

**Centering Transgender Voices in Programs and Spaces Addressing Homelessness:
A Critical Literature Synthesis**

by

Caroline Sefcik

Bachelor of Arts, University of Pittsburgh, 2012

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This essay is submitted

by

Caroline Sefcik

on

August 11, 2023

and approved by

Essay Advisor:

Mary Hawk, DrPH, LSW

Professor and Chair

Department of Behavioral and Community Health Sciences

School of Public Health

University of Pittsburgh

Essay Reader:

Leah Jacobs, PhD, MSW

Assistant Professor

School of Social Work

University of Pittsburgh

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Caroline Sefcik, MPH

University of Pittsburgh, 2023

Abstract

Background: Housing is vital to population-level health, and homelessness is a widespread issue with significant public health relevance in the United States (US). People with minoritized identities are more likely to experience homelessness or housing insecurity, including people who identify as transgender or gender nonconforming (TGNC). Centering TGNC individuals' experiences and perspectives is integral to beginning to address the unique challenges this population faces related to homelessness.

Purpose: This literature synthesis characterizes existing research surrounding the issue of homelessness in TGNC populations, with a focus on solutions-oriented research that includes outcomes and/or firsthand perspectives of TGNC individuals. This review aims to 1) describe the literature on programs, interventions, and service settings aimed at serving TGNC individuals experiencing homelessness in the US; and 2) identify and describe outcomes/measures of import for clients in the context of programs, interventions, and services that serve TGNC individuals experiencing homelessness in the US, based on firsthand perspectives from TGNC individuals.

Methods: A structured literature search was conducted using five electronic academic databases. A screening process was used to identify relevant literature based on defined inclusion and exclusion criteria. Results were summarized and discussed.

Results: Five articles meeting the inclusion criteria were identified, reviewed, synthesized, and discussed within the broader context of homelessness in TGNC populations. Several themes

emerged as meaningful in TGNC individuals' interactions with homeless programs and service settings, including sense of safety, sense of belonging, power dynamics, contextual factors, and added challenges for TGNC individuals.

Conclusion: This review revealed substantial gaps in the literature, including a lack of interventional and other solutions-focused research, research that focuses on TGNC populations specifically (rather than including them in a broader LGBTQIA+ population), research that focuses on TGNC adults, research in non-urban, non-liberal settings, and research using a lens of lived experience. Future research should address these gaps in order to better understand and address an issue with great public health significance. In both research and program/service settings, prioritizing firsthand perspectives of TGNC individuals will contribute to ensuring that public health practitioners acknowledge and support these individuals' own definitions of wellbeing.

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My chosen family is big. To all of you: Thank you for your love, your support, and keeping me grounded (or on a bike!). You make me feel at home—wherever I happen to be.

Thank you especially to my mom, whose unending encouragement gives me life day in and day out. To my brother, who reminds me to laugh, and whose quiet resilience inspires me. And to my dad, who always taught me to welcome others. He died in 2022, and I miss him a lot.

Thank you to my friends who are brave enough to be themselves in a society that so often makes being themselves a terrifying feat. Thank you for creating spaces that feel good for every body and soul. You are no less than amazing.

Thank you to my advisors, old and new: to Dr. Martha Terry, whose fierce love for her community burns bright and whose emails have made me laugh and cry in all the best ways. And to Dr. Mary Hawk, whose unwavering support throughout a challenging few years has made me feel human and loved.

Thank you to Dr. Leah Jacobs, who graciously lent so much thoughtful guidance, and to Helena VonVille, without whose library science expertise and patient assistance I could not have written this essay.

My journey towards this degree began in 2018, and five years later, it's been anything but linear. But life isn't linear, and neither is homelessness. This essay is for everyone looking for the place they can feel at home—wherever they happen to be.

Positionality and Privileges

Any piece of writing is inherently informed by our biases. I currently identify as a white, cisgender, culturally Jewish woman in her 30s. I'm not living with a disability. I'm a native English speaker and have a working proficiency in Spanish. I've worked a variety of jobs, from retail to dishwashing to various roles in academic research. I don't desire a career in the sense that many of us—especially graduate students—are encouraged to achieve. What I want most is to feel accepted, heard, and cared for—and to ensure others feel the same.

This essay is about homelessness, and my privilege surrounding housing is immense. I grew up in a middle-class home and have rented an apartment in the Bloomfield neighborhood of Pittsburgh, Pennsylvania, for over six years. While I've experienced unkind landlords who've made me feel unwelcome, I've never experienced homelessness. I have friends and family who've experienced housing insecurity, and I've helped friends pay rent. I've tried to support my trans friends who have struggled under the enormous weight of unstable or uncertain housing situations, knowing that their experience is all too common.

My own gender identity is not static and has oscillated between cisgender (identifying as a gender that matches one's sex assigned at birth) and agender (not identifying with any particular gender). More often, it falls somewhere in between. As someone who does not identify as transgender, I lack the firsthand perspectives which this essay seeks to amplify, and I may understand themes differently than those with lived experience of being transgender or gender nonconforming. My interpretations and discussion throughout this essay may also be more critical of programs or interventions that 1) focus on individual behaviors more than structural factors; 2) are funded by grantmaking systems that prioritize more traditionally-defined measures of

effectiveness (e.g., employment status, education level); and/or 3) make little effort to acknowledge the intersectional nature of homelessness, including recognizing the lack of affordable housing as a consequence of racist, capitalist systems that allow people with more power (e.g., landlords) to take advantage of those with less (e.g., tenants, people experiencing homelessness).

I believe we all have human rights to housing, just as we have human rights to feeling safe, loved, and autonomous. I also believe we strengthen public health the most through policy, structural, and environmental factors, by practicing mutual aid, by acknowledging that all issues are intersectional, and by being intentional in working to interrupt systems rooted in racism. Homelessness will continue to threaten all people in the United States, but especially those with minoritized identities, until we practice a more humanistic and equitable alternative to capitalism.

1.0 Introduction

For many of us, at some point in our lives, the question has arisen: “Where is home?” Three simple words form a complex question with a wide range of possible meanings and follow-up questions: Where is home, physically? Where is home, culturally and socially? Can I live the way I want to at home? Where do I feel like I belong? Where is home two years from now? Where is home tomorrow? And where is home right now?

Our sense of home may be multifaceted and ever-changing, but most of the time, “home” begins with housing where we feel safe and able to live healthfully—in the ways we determine are meaningful. All people need safe and consistent access to basic amenities such as adequate shelter, clean running water for drinking and bathing, a place to eat and prepare food, and a place to sleep comfortably. Without these, any of numerous other threats to our health become much more difficult to address, as people are forced to focus instead on attaining basic needs. Thus, as the foundation for attaining individual- and population-level health and wellbeing, we must recognize housing as a human right inseparable from conversations about health.

This essay will concentrate on the needs of people experiencing homelessness (PEH) who are transgender or gender nonconforming (TGNC). The term “people experiencing homelessness” (PEH) is broadly defined in this essay, using the US Department of Housing and Urban Development (HUD) definition described later as a baseline, but expanding it to include people who are “doubled up” (couch surfing) or otherwise experiencing housing insecurity by way of uncertain or precarious living situations. According the National Center for Transgender Equality, one in five transgender people have experienced homelessness in their lifetimes (2023). Compared to their cisgender and gender-conforming peers, TGNC youth and adults are more vulnerable to

unstable housing for a number of potential reasons, including but not limited to lack of family support, family rejection, lack of supportive social networks, mental health disorders including suicidality, and feeling unsafe in (or being denied access to) shelter-based care (Glick et al., 2019).

Through a modified scoping review of the extant academic literature, this essay seeks to characterize existing research surrounding the issue of homelessness in TGNC populations, with a focus on solutions-oriented research that includes outcomes and/or firsthand perspectives of TGNC individuals. In other words, the final review was limited to articles that include a TGNC population as clients or participants in programs, interventions, or services, or in surveys/interviews regarding service use. See **Table 1** for main objectives.

Table 1. Main Objectives

Main Objectives
1. Describe the literature on programs, interventions, and service settings that serve TGNC individuals experiencing homelessness in the United States (US).
a. Describe services offered, outcomes measured, client perspectives, and evaluation methods, if applicable.
b. Describe gaps in the literature.
2. Identify and describe outcomes/measures of import for clients in the context of programs, interventions, and services that serve TGNC individuals experiencing homelessness in the US, based on firsthand perspectives from TGNC individuals.
a. Describe how these may or may not align with outcomes/measures in interventional research.

