EXPERIENCES WITH SOCIAL SERVICES AMONG HOMELESS LGBTQ
YOUNG ADULTS

by

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A thesis submitted in partial fulfillment of the requirements

for the Honors in the Major Program in Sociology

in the College of Sciences

and in The Burnett Honors College

at the University of Central Florida

Orlando, Florida

Summer Term 2012

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ABSTRACT

The goal of this research is to explore what programs and services are being provided at various homeless shelters in the South Florida area that would appeal to homeless clients who self-identify as a member of the lesbian, gay, bisexual, transgender or queer/questioning (LGBTQ) community, if staff and faculty are trained on how to better address LGBTQ specific issues, how often staff receive LGBTQ sensitivity training, what demographic information is being recorded upon client intake and whether or not homeless LGBTQ young adults would feel safe using their facility when receiving social services. Data for this research was collected through brief, confidential telephone interviews with staff members at twenty-five various social service providers throughout the Palm Beach, Broward and Miami-Dade Counties of South Florida. Short interviews were also conducted with two major LGBTQ advocacy groups in Broward and Miami-Dade County.

As a result of completing my research, I have found that no shelters in Palm Beach, Broward and Miami-Dade County provide programs or services that are identified as LGBTQ-friendly. There are a few shelters that are affiliated with the local LGBTQ advocacy groups and will refer LGBTQ clients to these groups for services. Training on cultural diversity is required of all staff members of each social service provider, however in these cultural diversity training sessions, LGBTQ issues are just reviewed and not the main focus of the sessions. In addition to a lack of direct focus on LGBTQ specific issues, these training sessions are infrequent. This research also shows that social services are taking into account demographic information such as race and sex but not really focusing on sexual orientation or gender identity, leaving us with a severe lack of data on where this specific population is going to receive social services. My

findings imply that homeless LGBTQ young adults are very limited in where they can go to find LGBTQ-accepting services. Even though all the shelters that were interviewed claimed they did not discriminate against LGBTQ persons, they do not provide and are not affiliated with services or programs that are considered to be LGBTQ- accepting. Based on the research, shelters would rather have clients conform to their pre-existing structure rather than the shelters conforming to the specific needs of the clients.

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INTRODUCTION

Every culture around the world has its own ideal set of expectations that each member of society must abide by in order to maintain a stable social lifestyle. These expectations, also known as social norms, include a society's idea of what is considered the ideal family structure, the ideal religion, the unique ways of communication by means of art, drama, music and language, and even the ideal sexual orientation (O'Sullivan Oliveira and Burke, 2009). The functionalist perspective would suggest that in order to ensure a productive and stable society, a person must have been raised in nuclear family consisting of a breadwinning husband and a homemaker wife with a strong bond between their biological children (Kunz, 2011). In the functionalist perspective, persons who identify as lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ) are seen as deviant and detrimental to the ideal family structure, leaving them vulnerable to social discrimination and marginalization (Kunz, 2011).

While the majority of people have never felt the need to question whether they were male, female or straight, there is extensive cultural pressure to conform to a dichotomous model of gender (male, female) and the "right" way to love someone (heterosexuality). Some people, on the other hand, have spent a great deal of time and experienced great stress in trying to understand who they are and how they feel inside, while also struggling with the idea of having to tell their family, friends and peers about their non-conforming sexual or gender identity. The process of admitting to one's family or peer group their sexual or gender non-conforming identity can lead to many negative outcomes, including being kicked out of their homes, rejected by their own family, and suffering social isolation from their friends and peers (Mottet, JD, Ohle and JD 2006, Rosario, Schrimshaw and Hunter 2012).

Intolerance of the lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ) community does not just exist in the home but extends to primary and mental healthcare facilities, educational environments, places of employment, and even social services that are in fact designed to help this disenfranchised population. This research will explore: (1) the availability of programs and services offered at various social service providers in the South Florida area that would appeal to homeless clients who self-identify as a member of the lesbian, gay, bisexual, transgender or queer/questioning (LGBTQ) community; (2) whether or not the staff and faculty members of these social service providers receive training or education on how to better offer assistance with LGBTQ related issues; (3) how often the staff receives LGBTQ sensitivity training; (4) what demographic question are being recorded upon intake in order to collect more accurate data on where this specific population is going to receive their social services; and (5) if the social service providers feel as though they are providing a safe environment for homeless LGBTQ young adults. For this research, young adults are defined by individuals between the ages of 18-25 years old. LGBTQ-accepting services and programs are defined as environments that elicit a perception of openness and acceptance of an individual's sexual or gender identity and a place where these individuals can go to seek help without the looming fear of discrimination and victimization.

