



Gender Minority & Homelessness: Transgender Population

A Quarterly Research Review of the National HCH Council: Vol. 3, Issue 1 September 2014

The September issue of *In Focus* provides a synthesis of recent literature on transgender individuals and experiences of homelessness in the United States. Very little literature exists specifically addressing this homeless minority group. Literature that does address this group also includes lesbian, gay, bisexual, and sometimes queer/questioning individuals (LGBTQ). The use of ‘Q’ has been a recent addition for those questioning their sexual orientation and/or gender identity or individuals that identify as being queer. The LGBTQ group is often times grouped together on its commonality as being a marginalized “other” part of society. Despite the paucity of research findings specifically on unstably housed transgender individuals, it is clear that persistent societal, economic, cultural, and institutional discrimination and stigmatization, contribute to a disproportionate risk of housing instability and inequities in health for this population. Challenges in identifying unstably housed transgender individuals, pathways into homelessness, prevalent health issues, and service access barriers will be discussed in this publication.

Transgender Terminology

In contrast to lesbian, gay and bisexual men and women, transgender individuals are defined by their gender identity and how they present themselves, not by sexual orientation. Transgender is a term that encompasses gender variant identities, expressions, and non-conformity. ⁽¹⁾ There is a general consensus that the term “transgender” refers to persons whose gender identity and/or gender expression is different from the sex they were assigned at birth and the expected gender role of that sex. ^(2, 3) However, due to the varying ideas of who should be embraced by this term, knowing how an individual self-identifies is the best guideline for classifying that person. ^(4, 5)

Identifying the Transgender Homeless Population

There are major challenges in capturing LGBTQ population data, especially among those who are unstably housed. Challenges include the transient and hidden nature of the homeless population, sensitivity in asking about sexual orientation and gender identity, concerns of confidentiality, lack of consensus regarding transgender definitions, and lack of standardized research methodology. ^(1, 6, 7) Some research studies include questioning/queer individuals while some do not. This will be seen throughout this publication.

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A recent Gallup poll estimated the LGBT population of 51 states to range from 1.7%-5.1%, with a national average of 3.5%. ⁽⁸⁾ Looking specifically at this gender minority group, an analysis done by the Williams Institute approximated that 0.3% of the U.S population are transgender. ⁽¹⁾ Of the general population of transgender individuals, it is estimated that “one in five transgender persons have unstable housing or are at risk or in need of shelter services.” ^(9 p. 321) Despite a lack of unstably housed transgender population estimates, it is believed that many have had some experiences of homelessness as demonstrated by the disproportionately large percentage (20%-40%) of unstably housed youth that identify as LGBTQ. ⁽¹⁰⁾

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Pathways into Homelessness

Relative to others, transgender individuals have an increased risk for experiences of homelessness. A number of contextual factors can thrust transgender youth and adults into homelessness including: family rejection and/or conflict, running away from or aging out of the foster care system, violence/victimization, and institutional discrimination (e.g., in schools, housing, and workplaces). As with other populations, substance use disorders and psychiatric illnesses also precipitate homelessness for some transgender individuals.

Family rejection and/or conflict, are the most common causes of homelessness amongst transgender youth^(5, 11, 12), demonstrating the family's role as a primary protective network for youth.^(13, 14) Transgender individuals are increasingly 'coming out' at an early age as transgender and sexual minority role models become more publicly visible and accepted.^(5, 13) Prior to publicly 'coming out,' individuals may display signs of gender non-conformity.⁽¹²⁾ Familial relationships can become strained and injurious if family members are not supportive. Reactions may manifest in avoidance, financial and emotional rejection, neglect, and abuse.⁽¹⁵⁾ Transgender youth may opt to run away from home or be pushed out/expelled from the home because of non-affirming or abusive behaviors from their families.