2.0 Background

Defining and measuring homelessness in the United States (US) has evolved over time. The US Department of Housing and Urban Development (HUD) definition of homelessness is important because it determines eligibility for many federally funded homeless services. HUD's current definition includes four main categories, summarized as: "literally homeless" (those without a fixed, regular, and adequate nighttime residence, including people living in shelters, transitional housing, or in places not meant for human habitation); "imminently homeless" (those at risk of losing their primary residence); "homeless under other federal statutes" (those who meet other federal homeless definitions, experience persistent housing instability, and are likely to have barriers to exiting homelessness); and "fleeing/attempting to flee domestic violence" (those facing dangerous or life-threatening conditions that relate to violence) (The U.S. Department of Housing and Urban Development, 2012).¹

HUD's definition of homelessness has expanded over time, yet it remains imperfect. Prior to 2012, when updates from the passage of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 took effect, HUD's definition did not include people facing persistent housing instability (National Alliance to End Homelessness, 2012). In 2015, HUD additionally defined those who are "chronically homeless" as those "with a disability who have been continuously homeless for one year or more or have experienced at least four episodes of homelessness in the last three years where the combined length of time homeless on

¹ For a more detailed definition, see: The U.S. Department of Housing and Urban Development. (2012). *Homeless Definition*. https://files.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf

those occasions is at least 12 months” (The U.S. Department of Housing and Urban Development, 2022). Notably, HUD’s homelessness definition has never included people who are “doubled up”—that is, people staying with friends or family for short periods of time due to housing insecurity (sometimes called “couch surfing”) (Richard et al., 2022).

Nationally, official measurement of homelessness relies largely on so-called “Point-in-Time” (PIT) counts. These stem from the 1987 McKinney–Vento Homeless Assistance Act, which became the nation’s overarching funding mechanism for homeless services programs (National Coalition for the Homeless, 2006). The law established a Continuum of Care (CoC) Program in which CoCs across the country act as local planning bodies responsible for “coordinating the full range of homelessness services in a geographic area, which may cover a city, county, metropolitan area, or an entire state” (The U.S. Department of Housing and Urban Development, 2022). HUD requires all CoCs to conduct annual Point-in-Time (PIT) counts on a single night in January.

For 2022, based on nationwide PIT counts, HUD reported that nearly 600,000 people experienced sheltered or unsheltered homelessness on a single night, about 60% of whom were sheltered and 40% of whom were not (The U.S. Department of Housing and Urban Development, 2022). Chronically homeless individuals made up almost 30% of this total (2022). Locally, for Allegheny County, Pennsylvania, the most recent annual PIT homeless count occurred in January 2023 and reported that 913 people were either staying in emergency shelters (83%) or were experiencing unsheltered homelessness (17%) (Allegheny County Department of Human Services, 2023). Twenty-three percent were considered “chronically homeless” (2023).

Several issues around measuring homelessness blur our understanding, however, and the magnitude is likely higher than we know. For instance, various factors affect how well PIT counts reflect the true number of homeless individuals. There may be year-to-year fluctuations in weather

and availability of emergency shelter beds, and the count may be more or less robust in terms of people able to canvass and the number or types of places they visit (Allegheny County Department of Human Services, 2023). Moreover, because HUD’s definition of homelessness does not include people who are “doubled up,” the PIT count likely underestimates the prevalence of those experiencing homelessness. Using a novel method to measure doubled-up homelessness, Richard et al. estimate that 3.7 million people were homeless in this manner in 2019 (Richard et al., 2022). Adding these two estimates together, a more inclusive count of overall homelessness nationwide lands at over four million people—and is likely even higher.

2.1 Public Health Significance

Not surprisingly, without the stability of safe, acceptable housing, people experiencing homelessness (PEH) are more likely to face challenges to their quality of life and their mental, spiritual, and physical health (Substance Abuse and Mental Health Services Administration, 2023). These challenges can include stigma, discrimination, mental and/or physical disability, acute and/or chronic illness, mental health conditions, food insecurity, substance use disorders, and incarceration. Many PEH experience several of these challenges at once and may experience them cyclically over time; for instance, an estimated 20-50% percent of PEH have a co-occurring mental health disorder and substance use disorder (SUD) (Substance Abuse and Mental Health Services Administration, 2023).

Homelessness and housing instability disproportionately affect minoritized populations, and disparities based on race and/or gender identity are among the largest. Nationally, in 2022, Black Americans comprised 37% of all PEH but just 12% of the US population (The U.S.

Department of Housing and Urban Development, 2022). Locally, in Allegheny County, the overrepresentation of homeless Black individuals echoes the national trend but to an even larger degree; Black individuals made up 47% of the homeless population (based on the 2023 PIT count) but just 13.5% of the population (Allegheny County Department of Human Services, 2023; US Census Bureau, 2021).

Statistics are grim for sexual and gender minority (SGM) groups, as well. Individuals identifying as lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, or something else (LGBTQIA+) are overrepresented in the homeless population, making up an estimated 20-40% of PEH but 5-10% of the general population (Fraser et al., 2019). For youth, SAMHSA estimates that 28% of LGBTQIA+ youth experience homelessness or housing insecurity but make up just 10% of youth (Substance Abuse and Mental Health Services Administration, 2023).

For people who identify as transgender or gender nonconforming (TGNC), although general awareness and access to affirming health care has grown, threats to their health remain dire, especially in the US, where the American Civil Liberties Union is currently tracking nearly 500 bills that attempt to limit LGBTQ rights (ACLU, 2023). Legislation targeting transgender rights has seen a particularly large increase in recent years. A 2023 study among transgender youth and adults in the US revealed that knowledge of these bills was associated with mental and physical harms; for instance, perceiving that people in one's social network supported the legislation was associated with depressive symptoms and fear of disclosing one's trans identity (Dhanani & Totton, 2023).

3.0 Methods

This essay presents a critical literature synthesis based on the results of a modified scoping review. With the assistance of a health sciences librarian, literature searches were developed for five electronic databases, and resulting titles and abstracts were added to an Excel workbook designed for one-person critical literature reviews (VonVille, 2023). Inclusion and exclusion criteria were developed and applied in a two-step screening process (title and abstract screening followed by full-text screening).

3.1 Search Strategy

Database searches were developed by a health sciences librarian with systematic review expertise. During the study discovery phase, the author and the health sciences librarian collaborated to follow the protocol for a single-author scoping review, as delineated by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) extension for scoping reviews (PRISMA-ScR) (Tricco et al., 2018).

The search strategy was based on comprehensive search terms for two concepts: “homelessness” and “transgender.” After several discussions, the author and health sciences librarian agreed that because the topic and population of interest may not produce many results, it was best not to further refine the search with concepts such as “program,” “intervention,” or “perspectives.” Searches were completed in five electronic databases on June 22, 2023: PubMed (National Library of Medicine), APA PsycInfo® (Ovid), Embase (Elsevier), Social Work

Abstracts (EBSCOhost), and SocINDEX (EBSCOhost). See **Appendix A** for a complete description of search strategies.

3.2 Inclusion and Exclusion Criteria

See **Table 2** (p. 10) for a list of all inclusion and exclusion criteria. The two central inclusion criteria were that studies must 1) include a client/participant population of TGNC individuals experiencing homelessness or housing insecurity, or a broader LGBTQIA+ population or subset that includes TGNC; and 2) include a focus on addressing homelessness or housing insecurity by way of describing programs, interventions, services, and/or the evaluation thereof.

Considering that transgender issues have only recently received an increasing focus in academic literature, studies published prior to 2006 were removed prior to study selection but after searches were completed, in keeping with a topically similar review from Gutman et al. (2022). Studies that took place outside the US were excluded considering fundamental policy, culture, and service differences in other countries. Studies not written in English were excluded, as were papers not published in research journals.

To help keep the review focused and characterize the literature explicitly on solutions-oriented research around homelessness for this population, a list of additional exclusion criteria was developed. While many of the topics listed as exclusion criteria are central to the issue of homelessness generally and in TGNC populations (e.g., sexual health, substance use, victimization, incarceration), this review aimed to isolate research more directly focused on homelessness and housing. If articles focused primarily on adjacent issues, they were excluded.

Notably, studies were excluded if they did not describe outcomes of, or client perspectives about, a program, intervention, or service (**Table 2, Exclusion Criterion 15**). In other words, articles were excluded if they otherwise aligned with the intended topic and population but either a) did not include outcomes of a program, intervention, or service setting; or b) did not include TGNC individuals as participants or TGNC individuals' firsthand perspectives related to them.

For the first round of screening, the author screened all titles and abstracts for relevancy within the Excel workbook; exclusion was based on a single criterion. For the second round of screening, the author reviewed the full text of all items designated for full-text review and recorded inclusion/exclusion decisions in the Excel workbook.