The gaps in previous research on homeless LGBTQ young adults are not only due to the fact that interest in this area is fairly recent, but also due to the difficulty in tracking down and surveying this specific group. This research will also contribute to the existing research on homeless LGBTQ young adults by taking into account what is being done at various homeless shelters in the Palm Beach, Broward and Miami-Dade Counties of South Florida. The goal of

this research is to encourage the education of resources and programs that provide a LGBTQ-accepting environment and proactive policies that keep homeless LGBTQ young adults safe when they are receiving social services from homeless shelters.

The literature looks at homelessness in reference to the homosexual community, citing recent statistics of homeless LGBTQ young adults and an overview of recent laws that are restricting homelessness in public urban areas. This emphasizes the many types of discrimination LGBTQ young adults face when living on the streets. It is also important to look at the reasons for homelessness in the LGBTQ community, such as family conflict; physical, verbal or sexual abuse; and either running away or being thrown out of their home because of their non-conforming sexual or gender identity.

Even though the LGBTQ community only consists of 3-5% of the general population, this topic is relevant because they are disproportionately represented among the homeless (Yu 2010). Once on the streets, LGBTQ young adults face a tremendous variety of social issues, including social isolation from peers, victimization in schools, discrimination in primary healthcare facilities, and exposure to an abundance of mental health issues, lack of employment and housing stability, drug and alcohol abuse, and risky sexual behavior (Rosario, Schrimshaw and Hunter 2012). Because of this, we need to make sure that those who are seeking help are receiving the best help they can get in a positive and non-judgmental atmosphere.

Perceived discrimination plays a definitive role in how homeless LGBTQ young adults access and experience social services. If LGBTQ young adults felt a certain service provider discriminated against them because of their non-conforming sexual or gender identity, they

probably will not seek services from that same provider or its affiliates again. Discrimination against LGBTQ young adults can lead to victimization within many social services such as shelters, social service providers and faith-based organizations.

Lastly, the literature review will explore positive social programs, defined in this paper as programs that promote LGBTQ-accepting policies and elicit perceptions of a secure and welcoming environment among LGBTQ young adults. The literature review will additionally review how they compare to other programs and shelters that don't promote LGBTQ-accepting policies and will also explore what can be done to create more LGBTQ-accepting environments, how faculty and volunteers can be trained to better address and handle LGBTQ related issues, and what proactive policies can be established to better provide a secure and safe environment for LGBTQ young adults who have nowhere else to go.

HOMELESSNESS WITHIN THE LGBTQ COMMUNITY

According to the Substance Abuse and Mental Health Services Administration (2009), at least 2-3% of people in the United States, or roughly between 5-8 million people, will experience at least one night of homelessness over a five year period (Spicer, Schwartz and Barber 2010). Also, data collected by the United States Department of Housing and Urban Development shows that although long-term homelessness is on the decline, the annual Point –In-Time Count, which is a "snap-shot" account for both sheltered and unsheltered homeless people on a single night, shows that the number of people experiencing homelessness on a single night throughout the US has increased from 643,067 in January 2009 to 649,879 in January 2010 (Sullivan, 2011).

Yu's (2010) study on the LGBTQ community finds that overall, the LGBTQ community makes up a mere 3-5% of the general population; however, LGBTQ young adults are disproportionately represented among the homeless, with up to as many as 35% of homeless young adults estimated to identify as lesbian, gay, bisexual, transgender, queer, or questioning. On top of that, one in five transgender persons are at risk or in need of shelter services (Spicer 2010). Although the research on the sexual and gender identity of homeless young adults is limited, we can see that alongside the difficulties of coming to terms with one's non-conforming sexual or gender identity, LGBTQ young adults are also at a high risk for experiencing homelessness.