Some transgender youth who leave home become a part of the foster care system.^(12, 16) Once placed in foster care, youth may run away or simply age out of the system.^(16, 17) Young adults who age out of the system are suddenly faced with difficulties in acquiring financial support, maintaining relationships, and accessing social resources needed to survive on their own.^(18, 19)

In a study of 381 LBGT youth service providers, three of the top reported reasons for LBGT youth becoming homeless were: running away due to family rejection (46% of respondents), being forced out or expelled from the home by their parents (43% of respondents), and aging out of the foster care system (17% of respondents).⁽²⁰⁾

In a National Transgender Discrimination Survey (NTDS) of 6,450 transgender and gender non-conforming adults, 19% of participants became homeless at some point in their lives due to family rejection and discrimination, 2.5 times the rate of the general population.⁽²¹⁾

Violence/victimization is both a consequence and a contributing factor of homelessness amongst LGBT youth. Domestic violence by family members was found to be the second most common type of violence reported by unstably housed LGBT youth in a study conducted by Marsiglia, et al.⁽²²⁾ In the NTDS study mentioned above, 48% of transgender individuals who experienced some form of domestic violence also had a history of homelessness.⁽²¹⁾ Both of these studies demonstrate that a large portion of transgender individuals experiencing emotional, physical, and/or sexual abuse, do so in their homes at the hands of people whom they know⁽²³⁾, resulting in many choosing homelessness or seeking shelters as a safer alternative.

Substance abuse and psychiatric illnesses are also both a consequence and contributing factor to homelessness. According to the United States Conference of Mayors, both substance abuse and mental health issues were reported as contributing factors to unaccompanied individual experiences with homelessness.⁽²⁴⁾ Numerous studies have shown that there is a high prevalence and heightened risk of substance abuse and other mental health issues such as depression, anxiety, and suicidal ideation within the transgender population^(25, 26), putting them at



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greater risks of becoming unstably housed. Violence/victimization and psychiatric illnesses will be discussed below as prevalent health issues in the transgender community.

Lastly, research suggests that housing discrimination and economic insecurity, attributable to workplace discrimination, increases the risk of adult transgender homelessness.⁽²⁷⁾ In the NTDS study, participants reported being denied (19%) or evicted (11%) from housing at some point in their lives because of gender non-conformity. In addition, a large portion of respondents reported adverse employment outcomes (47%) and some form of mistreatment or harassment on the job (90%). Adverse outcomes included being fired, denied a promotion, or not being hired because of gender non-conformity. Forty percent of those who reported job loss due to discrimination also had experiences of homelessness.⁽²¹⁾

Transgender Health

Prevalent Health Issues

Experiences of homelessness and transgender identity have been associated with higher rates of psychiatric illnesses, trauma, and HIV infection—compared to the general population.⁽⁹⁾ Combined, these health risks are magnified. Psychiatric illnesses—including anxiety, depression, suicidal ideation, and substance abuse—have been attributed to self-hatred due to external exposures to abuse, and the oppressive and contemptuous behaviors of individuals around them.^(9, 28, 29) Three recent studies, of various sample sizes of transgender individuals demonstrated the high prevalence (44-54%) of depression in this minority group, a rate 6-8 times greater than the general population (6.4%).^(26, 30, 32) In the NTDS, reports of attempted suicide were drastically higher than the general population (41% vs 1.6%). Of those who reported having attempted suicide, 69% had experienced homelessness.⁽²¹⁾



The second health issue of concern is trauma, from events of physical, emotional, and sexual abuse in the transgender community. Because unstably housed transgender individuals spend more time in public spaces, they are at an increased risk of victimization. Identified as one of the most impacted groups of victims compared to "cisgender" victims, transgender individuals were found to be 1.66 times more likely to experience threats and intimidation, and 3.32 times more likely to experience police violence, according to the National Coalition of Anti-Violence Programs. A Cisgender individual, as described by the NCAVP, refers to a person that expresses their gender identity in accordance to their sex-at-birth and expected gender role of that sex.⁽³³⁾

Lastly, based on the NTDS, HIV rates amongst transgender individuals (2.64%) were found to be four times higher than the general population (0.6%).^(21, 34) The HIV rate for those that had a history of homelessness was 7.12%—compared to a rate of 1.97% of those who did not.⁽¹⁷⁾ Research suggests that the rate of infection is higher for those experiencing homelessness because of exposure to communities that have a high prevalence of HIV cases and high risk behaviors including un-safe sex and shared needle practices.⁽⁹⁾ A survival strategy for some homeless transgender individuals is to participate in "sex work." Sex work is the trading of sex or sexual acts for money, food, shelter,⁽⁹⁾ and in some instances for gender affirmation⁽³¹⁾, thus increasing their risk of HIV transmission.⁽³⁵⁾ The NTDS demonstrates this association, where 61% of those who reported that they were HIV positive also reported having participated in sex work for money.⁽²¹⁾

