce or separation, not able to get a job or involuntary loss of job, alcohol or drug related problems, gambling problem, abuse or violent crime, witness to violence, trouble with the police, discrimination because of ethnic or cultural background, discrimination for any other reason, bullying and/or harassment, removal of children.

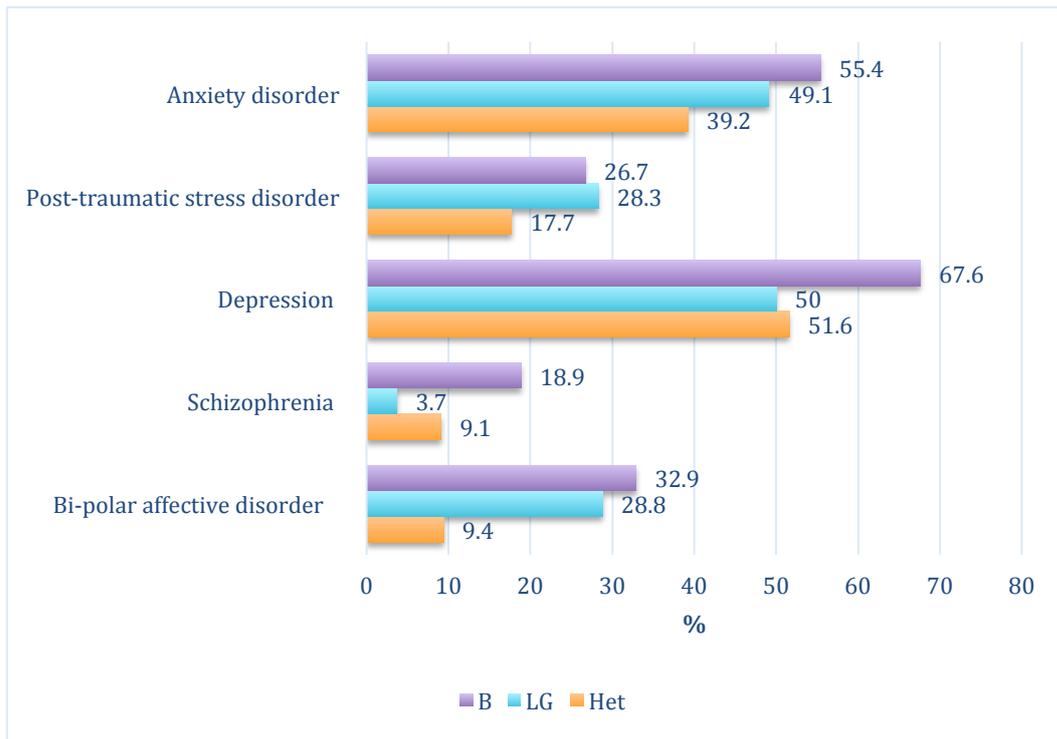
Figure 7. Mental health and general health status (GSS %)



In *Journeys Home*, the mental health and substance misuse of LGB survey respondents was worse than that of heterosexual respondents (Figure 8). LGB were found to be significantly more likely than respondents who identified as heterosexual to have experienced:

- Childhood trauma
- Bipolar affective disorder
- Schizophrenia (only bisexuals higher)
- Post-traumatic stress disorder
- Anxiety disorder
- Substance abuse (only bisexuals higher)
- Long term disability (only bisexuals higher).

Figure 8. Mental health diagnosis, *Journeys Home Survey*, Wave 1

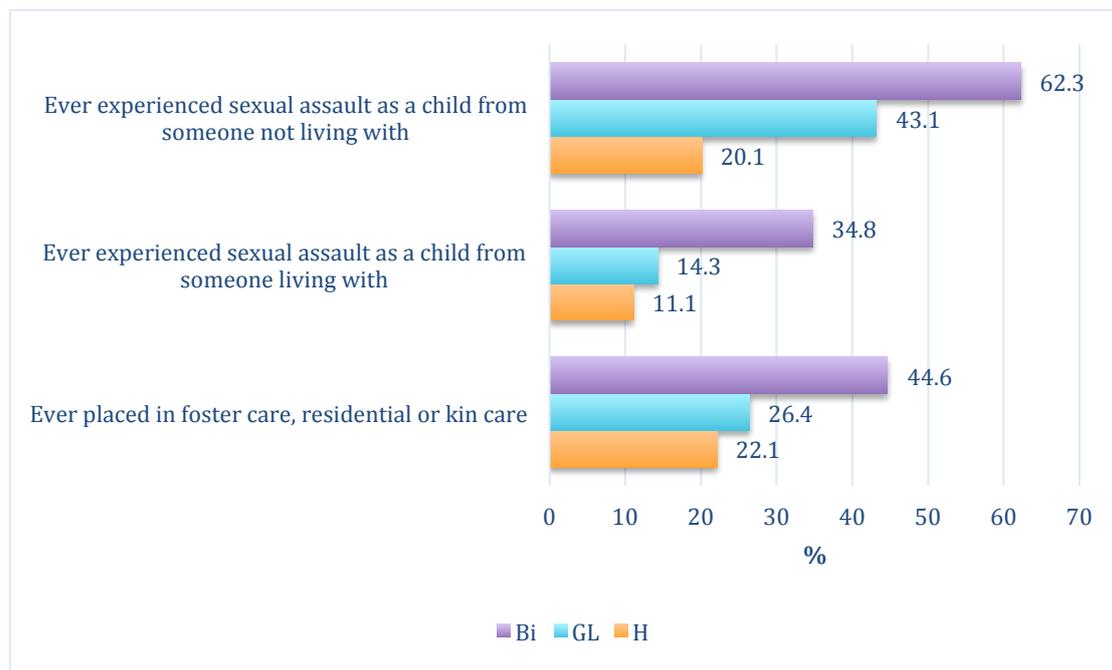


Vulnerability as an individual influence on homelessness often resulted from the experiences of abuse and violence. Several types of childhood trauma were more likely among LGB respondents compared with heterosexual as seen in Figure 9. These included:

- Ever being placed in foster care, particularly for respondents who identified as male in the survey¹²
- Ever experiencing sexual assault from a cohabitating person, especially for respondents who identified as female
- Ever experiencing sexual assault from a non-cohabitating person (both those who identified as female and those who identified as male). Note that the gender and age of the perpetrator were not asked.