Adolescence is a time of profound biopsychosocial development and at this point in one's growth, it is vital to feel a sense of acceptance and belonging from one's social network (O'Sullivan Oliveira and Burke 2009). We unfortunately live in a culture that gives rise to

homophobic and trans-phobic attitudes, leading to continued stigmatization and marginalization of those who identify as LGBTQ. Due to a severe lack of education and a reluctance to discuss issues regarding sexual or gender identity, many LGBTQ young adults often get the message that there is something wrong with them and these negative feelings and attitudes more often than not elicit feelings of not belonging and social isolation. Due to a disproportionate amount of LGBTQ young adults experience social isolation and a lack of acceptance from their family, friends, and peers they are more likely to take action in changing their social settings by running away (O'Sullivan Oliveira and Burke 2009). Adolescents who are feeling oppressed at home because of their non-conforming sexual or gender identity tend to romanticize the idea of running away from their unstable and hostile family environments to an urban environment where the lure of a more tolerant atmosphere is incredibly appealing (Spicer 2010). It is not until these socially oppressed teens are out on their own that reality strikes and they realize that housing is very expensive and they end up falling into poverty and homelessness, without safe supportive and affordable housing. Without a place to live, LGBTQ young adults are not able to access stable employment, further their education and properly cope with mental health issues thought to be related to the multiple forms of discrimination these teens face (Ray 2006). Accounting for the lack of services and resources available to the homeless, approximately 20% of all homeless individuals will struggle with long-term difficulty maintaining housing (Spicer 2010).

There are many paths that stem from unstable housing and homelessness, including poverty, medical and mental disability, legal problems, or lack of a social or family safety net (Spicer 2010). Issues concerning one's sexual orientation or gender identity are connected to several reasons for homelessness. According to a study by Rew, Whittaker, Taylor-Seehafer and

Smith (2005), more teens who identified as gay and lesbian reported that parental disapproval of their sexual orientation played a role in their current homeless state more than those who identify as bisexual. In a second study, Gattis (2009) reported that gay adolescent males were five times more likely than heterosexual males to have left home because of their sexuality. In his survey, another reason for leaving home as indicated by gay, lesbian and bisexual young adults was that they were enduring physical and sexual abuse at the hands of their parents or prominent adult figure in their life. On the other hand, more heterosexuals than gay, lesbian or bisexual participants reported they were homeless due to their parent's disapproval of their drug and alcohol abuse (Rew, Whittaker, Taylor-Seehafer and Smith 2005). Both of these studies emphasize the major role an individuals' non-conforming sexual and gender identity plays when it comes to experiencing homelessness.

RESTRICTING THE HOMELESS IN URBAN PUBLIC AREAS

Although the primary focus of this research is on LGBTQ young adults within the homeless community, there is no denying that aside from the issues that accompany non-conforming sexual or gender identities, homelessness has its own set of issues. In many urban areas across the nation, cities are increasing their efforts to keep the homeless out of public sight. As a result of the increase in laws and ordinances restricting the homeless in many urban public areas, homeless people are being pushed out of the downtown districts, forcing them to be a greater distance away from available services or thrown into the criminal justice system for violating petty "anti-homeless" laws and ordinances, further decreasing their chances of breaking away from life on the streets.

Laws against sleeping, eating, begging and sitting or lying down in certain parts of a town or city, along with selective enforcement of these laws, unjustly label people experiencing homelessness as criminals (National Law Center on Homelessness & Poverty 2011). According to the National Law Centers Report on Homelessness and Poverty (2011), criminalization of homelessness can occur in many ways, including selective enforcement of loitering, sleeping and sitting in public areas, along with enforcing laws that penalize individuals for begging or panhandling in efforts to drive the poor or homeless populations out of a city or a downtown area. The results of a survey conducted by the Law Center of 154 service providers, advocates, and people experiencing homelessness in 26 different states show that the issue of criminalizing the homeless population is a continuous and pervasive problem communities across the nation face. Of the respondents who reported being homeless, 55% received citations or were arrested

for camping/sleeping in public and 53% received citations or were arrested for panhandling (National Law Center on Homelessness & Poverty 2011).

Cities frequently use ordinances or public regulations as a means for criminalizing the behaviors associated with homelessness. Criminalizing the behaviors associated with homelessness stems from that fact that homelessness in public sight has been seen as a threat to the order of society, ever since owning private property began to dominate cultural norms. According to Amster (2003), "In the United States where a version of the Protestant Work Ethic is intimately connected to the national mythos of equal opportunity and free-market meritocracy, Americans as a result tend to heavily stigmatize poverty as an individual pathology rather than a structural phenomenon." Due to the fact that the homeless are inescapable from the public eye, and usually have "obvious" physical and verbal cues, they are most frequently subjected to more direct forms of official exclusion and public discrimination (Amster 2003). The idea that the homeless are dirty, smelly and diseased often leads the dominant culture to view the homeless individual as proverbial "street trash," which further demonizes them as economic outsiders, justifying the symbolic cleansing of the spaces they occupy by the enforcement of anti-homeless laws (Amster 2003).