Table 2. Screening Inclusion and Exclusion Criteria

Inclusion Criteria Studies must:
1. Include a client/participant population of TGNC individuals experiencing homelessness or housing insecurity, or a broader LGBTQIA+ population or subset that includes TGNC
2. Include a focus on addressing homelessness or housing insecurity by way of describing programs, interventions, services, and/or the evaluation thereof
3. Be published in research journals
4. Be written in English
5. Be conducted in the US
Exclusion Criteria
1. Studies that do not include a LGBTQIA+ population that includes a TGNC population
2. Study population or population of interest is not homeless
3. Studies focused on incidence and prevalence of TGNC/LGBTQIA+ homelessness
4. Studies focused on HIV or STI risk, testing, or treatment
5. Studies focused on sexual health, sexual abuse, or sex work
6. Studies focused on substance use
7. Studies focused on veterans or veterans' services
8. Studies focused on homeless services for families
9. Studies focused on victimization, violence, or suicide
10. Studies focused on incarceration or criminal justice involvement
11. Studies about medical education or medical practice
12. Wrong publication type (e.g., reviews, editorials, book reviews, case studies/reports, conference proceedings)
13. Studies published before 2006
14. Studies conducted outside the US
15. Studies that do not describe outcomes of, or client perspectives about, a program, intervention, or service

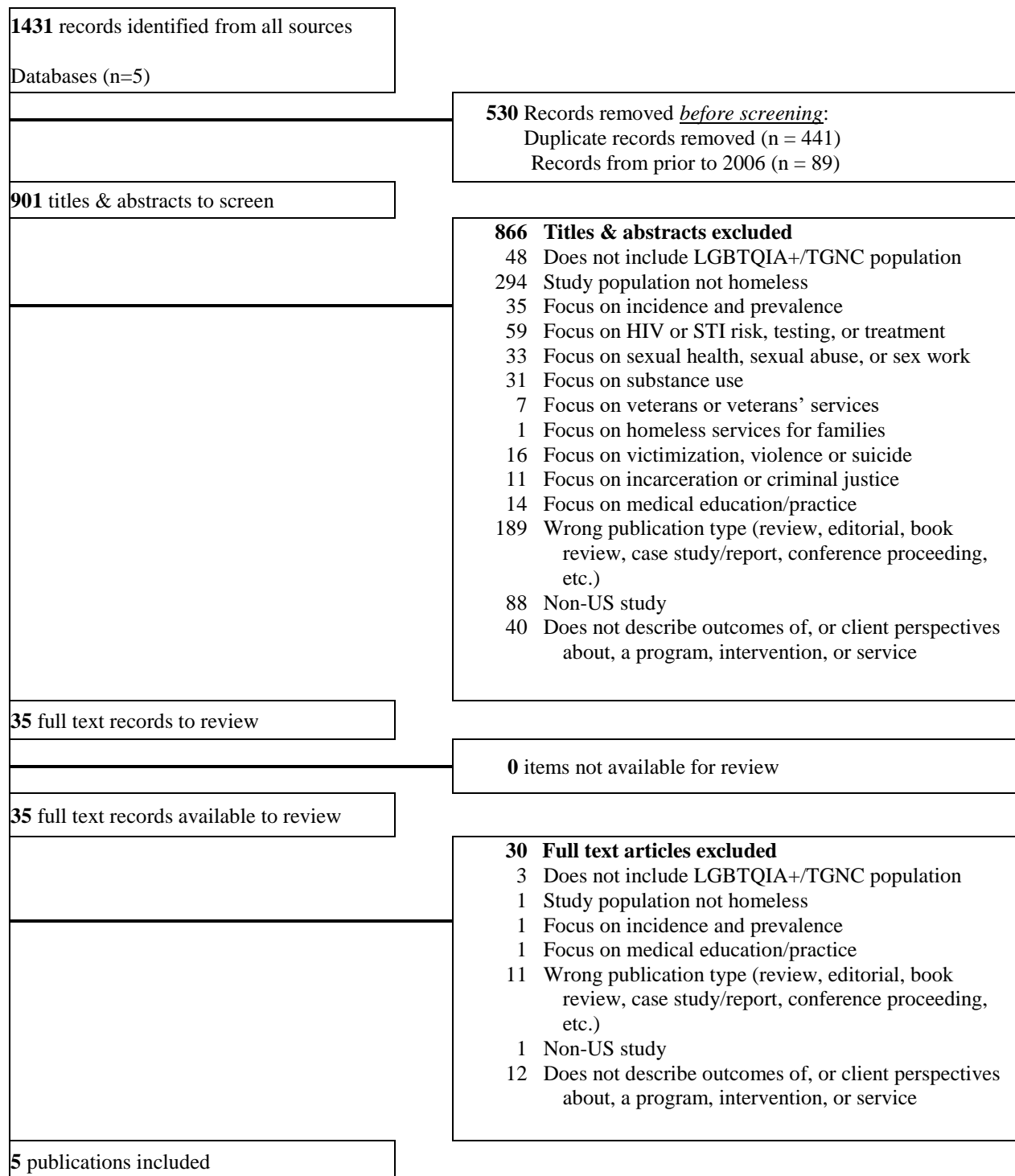
4.0 Results

Literature search results were more extensive than anticipated, producing just over 900 items to be screened after removing duplicates and articles from prior to 2006. During the initial screening, many articles were excluded because the study population was not homeless (n = 294) or did not include an LGBTQIA+/TGNC population (n = 48). While a substantial number of articles describe the problem of homelessness for TGNC populations, fewer describe homeless interventions or service outcomes broadly, and even fewer do so for programs or services that specifically include TGNC individuals or their perspectives. See **Figure 1** (p. 12) for the full PRISMA flow diagram of screening results.

The initial screening produced 35 articles for full-text review. For many of these items, full-text review was required due to missing abstracts or abstracts that did not contain enough information to make a selection decision based on abstracts alone. Many were excluded because they were the wrong publication type or because they did not describe outcomes of, or client perspectives about, a program, intervention, or service. Several were excluded because upon closer examination, the study sample did not include an explicitly LGBTQIA+/TGNC population.

The second screening (of these 35 articles) produced five (5) articles that were ultimately selected for inclusion. The author then conducted a critical literature synthesis of the included articles to summarize key findings and address the main objectives.

Figure 1. Screening PRISMA Flow Diagram



4.1 Overview of Included Studies

Table 3 (p. 16) shows a brief overview of the five (5) articles selected for inclusion in this review. The articles range in publication date from 2006 to 2022. All five articles intentionally include TGNC individuals in solutions-oriented research addressing homelessness based on aforementioned inclusion criteria. All articles include samples of LGBTQIA+ youth and/or young adults (ranging in age from 14-26) and explicitly include TGNC individuals, even if the percent of TGNC people in the sample is relatively low.

Of the five articles included in this review, two describe outcomes of a program or intervention addressing homelessness that included TGNC individuals as participants (Nolan, 2006; Powell et al., 2016). The remaining three articles included for review do not describe program outcomes but include firsthand perspectives from TGNC individuals about homeless shelters or service settings (Coolhart & Brown, 2017; DiGuseppi et al., 2022; Shelton et al., 2018); these articles are more exploratory in nature and utilize both quantitative and qualitative methods.

In one of the two articles describing program outcomes, Nolan et al. describe a transitional living program (TLP) based in New York City called Green Chimneys, which serves LGBTQ youth age 17-21 (Nolan, 2006). Their study involved a review of case files from 40 youth discharged from the program, whether due to program completion or voluntary or involuntary exit. Their analysis focused on the following outcome measures: length of stay in the program; reason for discharge; type of exit (e.g., to college, a private residence, the military, or the street); employment status and school enrollment status upon exit; and types of aftercare services sought (e.g., returning to the program office for any particular needs). In addition, they administered qualitative surveys to 11 current or former clients to characterize clients' thoughts on the program

such as whether they felt a sense of community and lessons learned, as well as recommendations for how program staff might improve.

In the other article reporting program outcomes, Powell et al. discuss the effectiveness of a program called iTEAM (My Treatment Empowerment for Adolescents on the Move), which used “a comprehensive LGBTQ affirming system-of-care approach to provide intensive case management, substance abuse and mental health treatment, linkages to housing, and other supportive services” to LGBTQ and straight ally (A) youth experiencing homelessness (Powell et al., 2016). The authors describe pre- to post-intervention survey data that measured housing access and stability; victimization; substance use; mental health; education (school enrollment); employment; social support; and HIV risk behaviors. Results showed improvements in nearly all areas. The authors make the important observation that despite these improvements and a decrease in overall homelessness, barriers to housing remained for minors and for TGNC people specifically, noting that TGNC individuals face challenges such as higher risk of discrimination by program staff and (mis)gendered placement in shelters.

The remaining three reviewed articles focus on LGBTQ client perspectives on shelters or service settings. First, in a 2017 article, Coolhart and Brown describe findings from their study focused on LGTBQ youths’ experiences in homeless shelters (2017). The authors note that while prior studies exist related to homeless youths’ experiences with shelters, they more often focus on the views of service staff or directors than on direct perspectives of youth, or if they do include firsthand youth perspectives, they are not specific to youth identifying as LGBTQ. The study describes findings from qualitative interviews with both LGBTQ youth with a history of homelessness (n = 7) and service providers for these youth (n = 9). Of the seven youth, two identified as TGNC.