¹² Gender diversity and intersex variations were not asked about.

Figure 9. History of care and childhood trauma, *Journeys Home Survey*, Wave 1.



Bisexual respondents had around twice the rate of childhood sexual assault as LG and heterosexual *Journeys Home* respondents (Figure 6). This is likely to be one of the underlying influences on the fact that bisexual people were found to be significantly younger than the other respondents when they first experienced homelessness. Mean age when first homeless for heterosexuals was 21.43, LG was 21.53, and bisexuals 17.62 years old.

Bisexual respondents in both the *Journeys Home* study and *General Social Survey* were clearly more vulnerable than the LG respondents on a number of measures. We consider it likely that a higher proportion of these people may have been trans or gender diverse. This is supported by the recent Australian Trans Pathways study of 14-25 year old trans and gender diverse people, whose sexual identities were pansexual (30.6%), bisexual (13.9%), asexual (8.8%), heterosexual (7.3%), lesbian (7.3%) and gay (6.8%) (Strauss et al, 2017).

Beyond childhood trauma, several of the staff who were interviewed at the different services described compounded vulnerabilities including poor

mental health, substance use, and social rejection to be more likely among LGBTQ clients than others. Some gave examples of LGBTQ clients with multiple intersecting factors leading to a cascade of events that had resulted in homelessness. For example:

A big one for her [female trans client] was her lack of family support. And then general lack of community support as well, which then transpired into substance misuse... ice was the main one, and then she got like HIV and it was just this big sort of isolated situation, and then using ice on top of that she was homeless then. She was couch surfing with people, and then they asked her to leave because she had HIV (Service 4).

All LGBTQ interview participants described experiences of personal vulnerability that influenced their homelessness. Several discussed family conflict and rejection, particularly by parents. One trans women had experienced violence from her brother. A recent immigrant described what had happened in her family of origin back home:

Because of my gender change even my father and siblings didn't accept me, they have assaulted me. Until I was in [country] everyone kicked me, even if I walk in the road people kicked me and bully me.

Violence was also experienced within same sex relationships. Some of the older LGBTQ participants identified intimate partner violence as the reason for their first becoming homeless, and experiences of violence compounded the precariousness of their living situation. One lesbian participant had had an 'extremely controlling and dangerous relationship', which forced her to leave the country town in which she and her partner had lived, resulting in homelessness. Another described home becoming an emotionally unsafe place to live. Family or relationship breakdown led many participants to feel that they did not belong anywhere or had to escape an unsafe situation.

Other vulnerabilities experienced by LGBTQ participants concurred with the quantitative findings, including mental health issues (especially anxiety,

depression, PTSD), and substance use. A number of LGBTQ participants reflected that substance use was common in the community:

I know a lot of lesbians and most of them are dry because it's [alcohol is] an issue, very commonly because it's an issue for them in their own past... From the outside, I have a few gay male friends and I see that partying is a big pressure for them because there's some massive scenes sort of culture that they seem to have to deal with.

Two participants linked substance use with sex work, for example:

Participant: "There's a lot of drug use in the QLGBTI, especially the transgender, transsexual in the sex industry. There's a lot".

Facilitator: "Any particular kinds?"

Participant: "Ice, weed, speed, coke".

Facilitator: "What do you think are the reasons for that?"

Participant: "Mainly, you take drugs because the client has them and it keeps the clients happy".

Sex work was described by one of these LGBTQ participants as an important source of income and autonomy, especially for people who "don't have class privilege".

Substance use was also seen as a coping mechanism against wider societal discrimination and harassment:

...LGBTIQA+ folks are more likely to be in situations that tend to necessitate substance abuse. Whether it's mental health stuff and they're receiving medication for mental health. Whether it's just like - cheap alcohol is a really cheap substance to access and I know a lot of people who self-medicate with super cheap alcohol. Things like cigarettes and stuff.... Yeah and it's largely medication - self-medication focused, dealing with the world, dealing with the constant street harassment... where substances are causing harm for people, I think that does impact on their housing situation because they're less able to do all those things that you need to do to hold on

to or obtain access to housing, especially interacting with government departments.

Several other vulnerabilities were raised by participants including financial stress or poverty, and lack of community belonging. For some trans individuals, poverty specifically related to the expense of accessing hormones or surgery for gender affirmation. Family violence and relationship breakdown was identified as a reason for homelessness by some participants. Experiences of social anxiety and PTSD were often linked to peers. One LGBTQ participant explained that:

....the amount of people I've met, sort of queer and trans people with complex PTSD because of family abuse, or institutionalised abuse of schools and orphanages and stuff. It's a much higher chance of homelessness because of the trauma, and the associated depression and anxiety makes getting into houses and keeping housing so much more difficult, and employment as well, and school.