A survey of 234 cities report that of these cities, 40% prohibit camping/sleeping in public areas, 56% percent prohibit loitering and 53% prohibit begging in particular public areas (National Law Center on Homelessness & Poverty 2011). Meanwhile, a sufficient majority of these cities who report restrictions and ordinances against behaviors associated with

homelessness lack adequate shelters, public bathrooms and free to low price storage options where those experiencing homelessness can store their personal belongings.

Criminalizing the behaviors associated with homelessness actually makes a potential solution to the problem harder to achieve. Research has shown that it is both more expensive to house someone in jail than in supportive housing and completely unproductive for the individual or society in the long term (Ray 2006). In terms of homeless young adults, it is especially more expensive to penalize them than it is to improve accessibility to the services they need (Ray 2006). If a homeless person ends up with a criminal record, it may be harder for him or her to qualify for certain benefits and faces difficulties in renting or finding permanent housing in the future (Ray 2006).

REASONS FOR HOMELESSNESS IN THE LGBTQ COMMUNITY

There are many reasons that lead young adults down the path to homelessness within the LGBTQ community, including family conflict; physical, verbal or sexual abuse; and either running away or being thrown out of their home because of their non-conforming sexual or gender identity. Extensive discrimination in the work and school environment increases LGBTQ young adults' risk of social isolation, lack of employment, educational interruption and ultimately homelessness (Yu 2010).

Exacerbating family conflicts and an unstable home environment are the most significant factors leading to homelessness, especially among the LGBTQ young adults community. Close to 26% of gay and lesbian young adults reported being forced to leave their homes due to familial conflicts regarding their sexual orientation, while countless others have prematurely left home as a result of their isolation, confusion and shame (Quinn 2002). Based on the results of another study, the rate of homelessness among LGBTQ young adults due to parental conflicts over a young adults' non-conforming sexual or gender identity can even be estimated to be as high 73% (Gattis 2009). In a survey conducted by Cochran, Stewart, Ginzler and Cauce (2002) consisting of 168 homeless young adults between the ages of 13-21, 59.9% of the participants reported leaving home because of family conflict and another 48.5% reported leaving home because of difficulties with a family member.

An increase in LGBTQ young adults being kicked out of their homes and having to live on the streets can also be related to the fact that recently, many LGBTQ young adults have been

disclosing their non-conforming sexual or gender identity otherwise known as "coming-out" at much earlier ages, with one recent report citing an average age of 13 years old (Ray 2006).

During adolescence, conformity to social norms can be so important in the process of social development. Developing a personal sense of sexuality at this stage in life development is probably the most confusing time for anyone, but for those who identify as homosexual, bisexual or transgender, they are at a high risk for being seen as deviant and therefore at higher risks of experiencing social isolation. "Coming-out" can elicit severe stress and anxiety to a person if they are unsure of how their audience will react. LGBTQ young adults run the risk of losing friends when coming out. If their peers react negatively to LGBTQ young adults, they are at a risk for physical abuse, social rejection and degradation.

Families that do not support a young adults' non-conforming sexual or gender identity may exert homophobia or trans-phobia in many forms, including physical or verbal abuse. Homophobia is the discrimination against those who identify as homosexual, while trans-phobia refers to the discrimination against transgender or transsexual individuals (Spicer 2010). Based on a survey conducted by Quinn (2002), of those reporting as LGBTQ who were female, 58% experienced victimization by means of physical and verbal attacks perpetrated by their mothers, 34% by their fathers, 25% by their brothers and 15% by their sisters. Whereas 30% of males who identified as LGBTQ reported victimization by their mothers, 23% by their fathers, 43% by their brothers and 15% by their sisters (Quinn 2002). In a study of a transitional living program serving sexual minority young adults, 50% of the young adults reported being victims of abuse, 32% reported experiencing sexual abuse by family members, and 50% reported experiencing