Second, DiGiuseppe et al. used mixed methods to examine perceived safety in both service and community settings for young adults experiencing homelessness (DiGiuseppe et al., 2022). The study oversampled for sexual and gender minority (SGM) young adults and utilized quantitative measures of perceived safety by location throughout a week-long geographically explicit “ecological momentary assessment” (EMA) and qualitative interviews with a subset of 20 SGM young adults, of whom seven identified as TGNC. Main findings were that participants felt safer within service settings compared to community settings overall, but that SGM youth felt less safe within service settings compared to cisgender heterosexual youth.

Third, Shelton et al. discuss results of a survey regarding the use of questions about sexual orientation and gender identity (SOGI) and about pronouns in homelessness service settings (Shelton et al., 2018). This study sought to center the voices of LGBTQ youth and young adults (YYA) in better understanding these individuals’ experiences with being asked SOGI and pronoun questions while accessing housing services. Such services often involve intake and other forms or surveys which ask for demographic information; respondents discuss their perspectives surrounding the inclusion (or exclusion) of SOGI questions and how and when such questions are asked. Their findings showed that while opinions varied among respondents, the majority were in favor of SOGI questions being asked, especially questions regarding pronouns and gender identity.

Table 3. Articles Included in Review

No.	Reference	Article Type	Study Sample	Setting	Methods	Outcome Measures (Programs Only)
1	Coolhart, D., & Brown, M. T. (2017). The need for safe spaces: Exploring the experiences of homeless LGBTQ youth in shelters. Children and Youth Services Review, 82, 230-238. http://dx.doi.org/10.1016/j.childyouth.2017.09.021	Research study	LGBTQ youth with history of homelessness, age 14–21; service providers age 24–63	Mid-sized Northeastern US city	Qualitative interviews with youth (n = 7) and service providers (n = 9)	NA
2	DiGuseppi, G., Semborski, S., Rhoades, H., Goldbach, J., & Henwood, B. F. (2022). Perceived safety in community and service settings among young adults experiencing homelessness: Differences by sexual and gender identity. American journal of community psychology, 70(3-4), 340-351. https://doi.org/10.1002/ajcp.12606	Research study	Young adults (YA) experiencing homelessness, age 18-25; oversampled for sexual minority (SM) and gender minority (GM) YA	Los Angeles, California	- Quantitative ecological momentary assessment (EMA) (n = 80; 43% SM YA; 10% GM YA) - Qualitative interviews (n = 20 SGM YA)	NA
3	Nolan, T. C. (2006). Outcomes for a Transitional Living Program Serving LGBTQ Youth in New York City. Child Welfare: Journal of Policy, Practice, and Program, 85(2), 385-406. http://pitt.idm.oclc.org/login?url=https://www.proquest.com/scholarly-journals/outcomes-transitional-living-program-serving/docview/213808837/se-2	Program description/evaluation	Homeless or at-risk LGBTQ youth age 17-21 who were discharged from a transitional living program (TLP)	New York City, New York	- Review of case files of discharged youth (n = 40; 11% transgender) - Qualitative surveys with current/former clients (n = 11)	Length of stay; reason for discharge; type of exit; employment status and school enrollment status at exit; types of aftercare services sought

4	<p>Powell, C., Ellasante, I., Korchmaros, J. D., Haverly, K., & Stevens, S. (2016). iTEAM: Outcomes of an affirming system of care serving LGBTQ youth experiencing homelessness. <i>Families in Society</i>, 97(3), 181-190. https://doi.org/10.1606/1044-3894.2016.97.24</p>	<p>Research study/ program evaluation</p>	<p>LGBTQ or A (straight-allied) youth experiencing or having experienced housing stress, mental health, and/or substance abuse treatment needs, age 15-24</p>	<p>Tucson, Arizona</p>	<p>Quantitative surveys (n = 210; 9% transgender)</p>	<p>Housing access and stability; victimization; substance use; mental health; education (school enrollment); employment; social support; HIV risk behaviors</p>
5	<p>Shelton, J., Poirier, J. M., Wheeler, C., & Abramovich, A. (2018). Reversing Erasure of Youth and Young Adults Who are LGBTQ and Access Homelessness Services: Asking about Sexual Orientation, Gender Identity, and Pronouns. <i>Child Welfare</i>, 96(2), 1-28. http://pitt.idm.oclc.org/login?url=https://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,uid&db=sih&AN=130544605&scope=site</p>	<p>Research study</p>	<p>LGBTQ youth or young adults (YYA) with history of homelessness, age 18-26</p>	<p>Online survey via the national nonprofit True Colors Fund</p>	<p>Online survey with closed- and open-ended questions (n = 32)</p>	<p>NA</p>

4.2 Thematic Findings

Several themes emerged relating to how LGBTQ and/or TGNC youth and young adults experience homelessness and housing instability in interventional or service settings.

4.2.1 Sense of Safety

Despite shelters being designed to aid people in escaping unsafe situations, several articles discuss ways in which LGBTQIA+ youth experience homeless shelters as unsafe. These trends are often worse for gender minorities such as TGNC people specifically; for instance, results from DiGuseppi et al. note that “young adults identifying as sexual and gender minority report the lowest levels of perceived safety at service locations—in fact, over two times less safe than cisgender sexual minorities” (2022, p. 348).

Homeless shelters and services may have safety-related unintended consequences. Powell et al. point out potential risks for youth in being connected to social service agencies, especially for minors, whose potentially negative family situations may worsen because of service providers’ requirement of parental/guardian consent or because of retaliation from families in response to providers’ mandated reporting of abuse or neglect. The study also notes that for clients who prefer to remain anonymous, service connection may pose threats by way of clients’ immigration status or possible illegal activity or arrest warrants being revealed or reported. The authors emphasize that “because of the numerous service engagement barriers, and specifically for LGBTQ youth experiencing homelessness, outreach methods, relationship building, and programming must take these complexities into account” (Powell et al., 2016, p. 186).

4.2.2 Sense of Belonging

In the reviewed articles that were exploratory in nature, youth interviewees often perceived shelters as non-affirming and recounted negative experiences related to their LGBTQ identities. In the article by Coolhart and Brown, results characterize issues stemming from general shelter protocols, shelter staff, and other shelter residents. For instance, gender segregation practices led to feelings of discrimination, embarrassment, isolation, and/or lack of privacy among youth. One youth identifying as a gay male and one youth identifying as a transgender male were both “placed” with female-identifying residents. For the transgender male youth, their refusal to be placed with females led to their being placed in a separate room instead, which they described as a relief in one sense, yet isolating and problematic all the same (Coolhart & Brown, 2017) .

Interviewees also discussed how even if a shelter claims to be an LGBTQ-affirming space, individual staff members may not reflect those values. This can be especially true in religious-affiliated spaces. The importance of staff who identify as LGBTQ themselves was central to many comments; youth noted they felt more open to sharing information with LGBTQ staff and that the presence of such staff helped them perceive the space as welcoming. The authors go further to state that “staff may more effectively serve LGBTQ youth when the LGBTQ identity is not viewed as the problem and instead the systemic challenges (i.e., homophobia of staff or residents, policies and practices of gender segregation) are addressed” (Coolhart & Brown, 2017, p. 237).

Affirming language norms were also integral to a sense of belonging. From the article by Shelton et al., for most respondents, being asked SOGI questions and the ability to self-identify helped them feel affirmed and less erased. Regarding timing, most respondents endorsed a preference for pronoun questions to be asked upon their arrival to the program, and “that they should be asked about their pronouns face-to-face” (Shelton et al., 2018, p. 18). Findings also

highlighted the need for practices that help normalize sharing information about one’s sexual orientation and/or gender identity. To this end, specific steps recommended via respondents include limiting reliance on government-issued identification, which is often the basis of assumptions about clients’ identities; providing the option to share SOGI information at a later time when they feel more ready or comfortable to do so; and including one’s own pronouns any time introductions are made (Shelton et al., 2018).

For some, however, SOGI questions caused concerns such as how their answers might affect their placement or overall experience in the shelter or service setting. Others expressed feeling discomfort depending on when or how the questions were asked; for example, if a question just “came up” after a staff member had assumed something about their identity. This discomfort was amplified if staff seemed confused in asking the questions or reacting to responses. The authors state that, for staff, “understanding the differences between sexual orientation and gender identity is of critical importance [in] asking SOGI and pronoun questions, as is the ability to reflect and affirm the identities shared by youth and young adults” (Shelton et al., 2018, p. 21).