Many expressed a sense of not belonging, not trusting other people, and a loss of community. This seemed to be more commonly expressed by those who identified as bisexual. As two participants reflected:

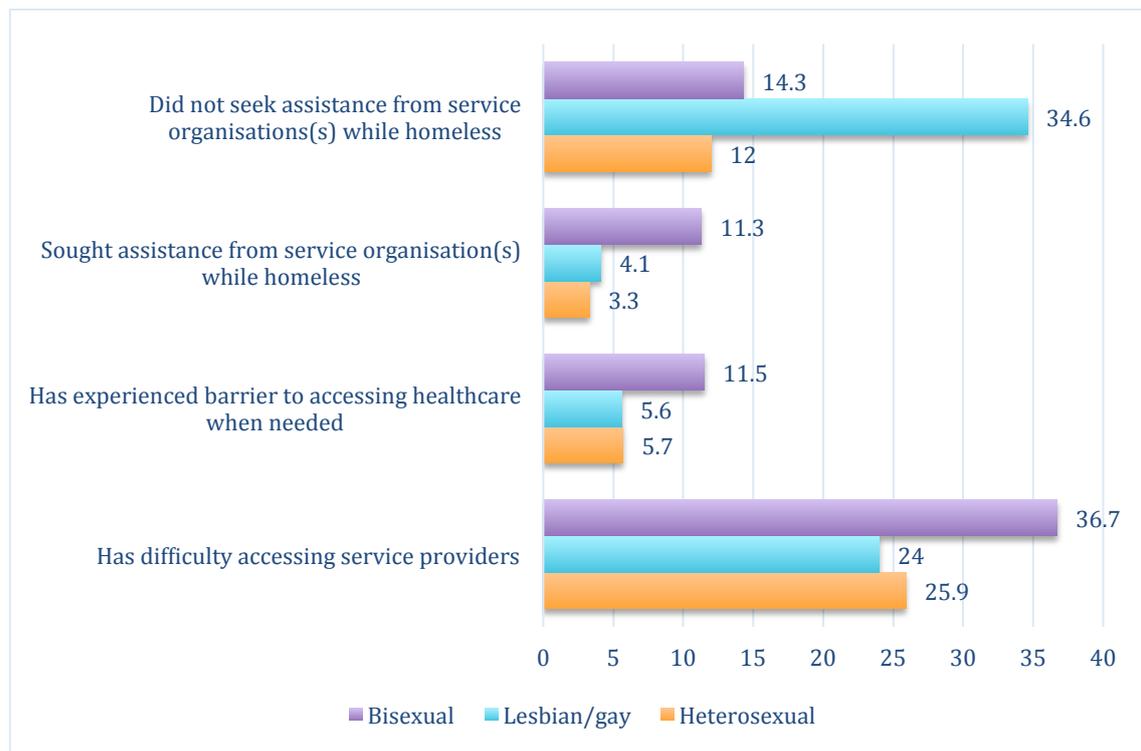
I've always been on the outside because I've never really agreed with these really strong lines that seem to be in the Victorian culture, or maybe it's city culture. I don't have enough experience in other cities to know, but - so yeah I think being bisexual is something that you don't really share.

Being homeless for a long time, I won't always trust people, so I don't like too many people being around because I haven't found anyone I can trust yet.

4.3 LGBTQ-specific experiences and needs within services

In the GSS, access to services differed according to sexual identity (Figure 10). Bisexual survey respondents were more likely to face barriers to accessing services than LG or heterosexual respondents, but also were more likely to have sought assistance. Lesbian and gay survey respondents were three times less likely to seek assistance while homeless than either bisexual or heterosexual respondents. This might suggest that they faced more barriers to accessing homelessness services, and/or had more support from friends and community.

Figure 10. Access to services (GSS %)



In *Journeys Home*, respondents were asked about whether they had used selected services over the past 6 months. LGB respondents were about 30% more likely to have seen a mental health professional than heterosexuals. These survey respondents were also asked the average number of times they had used selected health and welfare services over the previous 6 months.

For those that had used housing services, unlike the GSS results, the more vulnerable group of gay men and lesbians had attended more times than heterosexual respondents. There were differences based on the binary gender of respondents, however, in presenting these results we are aware that some of the respondents are likely to have been trans or gender diverse (gender identity and intersex status was not asked). Respondents who identified as women were generally more likely to have used housing services than those who identified as men, with lesbian and bisexual women being the highest users. Bisexual males had used housing services much less than other males, but by contrast, had been admitted to hospital more than any other respondents. Lesbian women were about twice as likely as other respondents to have experienced difficulty accessing welfare services. While bisexual males used housing services less, they were more than twice as likely as any other respondents to have ever talked with welfare services.

Observations on specific services experiences and needs from the perspectives of LGBTQ interview participants provided a more nuanced understanding. We divided the findings into four themes: *general gaps and barriers*, *legitimacy and understanding of LGBTQ context and identities*, *safety*, and *disclosure*, which are detailed below.

4.3.1 General gaps and barriers

Barriers to accessing homelessness services included services being hard to find, or not for people like them. Fears or actual negative experiences in services further exacerbated these barriers, as did the lack of LGBTQ-specific services.

Services being hard to find related partly to location. The majority of LGBTQ participants interviewed were living in outer suburban areas at the time. As previously mentioned, some service provider staff highlighted that the drivers of homelessness could be more significant for people in

rural/regional or outer urban areas than in inner urban locations, and the competition for housing could also be higher in places where there were fewer options. A major shortage of services in rural/regional areas was also identified by LGBTQ participants, and a sense that services were hard to find. A further shortage of appropriate, safe housing options and services for older members of the community, notably lesbian and trans, was highlighted as well.

There are no real services for transgender people, or QLGBTI over 24, which is totally wrong.

... I think it's very hard for women, any women and particularly older women. Yes I think - I know for me personally it's important that I'm somewhere, where you're not required to do things or get involved with things or stuff.

Negative experiences or fears created barriers to accessing services including perceptions of discrimination and pathologisation (especially within faith-based organisations). Experiences of a lack of safety due to harassment, violence, and gender-inappropriate placement were common. One participant stated that: "I would much prefer to sleep on the street than go to a homeless shelter". LGBTQ participants often felt unsafe accessing mainstream services, especially boarding housing, and the lack of safe housing options was repeatedly noted. These often related to being misgendered. Some also expressed fear of being sent back to families of origin who had rejected/abused them. Several participants commented on the general lack of specific services and accommodation options for LGBTQ, for instance:

As I said, if there was an avenue that could provide a pathway to self-empowerment for lesbians, around homelessness, then I would like to see that and I'd like to see it coupled with avenues to train professionals, as far as counselling same sex attracted people...