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Transitioning Health

It is important to note that not all individuals who identify as transgender actually want to physically transition to another sex. However, for those that do, the process is long, often difficult, and costly.⁽⁹⁾ Desire to transition or receive gender-confirming treatments can add to the emotional stress and mental instability (depression, anxiety, and suicidal ideation) of transgender individuals, especially in cases of limited access to treatment.⁽²⁶⁾ Access is especially limited for those who are unstably housed. As a result, many pursue illegal services, such as non-prescribed hormones and surgical procedures from untrained or unlicensed individuals. Without proper procedures and monitoring, transgender individuals are at increased risk for deleterious health outcomes, such as hepatitis through unsterile equipment or physical disfigurement through surgical procedures. Sex work may also be pursued in order to finance gender-confirming treatments or procedures⁽⁹⁾, noted previously as a risk factor of HIV transmission.⁽³⁵⁾

Homeless Service Access Barriers

Though the number of organizations that serve unstably housed transgender individuals has increased over the past ten years⁽²⁰⁾, large gaps in and barriers to social, housing, and medical services still remain. Research has established four categories of barriers to service access for the transgender population: personal, structural/systematic/legal, provider education, and financial. Personal barriers include reticence to disclose gender identity out of fear of rejection and compromising safety, internalized transphobia, and perceptions that providers lack transgender-specific knowledge.^(9, 36) Collectively, mistrust of providers prevents individuals from seeking services or from receiving appropriate considerations to meet their needs.

Structural, systematic, and legal barriers include a lack of appropriate accommodations (e.g. gender neutral/fluid restrooms and shelter accommodations), limited gender choices of male or female in legal documents and service records (e.g. electronic medical records, shelter forms, and billing and coding records), and limited or no access to spousal/partner benefits.⁽³⁶⁾ In addition, there are insufficient laws protecting the rights of transgender individuals and existing laws go unenforced, which can reinforce personal fears of rejection and safety concerns.⁽⁹⁾

A lack of knowledge of trans-affirmative care as well as cultural sensitivity amongst service providers constitutes the third barrier. As demonstrated in the NTDS, there is both a perception by transgender individuals that health providers lack trans-affirmative care knowledge and a lived reality where 50% of the sample reported having to teach their health providers about transgender care.⁽²¹⁾

Financial barriers stem from a high prevalence of unemployment and on-the-job discrimination within the transgender population^(9, 14), especially among those who experience homelessness. Combined, experiences of limited income and the current high costs of health care may make health services seem unattainable.

Conclusion

As the literature review suggests, transgender persons face an exorbitant amount of social and health disparities due to pervasive stigma and discrimination encountered in varying cultural contexts and social structures.⁽¹³⁾ However, much is still unknown about the specific needs of unstably housed transgender individuals. Congruent with Healthy People 2020, studies have identified three predominant issues to be addressed in order to improve the circumstances of LGBTQ individuals: 1) collecting accurate data on the number, demographics, social influences, and health inequities of unstably housed LGBTQ persons⁽¹³⁾; 2) developing wellness and intervention models to manage/end transgender homelessness; and 3) offering training and technical assistance to providers on culturally appropriate care and trans-specific resources.⁽⁷⁾

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P.O. Box 60427, Nashville, TN 37207 | (615) 226-2292

DISCLAIMER

This publication was made possible by grant number U30CS09746 from the Health Resources & Services Administration, Bureau of Primary Health Care. Its contents are solely the responsibility of the author and do not necessarily represent the official views of the Health Resources & Services Administration.

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Suggested citation: National Health Care for the Homeless Council. (August 2014). Gender Minority & Homelessness: Transgender Population. *In Focus: A Quarterly Research Review of the National HCH Council*, 3:1. [Author: Claudia Davidson, Research Associate] Nashville, TN: Available at: www.nhchc.org.

For more research on transgender individuals experiencing homelessness, contact Claudia Davidson, Research Associate, at cdavidson@nhchc.org. For more information about our Research and Evaluation team and other projects at the National HCH Council, contact Dr. Darlene Jenkins at djenkins@nhchc.org.