4.2.3 Power Dynamics

Several articles acknowledged power dynamics inherent in protocols and interactions that cause TGNC individuals to feel unsafe, uncomfortable, or a lack of belonging. In procedures like gender segregation in shelters or transitional living programs, staff typically make decisions about where people experiencing homelessness (PEH) are placed, rather than PEH making those decisions for themselves. Even the existence of such policies and thus the need for these kinds of decisions can force PEH into situations where they bear the burden of choosing between compliance or lack of shelter/services. In this sense, procedures like these become manipulative.

To help counteract these power dynamics, TGNC individuals argued for greater involvement in rulemaking processes in these spaces. For example, Shelton et al. mention the importance of directly involving youth experiencing homelessness by asking what they want and need in relation to the disclosure of their sexual orientation and gender identities. They write: “When YYA are able to share power with adults in service settings and are engaged in the process of developing programmatic policies and practices, they may have greater ownership over the policies and practices, may experience more motivation to participate in the program, and may become more empowered to improve their own lives” (Shelton et al., 2018, p. 22). Along similar lines, Powell et al. note the value of early, ongoing monitoring of program data “to assist with identifying participant needs, making program modifications, providing staff training, ensuring fidelity in service delivery, and reevaluating the instituted changes over time” (Powell et al., 2016). Further, a participant in the DiGuiseppe et al. article recommended hiring transgender staff at managerial levels: “Yeah, I think they need to hire more trans staff, and not just as youth advocates or any sort of entry level position, but they need trans management. They need people in power that are trans that have experience, the same struggles that the youth are currently going through” (2022, p. 348).

4.2.4 Contextual Factors

Reviewed articles discuss various contextual factors affecting LGBTQIA+ and TGNC youth vis-à-vis programs or services addressing homelessness, including barriers and facilitators to service access, general characteristics of spaces, staff and/or other residents. Youth participants in the Coolhart and Brown study describe challenges to accessing shelters in the first place. Fear of mistreatment was a large barrier. On the other hand, a local LGBTQ youth center was identified

as a key facilitator; as a perceived safer space, the LGBTQ youth center readily shared information about the local shelters and acted as a liaison for transferring youth to them if needed. Some participants viewed this process as safer and more acceptable than attempting to seek shelter care on their own. However, participants living far from the youth center or without transportation to it are left unable to take advantage of such strategies (Coolhart & Brown, 2017).

Nolan highlights the fact that geographic location can also play a large role in whether a programmatic space or service setting feels welcoming. In their study about the Green Chimneys transitional living program (TLP), they describe how both the scattered-site nature of the apartments the program manages and the ethnically diverse makeup of Harlem where they are located contribute to participants' feelings of acceptance. They note that "although youth elsewhere are forced to choose between their sexual and ethnic identities, in this program, they are encouraged to embrace both" (Nolan, 2006, p. 392).

All reviewed articles also touched on organizational and staffing strengths, norms, and issues. Powell et al. attributed much of the iTEAM program success to the "one-stop shop" nature of services, including the co-location of their six staff members in one building (Powell et al., 2016). In the Coolhart and Brown study, LGBTQ youth interviewees describe their experiences staying at local homeless shelters that were not tailored toward serving LGBTQ populations, and while staff at both shelters are offered LGBTQ sensitivity trainings, these trainings were not required. Although Powell et al. contend that spaces not designed for LGBTQ populations can meet the needs of LGBTQ individuals experiencing homelessness, several articles acknowledged a lack of staff training and subsequent issues for clients. As noted earlier, even within spaces billed as LGBTQ-friendly originations, youth may nonetheless encounter interactions with homophobic or transphobic staff, whether more subtle or more overt (Coolhart & Brown, 2017). Nolan

advocates for the importance of including both LGBTQ and heterosexual staff (2006); while they recommend employing LGBTQ staff to help ensure an atmosphere of understanding via lived experience, they also suggest that having straight-identifying staff who are accepting and empathetic helps reinforce the notion that “more than LGBTQ adults care about them” (Nolan, 2006, p. 392).

4.2.5 Added Challenges for TGNC Individuals

Several of the reviewed articles also describe ways in which TGNC youth experiencing homelessness face particular challenges in addition to those faced by LGBTQ youth experiencing homelessness more broadly. For instance, TGNC people may face transphobia even in spaces considered LGBTQ-friendly. TGNC people may also have additional affirming health care needs, including hormone therapies. They often face dilemmas based on appearance and “passing” that other individuals (and especially cisgender individuals) in the LGBTQIA+ community may not have to manage. In this sense, TGNC youths’ inward and outward identities may be less visually congruent than other LGBTQ youth, leading to added decisional conflict related to privacy and coming out (DiGuseppi et al., 2022). As mentioned previously in this essay, DiGuseppi et al. also found that sexual and gender minority young adults endorse feeling two times less safe in service settings than their cisgender sexual minority peers (2022).

Coolhart and Brown emphasize that many shelter practices that are harmful for LGBTQ youth can be particularly challenging for transgender youth. Some participants identified a need for more training for shelter staff, especially about transgender people. One participant said: “They could have trainings about, more about LGBT youth. And don't forget the T in the LGBT. Because [there] definitely needs to be, it's totally different from the L and the B and the G.” (Coolhart &

Brown, 2017, p. 236). For reasons detailed here, separating sexual orientation from gender identity would be beneficial in both better acknowledging and understanding these differences.

5.0 Discussion

Through a modified scoping review of the extant academic literature, this essay sought to characterize existing research surrounding the issue of homelessness in transgender or gender nonconforming (TGNC) populations, with a focus on solutions-oriented research that includes outcomes and/or firsthand perspectives of TGNC individuals. While a good deal of research describes the problem of homelessness for TGNC populations, few describe intervention or service outcomes for TGNC individuals, and few include firsthand perspectives. In total, five (5) articles met the inclusion/exclusion criteria for full review, and using a critical literature synthesis, the author described several themes expressed in the literature, including sense of safety, sense of belonging, power dynamics, contextual factors, and added challenges for TGNC individuals.

A topically similar scoping review (Gutman et al., 2022) mentioned previously in the methods section (section 3.2) of this essay focused on youth transitioning out of homelessness for LGBTQIA+ populations broadly, but this review sought to focus more specifically on the transgender population. Further, the Gutman et al. review included other literature reviews and discussion papers that make policy recommendations, while this review limited included articles to those that include TGNC people directly by reporting outcomes of programs that include a TGNC population as clients/participants and/or by describing firsthand perspectives of TGNC individuals related to programs or services. Of the 19 articles included in Gutman et al. review, two are included in the present review.

Because homelessness is also experienced alongside numerous other social, economic, and health challenges, many of the topics in the list of exclusion criteria (e.g., substance use, sex work, victimization, incarceration; see **Table 2** for the full list of exclusion criteria) were also discussed

in articles on homelessness and thus were difficult to exclude. However, given that much of the academic literature is segregated into single-issue “silos” and that the author was limited by time and resource constraints, a more practical, streamlined approach was taken that focused more exclusively on housing. The exclusion of articles without an explicitly LGBTQIA+/TGNC population or firsthand TGNC perspectives was also a central factor in ensuring that this review characterized the state of the extant literature regarding efforts to center these voices.

All articles in this review focused on youth or young adults, even though the search strategy did not exclude research focusing on adults. The focus on youth in the existing research may stem from added obstacles that young people who identify as TGNC and/or LGBTQIA+ may face in the context of housing, such as leaving or being kicked out of a home at a young age due to family rejection of their identity/identities. Family rejection is cited as the most common reason that these youth leave home or are told to leave home (Coolhart & Brown, 2017), so research on this particularly vulnerable group is warranted. Youth may also be easier to recruit in research studies, via the large number of youth centers that serve LGBTQIA+ youth and young adults, whether directly through such centers or their service partners. In comparison, adults may be more mobile or less engaged in services and thus more difficult to enroll and retain in research or programs, including evaluation of such programs.

In terms of centering TGNC voices in how we measure effectiveness, the two articles that described programmatic outcomes discussed complexities of defining program success. In their 2006 article describing outcomes of a transitional living program in New York City, Nolan explains that “success” is a multifaceted concept that can be defined in many ways, whether measured by program completion or on a more personalized, individual level defined by each participant (Nolan, 2006). They outline the main outcomes measured in the Green Chimneys TLP

evaluation: length of stay in the program; reason for discharge; type of exit; employment status and school enrollment status upon exit; and types of aftercare services sought. While these outcomes help inform overall program effectiveness, they may not necessarily reflect the more nuanced nature of themes previously discussed in this essay, such as the effects of power dynamics or a sense of belonging on those traditionally measured outcomes. For example, regarding the “reasons for discharge” outcome, the program did not consider asking participants whether a sense of belonging contributed to their staying in or leaving the program. On the other hand, certain elements of themes expressed through TGNC perspectives in this review, such as a sense of safety, were apparent. For example, housing success for Green Chimneys participants was defined broadly by whether someone moved from a relatively unsafe situation before entering the program to a safer situation upon exit (Nolan, 2006).