4.3.2 Legitimacy and understanding of LGBTQ context and identities

Many participants highlighted the need for the legitimacy of their LGBTQ identity to be acknowledged by services and to be recognised for who they are. Specific examples highlighting a lack of legitimacy included the failure of services to inquire about or document LGBTQ status at intake and staff not using correct pronouns. Many participants wanted not only acknowledgement of their LGBTQ status, but affirmation and visibility. Visibility of LGBTQ clients was presented by many participants as a need and even a solution. This relates to services being more overtly welcoming of LGBTQ clients, such as having inclusive posters, or LGBTQ-specific resources and inclusive policies.

As distinct from visibility, heterosexism and cis-genderism in services reflecting a lack of knowledge was a common experience:

I think it would be extraordinarily unlikely that they would understand [non-binary gender], given they haven't even come to terms with ideas like lesbian.

Evidence of this legitimacy was felt to be understanding by staff of the specific needs of LGBTQ clients, such as being aware of the impact of discrimination and violence. Examples that displayed a lack of understanding included being placed in gender inappropriate accommodation (including gendered services for non-binary), and housing options that were not reflective or inclusive of diversity within the wider queer community. The need to understand queer families was another example:

...if you've got a queer family, with a trans woman of colour mum, who has two husbands and one of them is queer, and there are two kids to this one person and one kid to another person - and then there's this other group of friends that also become part of the family but they're not - or maybe they actually have family [laughs] that

need to live with them, or they've got caring duties or whatever - when you actually take into account the needs that people have... we need to be in charge of deciding how we live and who we live with, and where we live and those sorts of things, at a really basic level... Homelessness services maybe should be looking at queer and trans people who are living in housing insecurity, in precarious housing situations...Not just to notify them that they exist but they - to look at what sort of needs people have and when and where they might be met, and that kind of stuff.

Having services that were specifically for LGBTIQ people was thought by some participants to be something that would help promote a sense of safety and understanding. Other suggestions included having more LGBTIQ staff and LGBTIQ liaison officers. However, some participants felt that there should not be specific services, just more inclusive mainstream services.

4.3.3 Safety

Safety arose as a theme in three ways: the need for services to feel safe when accessing them, the need to be placed in accommodation options that did not further jeopardise a person's safety, and housing first as something that could promote a sense of safety.

For services to feel safe to access, they need to be more than just welcoming environments with relevant LGBTQ information and promotional material on display. A few participants noted that the values of the organisation need to be overtly LGBTQ inclusive to enable a sense of safety. This would translate into staff openly opposing homophobia, biphobia and transphobia within the service, and being more responsive to complaints involving harassment. As one participant said, actively addressing discrimination at all levels and having LGBTIQ-specific options is also important: "Having your own service to go to that's safe. Not discriminating against you. Not treating you wrong". The feeling of being treated wrong

included a number of examples where complaints had been made (particularly in relation to other clients) and were not taken seriously, which meant that people were forced to continue living in unsafe situations.

Vignette - LGBTQ-based harassment and violence from clients

A participant who is gender diverse was placed in a male facility and allocated a room for clients with a disability. The participant described feeling afraid that their gender identity would be discovered and that they would therefore become an easy target for other clients. They then found that another client had noticed that 'I was a little different' and started to 'make threats that he knew I was gay'. The participant responded:

'...sweet, he thinks I'm same sex attracted, he doesn't know that I'm gender diverse and I feel like that's a little easier to get through than gender diversity. So I was playing to it and being like look, don't tell the other guys, da-da-da-da-da, that's why I don't have shared showers with you and he dropped it for a little while.'

Then this client discovered that the participant was trans and threatened to rape and kill them if they didn't help him smuggle drugs into the premises. The participant managed to inform a case worker at great personal risk and the man was asked to leave the accommodation.

For trans and gender diverse clients, safety often included the need for privacy such as private bathroom facilities. Unsafe situations were typically a result of inappropriate placement:

They put you in a motel. You end up raped, bashed, things stolen from you. Depends on the motel they put you in. Yeah, that's mainly it. Being on the streets, things like that doesn't help. You're always looking over your shoulder. You don't trust anyone.

Some participants identified stable accommodation as being the only way they could feel safe. One person was very clear that this had to come first, before they could attend to all of their other vulnerabilities:

Traditionally in Australia they still have it, it's ridiculous, where they say, well you've got to get your mental health issues sorted, got to get your drug issues sorted, and then we'll see about housing. Whereas my mental health issues are so much - they're about safety, they're about having somewhere safe, secure to live. If I've lived in places where I haven't felt safe and secure, my trauma gets triggered off, my anxiety gets out of control, and I can't function. I just - I go off the rails.... But because I've got stable housing, I've started building healthy relationships with people, I can start working or working towards self-employment, because I don't think I can join the workplace thing or going back to school. With my anxiety, it's really not an option. So yeah, it's been - it's what's essential, it's the house first, and then people - then they can work on their problems, yeah.

4.3.4 Disclosure Support

All participants were asked about whether they had disclosed their sexual orientation or gender identity within homelessness and housing services. There was a range of experiences from deliberately not disclosing (for example: “I just said nothing about my sexuality at all and found that simpler”, or “Well I don't really think it is appropriate for them to ask at all. I mean they don't ask if people are heterosexual. It's nothing to do with it”), through to being open as a matter of pride (“I'm quite proud of who I am.... I would never lie about who I am”). Often disclosure was related to relevance:

I think disclosing is a personal choice and if you think they need to know or if you think that they need to support you in that way you

should tell them, but I think it should be your choice. Your information should be confidential I think.

The majority of participants were reluctant to disclose for fear of negative responses. Some felt that being asked was voyeuristic, and some did not disclose for other reasons (“I wouldn't have told them. Because I didn't understand it myself and I was frightened”, a participant explained). However, for several people, previous experiences of disclosure had threatened their sense of safety and mental health:

I felt unsafe... going back to my experience with one of the housing refuges, in the sense that the questions they were asking me were very inappropriate questions that put me in a - I would say they were transphobic questions, even though they weren't intended to be, about my body and the status of - what you might call my operative status and things like that, that really shouldn't be, I don't think, factors that come into questioning about someone seeking emergency accommodation. So that made me feel unsafe in the sense that it was humiliating.