verbal or emotional abuse including homophobic and trans-phobic remarks (Gattis 2009). In Minnesota, one study of homeless young adults and those in the care of the child welfare system found that 35% of runaway young adults, 36% of throwaway young adults, and 56% of young adults in the state child welfare system experienced physical assault when they "came out" (Ray 2006). The term "throw-away" refers to those young adults who were forced to leave their home due to their conflicts over their non-conforming sexual or gender identity. As a result of experiencing such forms of abuse it is understandable that LGBTQ young adults are more likely to leave their unstable home environments to lead an independent life on the streets. Negative reactions to developing a non-conforming sexual or gender identity may result in running away or eviction, if the home becomes too stressful for either the child or the parent (Rasario, Schrimshaw and Hunter 2010). Lingering effects of physical, verbal or sexual abuse can lead LGBTQ young adults to experience an endless array of social issues including substance abuse, mental health issues, conflicts with the law, prostitution and much more.

SOCIAL ISSUES AMONG HOMELESS LGBTQ YOUNG ADULTS

Once on the streets, LGBTQ young adults face a tremendous variety of social issues including social isolation from peers, discrimination in schools, discrimination in primary healthcare facilities, and exposure to an abundance of mental health issues, lack of employment and housing stability, drug and alcohol abuse, and risky sexual behavior. The physical and verbal victimization LGBTQ young adults experience is not only associated with running away, but these young adults are at a higher risk for alcohol and substance abuse, including intravenous drug use, and risky sexual behavior, like prostitution or "survival sex." Survival sex is defined as exchanging sex in order to meet a person's individual need such as money, food, clothes, a place to stay or drugs (Ray 2006). LGBTQ young adults are also more prone to self-inflicted injury and attempting suicide (Yu 2010, Ray 2006). LGBTQ young adults are not just young people struggling with a non-conforming sexual or gender identity, they are at high risk for facing many debilitating social issues that stand in the way of them becoming productive members of society.

Social acceptance is vital during adolescence and when one's peers socially reject them based on their non-conforming sexual or gender identity, the young adults experiencing this isolation is at a higher risk for running away and developing an array of socially induced mental problems, like depression. A 2002 survey of 15-19 year old heterosexual males confirmed LGBTQ young adults fear of coming out, in that 89% of the teen males surveyed reported sexual activity between two men to be "disgusting" and 59% reported that they could not be friends with a gay person (Quinn 2002). Even though these resilient young individuals are rejected by their peers and family, it doesn't necessarily mean that they have given up on the idea of a

family. These young adults may form strong bonds with other individuals on the streets who may be involved in criminal or dangerous activities, but the sense of family is so important they may be willing to overlook these questionable activities. A sense of family and belonging provides young adults with social support needed to survive the danger, boredom, poverty, challenges and frustrations that coincide with living on the streets (O'Sullivan Oliveria and Burke 2009).

Schools are where the majority of American young adults socialize with peers of their own age and develop socially. Walls, Freedenthal and Wisneski (2008) referred to schools as "toxic" environments where LGBTQ young adults often experience harassment and victimization from other students and even some teachers and administrators. According to Gattis (2009), LGBTQ young adults reported having skipped school at least once out of concern for their safety. In many schools, the educational agendas tend to promote a heterocentric point of view and not include education on the diversity of sexual and gender identity; silence around this issue sends the message that identifying as LGBTQ is deviant from the norm (Quinn, 2002). If LGBTQ young adults are receiving this message in schools, it is very likely that the rest of the student body is receiving the same messages further perpetuating the cycle of discrimination.

An example of the anti-LGBTQ harassment experienced by LGBTQ students within a school setting can be seen through a 2005 study by The Gay, Lesbian and Straight Education Network of 1,732 students between the ages of 13 to 20 (Ray 2006). Of the students surveyed, 75.4 % reported frequently hearing remarks such as "faggot" or "dyke," while another 89.2% report hearing other students using derogatory phrases such as "that's so gay" or "you're so gay." Close to 65% of LGBTQ students reported feeling unsafe or being verbally harassed because of

their non-conforming sexual or gender identity (Ray 2006). Of the LGBTQ students who were victims of verbal or physical attacks, 58.6% never reported their harassment or assault to school officials; those who did report incidences of harassment rarely saw any kind of effective action taken by school officials (Ray 2006).