While many programs and evaluations use primary outcomes such as housing status, employment status, health care use, and biomedical outcomes, fewer focus on important quality-of-life indicators such as perceived stigma, acceptance, safety, structural supports such as transportation, and satisfaction with services as well as with the housing type and location of ultimate residence. In their 2016 article about iTEAM, Powell et al. report on pre- and post-intervention survey data which measured housing access and stability; victimization; substance use; mental health; education (school enrollment); employment; social support; and HIV risk behaviors (Powell et al., 2016). While many of these outcomes are situated in a more medicalized, productivity-oriented framework, the authors attribute much of the iTEAM success to the program’s characteristics: service accessibility and colocation of staff and case managers, creating an LGBT-affirming space that considers the impact of family rejection, and staff training. These elements may prove just as valuable for measurement in other program settings.

5.1 Limitations

There are several methodological limitations in this essay. This review was conducted by one person, increasing the potential for risk of bias in the study selection process. Database searches were limited to English-only publications, potentially skewing results by not including non-English language yet relevant studies. Although five databases were searched, the potential exists for missing studies from journals indexed in databases that were not searched. Further, this review was limited to published academic articles describing completed studies. As a result, despite an attempt to center TGNC perspectives, these articles nonetheless report findings through the lens of study researchers and authors. And because other publication types and grey literature were excluded, the review may miss important findings and perspectives therein, further increasing the risk for reporting biases. Finally, time constraints prevented a more thorough review and incorporation of discovered studies relevant to the topic overall, but which did not meet inclusion/exclusion criteria.

5.2 Recommendations for Future Research

This review helped identify several significant gaps in the literature which should be addressed by future research. Primarily, more interventional, solutions-based research addressing homelessness is needed, especially studies focused specifically on LGBTQIA+ and/or TGNC populations. While a large existing body of literature describes the issue of homelessness and associated factors in these populations, far fewer attempt to develop programs or evaluate existing

interventions that seek to address housing issues, or attempt to base measures of success on client-defined goals.

Future research should emphasize tailoring measured outcomes of programs or services addressing homelessness to the specific populations they serve, and evaluations should be based on participant-defined measures of success. Further, outcome measures should focus not only on attaining housing but also on maintaining it. An article not included in the final review by Youngbloom et al. found that LGBTQ identity was significantly associated with housing loss among youth participants in a rapid rehousing program in Austin, Texas, and they emphasize the lack of research around youths' ability to maintain housing during their enrollment in such a program (Youngbloom et al., 2022). Notably, they also found that of those who experienced housing loss during the program, most youth (83%) did not receive a formal eviction and instead lost their housing after receiving a threat of eviction or a notice to vacate. In addition to measuring housing *attainment*, future studies should also recognize the value of *maintaining* housing and thus consider measuring potential housing loss and formal or informal evictions.

More research is needed that focuses on TGNC-identifying adults, who may have different but equally pressing needs. As noted earlier, all articles in the present review focused on youth. While including youth perspectives is vital, we should also include adults (both younger and older adults) in efforts to understand how TGNC identities intersect with homelessness across the aging spectrum. A 2014 article notes that some respondents to a trans-specific survey on aging expressed fear and anxiety about how their gender identity might intersect with other factors they might face later in life, such as ageism or stigma in healthcare or assisted living settings (Witten, 2014). Some even expressed considering “de-transitioning”—changing their physical or social representation to a pre-transition state—to avoid having to navigate such obstacles (Witten, 2014).

More research is also needed in other geographical settings, including rural settings, where unique challenges may be found, especially in terms of availability of and access to services. All reviewed studies except for Shelton et al.—which was a national survey—took place in urban, politically liberal areas. Much remains unknown about barriers or facilitators to stable housing for TGNC people in other geographic and political contexts, especially in the central and Southern US, where much of an enormous increase in recently passed or pending legislation banning gender-affirming care for transgender youth is concentrated. As of March 2023, 11 states had enacted bans via legislation or executive action that bar or limit youth access to gender-affirming care: Georgia, Iowa, Mississippi, South Dakota, Tennessee, Utah, Alabama, Arizona, Arkansas, Florida, and Texas (Redfield et al., 2023). Youth in these states may be particularly vulnerable to housing instability, as well as in states to which they may travel in order to access or receive care. Research should seek to identify and address additional threats to wellbeing that likely exist for TGNC individuals in these areas. Further, as DiGiuseppe et al. note, since a substantial amount of work has focused on homeless shelters, more research should take place in more diverse homeless service settings (DiGiuseppe et al., 2022).

Importantly, researchers should consider methodological strategies in future work. First, future scoping reviews on issues of homelessness for any population should consider using a lens of lived experience. Doing so will help clarify how and to what extent current research incorporates firsthand perspectives in interventional design and outcomes regarding this topic. Second, researchers should consider separating sexual orientation and gender identify into explicit categories when collecting and analyzing data, as people identifying as any or all of the letters in the acronym “LGBTQIA+” are not a monolith. Many of the included articles in this review note that where issues existed for LGBTQ participants, they were often worse for TGNC participants.

Few studies have explored the role of transportation and other potential structural barriers in helping people secure or maintain housing. Further, despite landlords being significant stakeholders vis-à-vis the private housing market used for permanent supportive housing programs, no prior rigorous studies exist that evaluate housing interventions focused on landlords or landlord behaviors (Evans et al., 2021). Addressing these gaps will inform and sustain meaningful multilevel interventions that account for more than individual-level outcomes.

Echoing these recommendations overall, exploratory questions that future research might address include: How might we redefine “success” or “effectiveness” for programs addressing homelessness in TGNC populations through a person-centered, community-engaged lens? What short-, medium-, and long-term outcome measures might be beneficial for programs addressing homelessness in TGNC populations? To what extent do programs addressing homelessness in TGNC populations acknowledge or incorporate the intersectional nature of housing issues?

6.0 Conclusion

This essay presents a critical literature synthesis that sought to center the voices of transgender or gender nonconforming (TGNC) individuals in programs and service settings addressing homelessness, whether or not they were designed specifically for TGNC populations. The essay also discussed ways in which TGNC individuals' identities intersect with several key themes that emerged as important or meaningful when considering the design of spaces or programs that address homelessness in this population, including sense of safety, sense of belonging, power dynamics, contextual factors, and added challenges for TGNC individuals.

To better acknowledge the diversity of needs for people experiencing homelessness (PEH) who identify as TGNC, programs should consider expanded definitions of success. Many programs measure success based on whether, how quickly, and for how long people are placed into housing. While these metrics are important, they neglect important factors such as the above-mentioned themes; namely, a sense of safety and belonging within program housing or shelters, acknowledging and disrupting power dynamics in how programs or shelters are run, recognizing contextual factors such as the ability to get around and access necessities and culturally appropriate housing options, and decreasing barriers more often faced by TGNC individuals than other members of LGBTQIA+ populations.

To help center the voices of TGNC-identifying people in practical ways, programs, service settings, evaluation, and research should include these individuals in intentional ways. For example, efforts should be made to hire TGNC-identifying staff with lived experience of homelessness and in particular, to hire them in higher-level, managerial positions. Program and service settings should consider requiring staff training about creating gender-affirming spaces and

the differences between sexual orientation and gender identity. To help acknowledge power dynamics in shelters or other program settings, protocol development should include open dialogue with TGNC youth and adults in order to incorporate their recommendations. Similarly, to encourage the sharing of power, Oudshoorn et al. emphasize the importance of choice in housing service models. They note that opportunities for empowerment should be purposeful, considering the risk of unintended consequences stemming from the “significant power differential between service providers and the institutions and structures they work within and those experiencing homelessness” (2020, p. 1760). They go on to argue that “Where choice is removed, voice is silenced or opportunities are constrained, and so while basic needs might be met, there is still a loss of power experienced by the individual.” (2020, p. 1760). Wherever possible, choice should be integrated into procedures, services, and physical settings.

In both theoretical and practical contexts, acknowledging that homelessness co-occurs with a variety of social, economic, and health problems is paramount. Like so many “wicked problems,” homelessness intersects with numerous societal truths, including systemic racism, economic injustice, criminal injustice, stigma, mental health disorders, substance use disorders, and gender-based, domestic, and/or intimate partner violence, among others. As a result, TGNC individuals and others with minoritized identities face a larger set of barriers to self-defined health. As Shelton et al. note, “these health disparities are not inherent among LGBTQ [youth and young adults] experiencing homelessness. Rather, they are often the result of societal oppression rooted in heterosexism and cisgenderism, widespread discrimination, and the negative attitudes associated with homophobia and transphobia” (Shelton et al., 2018, p. 4). Returning power to TGNC-identifying people experiencing homelessness by listening and learning from them is vital to disrupting these oppressions and ensuring their autonomy and self-defined wellbeing.