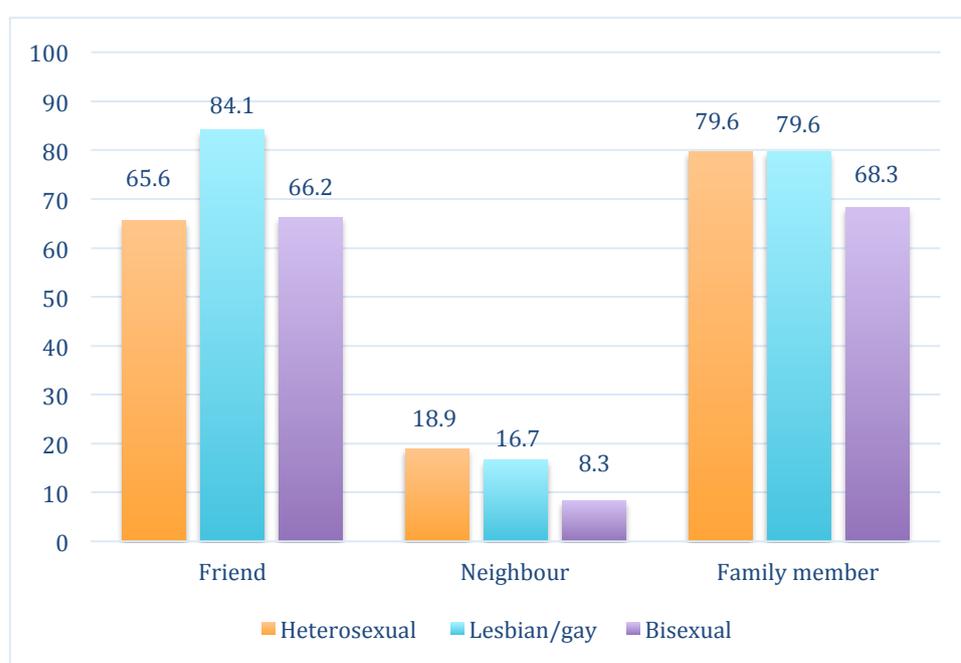
You understand that I'm a mature age woman who'd come through a lot of hard knocks for being a lesbian. Including being pack raped in Tasmania for that. Not a good place to come out. My views are coloured by that and I can't speak of the modern experience as such for somebody a lot younger than me. I think there is a tendency for people of my age to not out themselves. The older you get I think the more anxious one becomes about one's wellbeing and safety.... So there is a tendency to become introverted, to live in solitude and to when accessing services not necessarily reveal your sexual identity. Predominantly we live in a patriarchal heterosexual society and when you're already vulnerable, at risk or unwell, you don't want to cause yourself any more mental anguish, so it's just easier to not be open.

Others found that disclosure was not in their control, either because of assumptions about their appearance, or because their identity documents did not match their presentation. This was particularly the case for trans and gender diverse participants.

4.4 Sources of support and pathways to secure housing

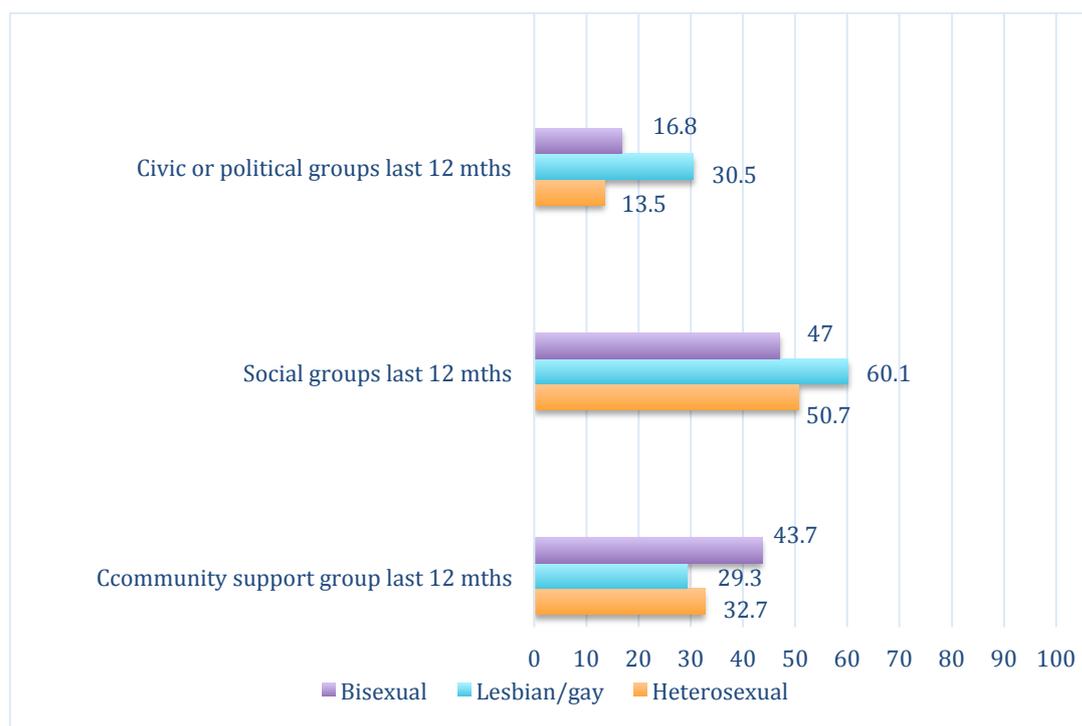
The GSS showed that bisexual survey respondents were much less likely than those who identified as lesbian and gay or heterosexual in the survey to find support in a crisis, and less likely to use neighbours or family members (Figure 11). Gay and lesbian respondents were more likely to access friends for support, whereas bisexuals were more likely to be involved in a community support group. There were also differences in community involvement (Figure 12), with lesbian and gay respondents twice as likely as bisexuals or heterosexual respondents to be involved in social and political groups.

Figure 11. Sources of support in times of crisis (GSS %)



The *Journeys Home* data showed that while family support was lower for LGB respondents than for heterosexual, support from friends was higher. There was some evidence of higher levels of other factors that could improve resilience among LGB respondents, including higher education attainment and engagement with study, as well as LG being more likely to be in a relationship.

Figure 12. Community Involvement (GSS %)



The service providers also highlighted education as a key driver out of homelessness. One service ran a school for homeless young people and found that LGBTQ people were over-represented (Service 2). Further specific pathways out of homelessness mentioned by service providers were safe housing, including careful selection of shared housemates. Service 1 (FAN) had been assisting young LGBTQ people to build supportive community and ‘a place to belong’. This included some LGBTQ-specific peer support. While some said that kinship placements were often not an option due to family rejection, another worker identified the need to support

LGBTQ people to remain connected to their faith community if possible (Service 3).

The LGBTQ interview participants discussed several areas of life that helped them become stronger. We have divided these into three themes: having *agency* including being authentic, finding *security*, and *social connection and advocacy*.

Having agency in terms of self-determination and being autonomous was a very important turning point for some participants. This included being able to be honest and open about their various identities, or to feel ‘complete’ and not conforming to social expectations. For one participant, this realisation of autonomy came about as a result of being homeless:

But I feel like in a way being homeless was kind of a good thing in a way for me because it showed me that I was stronger than I thought I was. Emotionally and mentally, and it showed me that I was able to deal with stress well and it pointed me in the direction of this particular field and I honestly don't think I'd be alive if it wasn't for this industry, I absolutely adore it.

Security went beyond safety, to something that was ongoing or permanent. This related to having somewhere to live, as well as having work or education, and other outlets (a few examples included music, circus, sports, and poetry). But the fear of homelessness or housing insecurity was still sometimes hard to escape (“Even now I’ve got my own place, I still don’t feel that strong. It takes a lot to get over, in every way”).

Social connection was vital for many participants. For some this was being part of the LGBTQ communities:

Focussing on things like going to Pride March and being part of a bigger [LGBTQ] community and knowing that there are people around who get through things like homophobia and transphobia and bullying and the whole trans journey and being able to take young people like

me to places where...I can meet other young trans guys who have gone through maybe an extra step than I have.

However, others did not feel comfortable or accepted within LGBTQ communities. One participant spoke about feeling a 'normalising pressure', so that there was no safe space for a more marginal identity. This was both for bisexual and trans and gender diverse participants: "it is absolutely not a safe place to explore gender identity, which is crazy, so crazy but it's not. So no, I've cut myself off". Still, a few participants were not only finding community but were being social advocates for their chosen community. This included supporting individuals, or advocating for improved systems and services. While they did not identify this as a source of strength necessarily, we suggest that these activities can help build resilience.

Vignette - Stable housing and education as sources of strength

A participant left home in her teens due to homophobia in her family, and found herself living in a car. She did not access homelessness services because she understood that they were only for older homeless men living on the street. At the time of the interview, in her early 30s, she was living in a same-sex relationship, which she described as stable and grounding. They found rental housing together, and she said that stable housing remains her absolute priority in life, given her past experience. Recently, she has finally been able to undertake tertiary study, which had not been possible throughout her twenties due to her homelessness and the aftermath on her mental health and financial insecurity. She said that being able to study was her pathway to a stronger future.

4.5 Perspectives of homelessness services on organisational issues and inclusive practice

Staff interviewed at the selected organisations identified a range of challenges for LGBTQ clients in accessing homelessness services and most related to a lack of safety. They had observed clients with fears, or experiences, of negative attitudes from other clients or from staff, and abuse within services particularly accommodation services. Rooming houses were identified as particularly unsafe for LGBTQ clients. Other related barriers were misgendering and heterosexist language by staff, concerns about confidentiality, and a lack of specific knowledge about LGBTQ issues. Administrative barriers were also identified, particularly clients having to use identity documentation that was in the wrong name or gender.

There was some discussion about whether there was a place for specialist LGBTIQ homelessness services, however the majority of participants from all four sites believed that it was more appropriate for all services to be LGBTIQ inclusive.

I think it's something [LGBTIQ inclusive practice] that should be embedded within the homelessness service. So the use of language for example, training of workers, types of programs. I think they do have specific needs, but it's something that should also be a culture of the homelessness service as well (Service 1, FAN).

Participants identified two challenges to becoming truly LGBTIQ inclusive. The first was competing demands, and the second a lack of resources and knowledge. Competing demands in the sector resulted in a failure to focus specifically on LGBTIQ clients as a special-needs group. This included constraints resulting from the increasingly casualised workforce, and limited funds for training. A lack of willingness at management level was identified, as was the sense that tackling the issue was a political risk, particularly in

socially conservative areas. The lack of LGBTIQ-specific resources was a broad challenge involving:

- A lack of guidelines for the sector on LGBTIQ best practice;
- Lack of knowledge amongst staff, compounded by increasing diversity within the LGBTIQ client group;
- Limited training options, and
- Limited referral networks.

The pre-requisite for inclusive practice was seen to be a whole of organisation approach. This was advocated by three of the four services as an ideal, and was practiced by Service 1 (FAN), which they described as instilling a culture of respect using a social justice model of care. All levels of the service at FAN from the Board to frontline staff were involved. Participants in each service raised a number of areas of inclusive practice that they aspired to. Examples included:

- Collecting data on LGBTIQ clients
- Documentation that allows for fluidity of identity
- Using inclusive language
- Recruiting staff with affirming attitudes, and aiming to hire some LGBTIQ staff
- Training all staff on a regular basis
- Quality improvement based on client feedback
- Providing an advocacy role, such as assisting clients to change their name and gender on identity documents
- Co-design.