Appendix A : Search Strategies

Appendix A.1 Summary of Literature Databases Searched

Appendix Table 1.

Table	Vendor/ Interface	Database	Date searched	Database update	Searcher(s)
4	National Library of Medicine (US)	PubMed	June 22, 2023	June 22, 2023	Helena M. VonVille
5	Ovid	APA PsycInfo®	June 22, 2023	1806 to June Week 2 2023	Helena M. VonVille
6	Elsevier	Embase	June 22, 2023	June 22, 2023	Helena M. VonVille
7	EBSCOhost	Social Work Abstracts	June 22, 2023	June 22, 2023	Helena M. VonVille
8	EBSCOhost	SocINDEX	June 22, 2023	June 22, 2023	Helena M. VonVille

Appendix A.2 PubMed Search Strategy

Provider/Interface	National Library of Medicine
Database	PubMed
Date searched	June 22, 2023
Database update	June 22, 2023
Search developer(s)	Helena M. VonVille
Limit to English	Yes
Date Range	No limit by date
Publication Types	No limit by publication type
Search filter source	No search filter used

(sex reassignment procedures[MeSH:noexp] OR sex reassignment surgery[MeSH:noexp] OR "Transgender Persons"[MeSH:noexp] OR transsexualism[MeSH:noexp] OR gender change[TIAB] OR gender confirmation[TIAB] OR sex change[TIAB] OR sex reassignment[TIAB] OR trans man[TIAB] OR trans men[TIAB] OR trans woman[TIAB] OR trans women[TIAB] OR transgender*[TIAB] OR transman[TIAB] OR transmen[TIAB] OR transsexual[TIAB] OR transsexualism[TIAB] OR transsexuality[TIAB] OR transsexualism[TIAB] OR transsexuals[TIAB] OR transwoman[TIAB] OR transwomen[TIAB]) AND ("Ill-Housed Persons"[Mesh:NoExp] OR housing insecurity[tiab] OR housing instability[tiab] OR Ill Housed[tiab] OR homeless*[tiab] OR shelterless[tiab] OR street people [tiab] OR unhoused[tiab]) AND english[la]

Appendix A.3 APA PsycInfo® Search Strategy

Provider/Interface	Ovid
Database	APA PsycInfo®
Date searched	June 22, 2023
Database update	1806 to June Week 2 2023
Search developer(s)	Helena M. VonVille
Limit to English	Yes
Date Range	Citations (n=72) from pre-2006 were removed after the initial search
Publication Types	No limit by publication type
Search filter source	No search filter used

1	gender affirming care/ or gender expression/ or gender nonbinary/ or gender reassignment/ or gender transition/ or lgbtq/ or lgbtq rights/ or transgender/ or transsexualism/ or two-spirit/
2	(bigender or binary* or bisexual* or (cross adj1 (gender or sex*)) or F2M or FTM or gay or gays or GBTQ* or (gender adj1 (atypical or bend* or change or conform* or creative* or diverse* or diversity or dysphori* or expand* or expansion or expressi* or flex* or fluid* or independen* or identi* or minorities or minority or neutral or nonconform* or transition* or varian*)) or genderqueer or GLBQ* or GLBT* or homosexual* or intersex* or lesbian* or LGBQ* or LGBT* or M2F or msm or MTF or ("non" adj1 heterosexual*) or nonbinary or queer or queers or (sex adj1 (change or reversal or transition*)) or (sexual adj1 (dissident* or minorities or

	minority or orientation or transition*)) or SGM or trans or transfem* or transmasc* or transgender* or transex* or transvesti* or (Two adj1 spirit)).ti,ab.
3	(bigender or binary* or bisexual* or (cross adj1 (gender or sex*)) or F2M or FTM or gay or gays or GBTQ* or (gender adj1 (atypical or bend* or change or conform* or creative* or diverse* or diversity or dysphori* or expand* or expansion or expressi* or flex* or fluid* or independen* or identi* or minorities or minority or neutral or nonconform* or transition* or varian*)) or genderqueer or GLBQ* or GLBT* or homosexual* or intersex* or lesbian* or LGBQ* or LGBT* or M2F or msm or MTF or ("non" adj1 heterosexual*) or nonbinary or queer or queers or (sex adj1 (change or reversal or transition*)) or (sexual adj1 (dissident* or minorities or minority or orientation or transition*)) or SGM or trans or transfem* or transmasc* or transgender* or transex* or transvesti* or (Two adj1 spirit)).id.
4	1 or 2 or 3
5	exp Homeless/ or exp Homeless Youth/
6	(homeless* or (housing adj3 (insecur* or instability or unstable)) or ("Ill" adj1 Housed) or (rough adj1 sleeper*) or shelterless or street people or unhoused).ti,ab,id.
7	5 or 6
8	4 and 7
9	8 not ((albanian or arabic or bulgarian or catalan or chinese or croatian or czech or danish or dutch or estonian or farsi iranian or finnish or french or georgian or german or greek or hebrew or hindi or hungarian or italian or japanese or korean or lithuanian or malaysian or nonenglish or norwegian or polish or portuguese or

	romanian or russian or serbian or serbo croatian or slovak or slovene or spanish or swedish or turkish or ukrainian or urdu) not English).lg.
10	limit 9 to all journals
11	10 not ("9423411" or "10077858" or "11289729" or "11367461" or "11499099" or "11684613" or "11988446" or "12458779" or "12888283" or "14609786" or "15093795" or "15231106" or "16488820" or "19199022" or "19671935" or "19681376" or "20001144" or "20016770" or "20207173" or "21402272" or "21442499" or "21653486" or "21714322" or "21915240" or "22207265" or "22461686" or "22670654" or "22738887" or "22814639" or "22873480" or "23360897" or "23387952" or "23613136" or "23687399" or "24273389" or "24405564" or "24479551" or "26789507" or "24714446" or "24826829" or "24907779" or "25190499" or "25659122" or "26238088" or "26499337" or "26503713" or "26571482" or "26674598" or "26788770" or "26936854" or "26960017" or "27336120" or "27469192" or "27498094" or "27575593" or "27610463" or "27691779" or "27699581" or "27750182" or "27835629" or "28081681" or "28109338" or "28132601" or "28161034" or "28226283" or "28372467" or "28406598" or "28411424" or "28438525" or "28456453" or "28537845" or "28604427" or "28670005" or "28687895" or "28791876" or "28806361" or "28850859" or "28861530" or "29153445" or "29206576" or "29245022" or "29334030" or "29379974" or "29474682" or "29537178" or "29651262" or "29678119" or "29804273" or "29894384" or "30053929" or "30072358" or "30080750" or "30122674" or "30349504" or "30596151" or "34262244" or "30649029" or "30664482" or "30699275" or

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Appendix A.4 Embase® Search Strategy

Provider/Interface	Elsevier
Database	Embase®
Date searched	June 22, 2023
Database update	June 22, 2023
Search developer(s)	Helena M. VonVille
Limit to English	Yes
Date Range	Citations (n=2) from pre-2006 were removed after the initial search.
Publication Types	No limit by publication type
Search filter source	No search filter used

#1	'lgbtqia+ people'/de OR 'lgbt people'/de OR 'transgender'/de OR 'female to male transgender'/de OR 'male to female transgender'/de OR 'transgender and gender nonbinary'/de OR 'sex reassignment'/de
#2	'transgender':ti,ab,kw OR 'transsexual*':ti,ab,kw OR 'gender change':ti,ab,kw OR 'gender confirmation':ti,ab,kw OR 'gender diverse':ti,ab,kw OR 'gender nonconforming':ti,ab,kw OR 'lgbt*':ti,ab,kw OR 'sex change':ti,ab,kw OR 'sex reassignment':ti,ab,kw OR 'trans man':ti,ab,kw OR 'trans men':ti,ab,kw OR 'trans woman':ti,ab,kw OR 'trans women':ti,ab,kw OR 'transgender*':ti,ab,kw OR 'transman':ti,ab,kw OR 'transmen':ti,ab,kw OR 'transsexual':ti,ab,kw OR 'transsexuality':ti,ab,kw OR 'transsexualism':ti,ab,kw OR 'transsexuals':ti,ab,kw OR 'transwoman':ti,ab,kw OR 'transwomen':ti,ab,kw