All four sites identified a need for training of staff on LGBTIQ-specific issues. This was driven by the awareness of increased numbers of trans clients in particular. Participants at three of the four sites felt that training should be mandatory, and linked with the funding agreements. A few discussed the power of stories, and the need for LGBTIQ people who have

experienced homelessness to be involved in training. Some of the issues highlighted for training were:

- Cultural awareness - LGBTIQ specific drivers and needs
- Language and terminology
- How to be inclusive and sensitive
- Safe housing and other referral options
- Alternatives to kinship placements
- How to work with families to reconcile differences.

We suggest that FAN provides an example of promising LGBTIQ-inclusive practice that could be replicated by any mainstream homelessness service (see vignette).

Vignette - The Family Access Network (FAN) and the Rainbow Tick

FAN started a transitional support pilot project (the ‘Alsorts program’) for same-sex attracted, transgender, and intersex young people in 2006 (Desmond, 2008), which continues to be the only transitional housing program specifically for LGBTIQ youth in Victoria. They have gone on to obtain the ‘Rainbow Tick’ LGBTIQ-specific accreditation in 2014, which involves all-of-service LGBTIQ inclusive practice, LGBTIQ consumer feedback and a continuous improvement cycle, and advocacy in the wider sector on LGBTIQ issues. They often provide informal advice to other homelessness services about LGBTIQ care. They are keen to undertake evaluation of the long-term effectiveness for LGBTIQ clients.

5) Conclusions and recommendations

5.1 Conclusions

Our concluding comments will address each of our research questions. In this section we will refer to the LGBTQ population sub-groups as, despite our best efforts, we did not have any data that included people with intersex variations.

Pathways into and out of homelessness that are specific to being LGBTQ

Our findings have supported the literature regarding the likely higher prevalence of LGBTQ people who are homeless compared with heterosexual cisgendered people. However, this prevalence remains very difficult to measure due to a lack of rigorous and appropriate data collection systems, limited disclosure, and fears and negative experiences of accessing services that create barriers to help-seeking for LGBTQ people. Further, we were not able to identify any intersex-specific prevalence or risks due to a lack of quantitative research data, and lack of services data collection and experience of this client group.

Pathways to homelessness were complex, often arising from interlinked structural inequalities and individual vulnerabilities. Experiences of violence and explicit discrimination due to homophobia, biphobia and transphobia were commonly associated with homelessness. More subtle, but nonetheless distressing, experiences of LGBTQ-ignorance were also widespread. Family conflict was a specific influence on homelessness for LGBTQ people, likely prompting a younger age when first homeless, and a greater reliance on friends or community groups rather than family for support. Higher levels of childhood sexual assault and more common foster care experiences for LGB people seem to indicate that family issues arise much earlier than adolescence for some. These collective experiences were connected with

multiple individual vulnerabilities including higher rates mental health problems, lower life satisfaction, and poorer general health. Specifically, PTSD, anxiety and substance use, as well as the greater volatility of housing insecurity for LGB survey respondents were seen in the longitudinal analysis of *Journeys Home*. Services also noted this complexity, particularly among trans clients, with a pattern of repeated episodes of homelessness.

We found some within-group differences between LGBTQ people, and differences based on gender (binary) in the quantitative statistical analyses. For example, those who identified as bisexual were at greater risk than LG survey respondents on a number of levels, such as greater experience of family violence, higher substance use, and disability. Respondents who identified as lesbian were more likely to have experienced barriers to accessing welfare services. In the *Journeys Home* survey, respondents who identified as female were more likely to use the homelessness service system, while respondents who identified as male were more likely to use emergency services. Service providers were more aware of the visibility of trans and gender diverse clients than LGB, and noted that clients' bisexuality in particular is likely to be invisible in services. Discrimination and a lack of social support were common experiences for all LGBTQ participants, however, these seemed to be even more problematic for trans and gender diverse people. Experiences of transphobia and biphobia, furthermore, even within LGBTQ communities, were common among people who experience homelessness, resulting in isolation due to marginalisation from community.

Pathways out of homelessness included having agency through opportunities for authentically presenting identities and having autonomy; meaningful and secure social connections, either within LGBTQ or mainstream communities; and for some, engaging in social advocacy.

We considered a range of opportunities for primary prevention of LGBTQ homelessness arising from this understanding of the specific pathways. We

suggest that there is work to be done at family and community level to educate families of origin about diverse gender identities and sexual orientation, and reduce the chance that a young person will be forced to leave home. This also overlaps with family violence initiatives that have a specific focus on LGBTIQ communities, and could expand the remit to housing and homelessness issues. Finally, schools could be much more aware in identifying young LGBTIQ people at risk of homelessness.

Homelessness services responses to serve specific needs of LGBTIQ people

There were important barriers to homelessness services access including myths and assumptions that services were not specifically for LGBTIQ people. Fears of, and actual negative experiences within services, particularly relating to heterosexism and cisgenderism were also a major barrier to access for the LGBTIQ participants. LGBTIQ participants discussed three relatively simple expectations from homelessness services: legitimacy and understanding of their diverse sexual orientation and gender identities, safety from negative attitudes and behaviours, and facilitation of disclosure when desired. Services should create an environment that enables disclosure, while understanding that a client may have many important reasons not to disclose. Individualising care was very important due to the range of diverse experiences and needs. Learning how to ask in ways that are not pathologising or voyeuristic, but rather that create relevance, was felt to be critical.

There was a need for either inclusive mainstream services or specialist aspects of care for different LGBTIQ clients. We assert that one does not replace the need for the other. It was clear that there was a range of needs amongst clients who identify as LGBTIQ when accessing homelessness services, which were specific to their experiences of gender and sexual orientation. Some preferred mainstream services, and chose to disclose or

not depending on their personal preference, their level of fear, or their specific needs. Others preferred LGBTQ-specific services that could provide a detailed understanding of the nuances of their diverse identities, connections and vulnerabilities. From an intersectional perspective, it is likely that other diverse identities would also require understanding. However, this research has limitations in that none of the data included people who have intersex variations, and only one participant was indigenous (Aboriginal). As such, our findings do not speak to the impacts and historical legacy of specific discrimination and violence directed towards these groups. Further intersections with other important identities and experiences such as multi-faith, people of colour, and disability could also not be explored in detail. We recognise these are all critical areas that warrant further research.

The homelessness services sector perspective indicated a growing awareness of the LGBTQ client group, although lack of knowledge regarding their specific needs. Service providers identified that this gap resulted from a range of factors, including lack of service policy inclusion and inadequate data collection, increasing LGBTQ client diversity, competing demands in an under-funded sector, lack of LGBTQ-specific training, and limited LGBTQ specific referral networks. Several participants identified the need for training, but did not know where to access it, and called for LGBTQ inclusive practice guidelines specifically for the homelessness sector. FAN identified the need to have regular training for staff to accommodate the staff turnover. Nonetheless, there seemed to be considerable goodwill among the staff and organisations that we engaged with to become more inclusive.

Building on previous observations by Abramovich (2015, p.6), we regard visibility of LGBTQ clients accessing services as a paradox, in that it is both a problem (relating to 'otherness') and a solution (making services more representative and welcoming). On one hand, visible differences - particularly of trans and gender diverse people - in homelessness services

render people easy targets, increasing vulnerability to harassment from other clients. On the other hand, the risks and vulnerabilities of LGBTQ people, and even basic information and human resources that would make them feel legitimate when accessing services, remains largely unrecognised and invisible. This is perhaps epitomised in the SHIP database, which does not adequately or systematically record information about sexual orientation, gender diversity, or intersex variations. It is also evident in the lack training and guidelines on how become more LGBTQ inclusive. As a consequence, while LGBTQ people remain over-represented in the homelessness (especially youth) population, and face increased risk of discrimination, harassment, and abuse at multiple points in the homelessness cycle because of visible differences, the lack of visibility concerning such differences within service policies, workforces, and data collection systems, perpetuates erasure, ignorance, and health risks. The inadequacies of a 'one size fits all approach' when it comes to working with LGBTQ clients has been raised in other contexts, and certainly warrants extra attention in the housing and homelessness sectors.

The next step for services is to enshrine affirmative, LGBTQ-inclusive values in their policies, and to create safe and welcoming environments, including more appropriate and specific accommodation options. These responses are needed to build trust with a community that has historically been stigmatised, pathologised, and widely discriminated against, and continues to gain information about which services are safe or not to access via informal social networks.

LGBTQ inclusion in Australian housing and homelessness policies

Several of the homelessness sector workers identified that the lack of LGBTQ-specific inclusion in state homelessness policy limited their ability to be responsive at the service level. The lack of LGBTQ and intersex inclusion in the SHIP database was frustrating for some, to the extent that FAN had

created a parallel data collection system. Not being able to report numbers of LGBTIQ clients to government perpetuates invisibility of this cohort.

A housing first approach that includes LGBTQ-specific support would seem beneficial for LGBTQ people experiencing or at risk of homelessness, given the higher risks and complexity of needs (health, safety, financial, social, or otherwise). This approaches the Permanent Supportive Housing model that has emerged from the housing first model, and adds multi-disciplinary support as an important component (Parkinson and Parsell, 2017). This need for LGBTQ-specific support is even more evident when the problem of discrimination in the private rental sector is considered. Expecting LGBTQ clients to resolve any mental health or substance use issues before offering housing, or failing to understand that there may be specific structural reasons (often layered with complex trauma) and ongoing discrimination compounding the challenges of securing employment or remaining in study, is not conducive to ending the cycle of homelessness and does not promote equitable outcomes. One LGBTQ participant suggested the need for a safe housing network that coordinated information about safe housing options around the state; using permanent supportive housing principles, this could include access to a range of LGBTQ-specific or inclusive mental health, substance use, education and employment services.

5.2 Recommendations

The following recommendations apply to services, training, primary prevention, policy, and research. We have deliberately included people with intersex variations in this section, as we believe we should continue to strive to understand and include this under-served population group.

Services

1. All homelessness and housing services should be LGBTIQ inclusive.
This should include:

- Demonstrating their commitment to inclusive practice, and actively engaging with groups and support services in the LGBTIQ communities to facilitate social support and appropriate referral pathways.
 - Becoming aware of the multiple barriers (particularly stemming from societal discrimination) and complex needs that are often experienced by LGBTIQ people, and be appropriately flexible in their delivery of care and allocation of accommodation options.
 - Placing clients in facilities appropriate to their self-identified gender and preference.
2. LGBTIQ specialist services should be embedded within selected mainstream services.
 3. A LGBTIQ safe housing network should be developed:
 - To coordinate access to the full range of LGBTIQ-inclusive housing and homelessness services.
 - To connect clients to LGBTIQ-specific mental health, substance use, education and employment services.
 4. The family violence sector should recognise the impact of family violence and childhood trauma/abuse towards LGBTQ young people as homelessness risk factor.

Training

5. LGBTIQ inclusive practice guidelines should be developed and disseminated to the homelessness and housing sectors.
6. Ongoing LGBTIQ training should be mandatory for staff at all homelessness and housing services.

Primary prevention

7. Education for families of origin, and more queer-inclusive definitions of family (including chosen family), is needed to understand LGBTIQ identities and increase support for queer and trans young people.

8. Schools should be supportive of LGBTIQ students and aware of their heightened risk of family rejection and homelessness.

Policy

9. Australian homelessness and housing policies should include LGBTIQ people as vulnerable sub-groups that require specific attention
10. Data collection that includes sex, sexual orientation and gender identity should be mandatory and linked with service funding agreements.

Research

11. Further research should be undertaken to investigate the homelessness risks and service needs, and important intersections, of subgroups of LGBTIQ people, particularly people with intersex variations; multi-faith, multi-cultural, Aboriginal and Torres Strait Islander people; and people living with a disability.

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