#3	#1 OR #2
#4	'homeless person'/de OR 'homeless man'/de OR 'homeless woman'/de OR 'homeless youth'/de OR 'homelessness'/de OR 'housing instability'/de
#5	'ill-housed persons':ti,ab,kw OR 'housing insecurity':ti,ab,kw OR 'housing instability':ti,ab,kw OR 'ill housed':ti,ab,kw OR 'homeless*':ti,ab,kw OR 'shelterless':ti,ab,kw OR 'street people':ti,ab,kw OR 'unhoused':ti,ab,kw
#6	#4 OR #5
#7	#3 AND #6
#8	#7 AND [english]/lim
#9	#8 NOT (9423411:ui OR 10077858:ui OR 11289729:ui OR 11367461:ui OR 11499099:ui OR 11684613:ui OR 11988446:ui OR 12458779:ui OR 12888283:ui OR 14609786:ui OR 15093795:ui OR 15231106:ui OR 16488820:ui OR 19199022:ui OR 19671935:ui OR 19681376:ui OR 20001144:ui OR 20016770:ui OR 20207173:ui OR 21402272:ui OR 21442499:ui OR 21653486:ui OR 21714322:ui OR 21915240:ui OR 22207265:ui OR 22461686:ui OR 22670654:ui OR 22738887:ui OR 22814639:ui OR 22873480:ui OR 23360897:ui OR 23387952:ui OR 23613136:ui OR 23687399:ui OR 24273389:ui OR 24405564:ui OR 24479551:ui OR 26789507:ui OR 24714446:ui OR 24826829:ui OR 24907779:ui OR 25190499:ui OR 25659122:ui OR 26238088:ui OR 26499337:ui OR 26503713:ui OR 26571482:ui OR 26674598:ui OR 26788770:ui OR 26936854:ui OR 26960017:ui OR 27336120:ui OR 27469192:ui OR 27498094:ui OR 27575593:ui OR 27610463:ui OR 27691779:ui OR 27699581:ui OR 27750182:ui OR 27835629:ui OR 28081681:ui OR 28109338:ui OR

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31453926:ui OR 31526070:ui OR 31529193:ui OR 31549551:ui OR 31634860:ui
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31920163:ui OR 31948332:ui OR 31978164:ui OR 31992054:ui OR 31996181:ui
OR 34457650:ui OR 32078728:ui OR 32131117:ui OR 32265247:ui OR
32335760:ui OR 32336382:ui OR 32336383:ui OR 32349699:ui OR 32415425:ui
OR 32434861:ui OR 32539784:ui OR 32602642:ui OR 34993513:ui OR
32639854:ui OR 32743608:ui OR 32773376:ui OR 32773383:ui OR 32788149:ui
OR 32805092:ui OR 32894689:ui OR 32915162:ui OR 32922088:ui OR
32924839:ui OR 32960901:ui OR 32978830:ui OR 35403119:ui OR 33136755:ui

OR 33151153:ui OR 33170062:ui OR 33393918:ui OR 33410815:ui OR
33439757:ui OR 33487032:ui OR 33512276:ui OR 33515132:ui OR 33525910:ui
OR 36713142:ui OR 33606134:ui OR 33705446:ui OR 33871317:ui OR
33894841:ui OR 33896545:ui OR 34078334:ui OR 34138377:ui OR 34165345:ui
OR 34191194:ui OR 34194876:ui OR 34240074:ui OR 34296420:ui OR
34327832:ui OR 34446678:ui OR 34463599:ui OR 34475364:ui OR 34542018:ui
OR 34634229:ui OR 34665000:ui OR 34702782:ui OR 34758758:ui OR
34772604:ui OR 34787563:ui OR 34877362:ui OR 34901921:ui OR 35224190:ui
OR 35241094:ui OR 35271412:ui OR 35325559:ui OR 35335045:ui OR
35398255:ui OR 35468777:ui OR 35544483:ui OR 35574872:ui OR 35576131:ui
OR 35584658:ui OR 35588092:ui OR 35608550:ui OR 35632571:ui OR
35687894:ui OR 35736653:ui OR 35797525:ui OR 35813187:ui OR 35907143:ui
OR 35962805:ui OR 36011440:ui OR 36031745:ui OR 36075791:ui OR
36090369:ui OR 36097815:ui OR 36129230:ui OR 36156273:ui OR 36189755:ui
OR 36255222:ui OR 36301377:ui OR 36317864:ui OR 36351089:ui OR
36355662:ui OR 36367864:ui OR 36369415:ui OR 36435761:ui OR 36443664:ui
OR 36496355:ui OR 36560869:ui OR 36643058:ui OR 36646565:ui OR
36656092:ui OR 36682008:ui OR 36720648:ui OR 36808283:ui OR 36824386:ui
OR 36849475:ui OR 36888950:ui OR 36963013:ui OR 36993073:ui OR
36996857:ui OR 37069467:ui OR 37070543:ui OR 37223985:ui OR 37275695:ui
OR 37342482:ui)

Appendix A.5 Social Work Abstracts Search Strategy

Provider/Interface	EBSCOhost
Database	Social Work Abstracts
Date searched	June 22, 2023
Database update	June 22, 2023
Search developer(s)	Helena M. VonVille
Limit to English	Yes
Date Range	No limit by date
Publication Types	No limit by publication type
Search filter source	No search filter used

S1	<p>TI (sex reassignment procedures OR sex reassignment surgery OR "Transgender Persons" OR transsexualism OR gender change OR gender confirmation OR gender diverse OR gender nonconforming OR sex change OR sex reassignment OR trans man OR trans men OR trans woman OR trans women OR transgender* OR transman OR transmen OR transsexual OR transsexualism OR transsexuality OR transsexualism OR transsexuals OR transwoman OR transwomen) OR AB (sex reassignment procedures OR sex reassignment surgery OR "Transgender Persons" OR transsexualism OR gender change OR gender confirmation OR gender diverse OR gender nonconforming OR sex change OR sex reassignment OR trans man OR trans men OR trans woman OR trans women OR transgender* OR transman OR transmen OR transsexual OR transsexualism OR</p>
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	<p>transsexuality OR transsexualism OR transsexuals OR transwoman OR transwomen) OR SU (sex reassignment procedures OR sex reassignment surgery OR "Transgender Persons"OR transsexualism OR gender change OR gender confirmation OR gender diverse OR gender nonconforming OR sex change OR sex reassignment OR trans man OR trans men OR trans woman OR trans women OR transgender* OR transman OR transmen OR transsexual OR transsexualism OR transsexuality OR transsexualism OR transsexuals OR transwoman OR transwomen)</p>
S2	<p>TI ("Ill-Housed Persons" OR housing insecurity OR housing instability OR Ill Housed OR homeless* OR shelterless OR street people OR unhoused) OR AB ("Ill-Housed Persons" OR housing insecurity OR housing instability OR Ill Housed OR homeless* OR shelterless OR street people OR unhoused) OR SU (("Ill-Housed Persons" OR housing insecurity OR housing instability OR Ill Housed OR homeless* OR shelterless OR street people OR unhoused)</p>
S3	<p>S1 AND S2</p>

Appendix A.6 SocINDEX® Search Strategy

Provider/Interface	EbscoHOST
Database	SocINDEX
Date searched	June 22, 2023
Database update	June 22, 2023
Search developer(s)	Helena M. VonVille
Limit to English	Yes
Date Range	Citations (n=3) from pre-2006 were removed after the initial search
Publication Types	No limit by publication type
Search filter source	No search filter used

S1	<p>TI (sex reassignment procedures OR sex reassignment surgery OR "Transgender Persons" OR transsexualism OR gender change OR gender confirmation OR gender diverse OR gender nonconforming OR sex change OR sex reassignment OR trans man OR trans men OR trans woman OR trans women OR transgender* OR transman OR transmen OR transsexual OR transsexualism OR transsexuality OR transsexualism OR transsexuals OR transwoman OR transwomen) OR AB (sex reassignment procedures OR sex reassignment surgery OR "Transgender Persons" OR transsexualism OR gender change OR gender confirmation OR gender diverse OR gender nonconforming OR sex change OR sex reassignment OR trans man OR trans men OR trans woman OR trans women OR transgender* OR transman OR transmen OR transsexual OR transsexualism OR</p>
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	<p>transsexuality OR transsexualism OR transsexuals OR transwoman OR transwomen) OR SU (sex reassignment procedures OR sex reassignment surgery OR "Transgender Persons"OR transsexualism OR gender change OR gender confirmation OR gender diverse OR gender nonconforming OR sex change OR sex reassignment OR trans man OR trans men OR trans woman OR trans women OR transgender* OR transman OR transmen OR transsexual OR transsexualism OR transsexuality OR transsexualism OR transsexuals OR transwoman OR transwomen)</p>
S2	<p>TI ("Ill-Housed Persons" OR housing insecurity OR housing instability OR Ill Housed OR homeless* OR shelterless OR street people OR unhoused) OR AB ("Ill-Housed Persons" OR housing insecurity OR housing instability OR Ill Housed OR homeless* OR shelterless OR street people OR unhoused) OR SU (("Ill-Housed Persons" OR housing insecurity OR housing instability OR Ill Housed OR homeless* OR shelterless OR street people OR unhoused)</p>
S3	<p>S1 AND S2 Narrow by Language: - english Limit: Academic journals</p>

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