After experiencing discrimination and social isolation from family, friends and peers, insufficient attention to healthcare among homeless young adults is prevalent and related to many health risks that increase as the time of homelessness lengthens (Rew, Whittaker, Taylor-Seehafer and Smith 2005). This lack of attention to healthcare may be a result of fear of not being treated or treated in a poor manner due to homophobic or trans-phobic attitudes among healthcare personnel. In 2008, New York City Public Advocates collaborated with multiple agencies and came to the conclusion that healthcare in the United States was heterocentric. Thus, LGBTQ are less likely to seek medical care due to fear of a possible homophobic or trans-phobic environment (Spicer 2010). The majority of the individuals providing medical and psychiatric services to homeless young adults are usually not provided training or education in regards to the issues and needs of the LGBTQ young adults community (Spicer, Schwartz and Barber 2010).

Transgendered young adults are especially likely to receive the short end of the stick in reference to receiving medical services. Transgender young adults seeking medical attention more often than not experience maltreatment from judgmental and poorly informed medical providers. A lack of education among medical providers can result in utter failure to inform these young adults on important gender-appropriate screenings for life-threatening diseases such as breast or cervical cancer in female-to-male (FTM) patients and HIV infection in male-to-female

(MTF) individuals (Ray 2006). When medical service providers are lacking in education on appropriate hormone treatment and the risks associated with it, or transgendered young adults are not seeking medical attention, the ability to take advantage of safe hormone treatments is lost and transgendered young adults are more likely to turn to injectable hormones found on the streets. Injectable silicone is often administered at "pumping parties" which can cause disfigurement, liver damage, or put the user at an increased risk of heart attack or stroke (Spicer 2010). This self-administered injectable silicone is usually not medical grade and may contain dangerous contaminants; it is also often injected using a shared needle, further increasing the risk of HIV (Spicer 2010). The use of these hormones is very important to transgendered young adults who feel the need to physically transition to the gender they feel they belong to on the inside. However, the transgender population is continuously denied hormone treatment through private insurance, Medicaid and other health care systems (Ray 2006).

According to the U.S. Department of Health and Human Services, the fact that LGBTQ young adults live in "a society that discriminates against and stigmatizes homosexuals" makes them more vulnerable to mental health issues than heterosexual young adults, especially those who are homeless or are experiencing out-of-home care (Ray 2006). High rates of discrimination faced by LGBTQ young adults has led many individuals to experience depression, which can either be externalized in the forms of anger or aggression or internalized in the forms of self-hatred, depression, and even psychosis (Cochran, Stewart, Ginzler and Cauce 2002). Internalized depression leading to self-hatred among LGBTQ young adults is often due to a conservative religious upbringing, along with what they have been brought up to believe about sexual or gender non-conformity (Quinn 2002). Sexual and gender minorities are more likely to seek out

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psychiatric care for emotional disturbances, severe depression and attempting suicide than their heterosexual counterparts (Gattis 2009). LGBTQ young adults tend to report higher levels of depressive symptoms, psychopathology, with-drawn behavior and somatic complaints more so as a result of living in a homophobic and trans-phobic society as opposed to one's personal inclination to depressive symptoms (Cochran, Stewart, Ginzler and Cauce 2002).

The internalization of depression, a poor self-concept and identity issues experienced among LGBTQ young adults lead to increased risk for attempting suicide and self-injury. The risk for suicide ideation significantly increases after an LGBTQ young adults runs away or is thrown out of their home. Overall, LGBTQ young adults are 2-3 times more likely to attempt suicide than their heterosexual counterparts (Quinn 2002). Recently, studies using large, random and representative samples show that 25 - 35% of sexual minority young adults reported a suicide attempt, as compared to 9- 13% of heterosexual young adults attempting suicide (Walls, Freedenthal and Wisneski 2008). In reference to those young adults who identify as transgender, The National Coalition for LGBT Mental Health found that suicidal ideation rates are as high as 64% and suicide attempt rates are as high as 16-37% (Spicer 2010). There are many factors that increase a young adults' risk for attempting suicide, such as depression, substance abuse, poor familial relationships, physical or sexual abuse, disruptive behavior disorders and much more. Feeling hopeless or a sense of hopelessness can also have a considerable effect in whether LGBTQ young adults contemplate or attempt suicide. In a survey conducted by Walls, Freedenthal and Wisneski (2008), of 142 young adults between the ages of 14-21 who received services from an LGBTQ shelter in Colorado, young adults who report being hopeless were

more than nine times as likely to report thoughts of suicide and almost five times as likely to report a suicide attempt.

In order for some LGBTQ young adults to cope with the turmoil of homelessness and the psychological stress and social stigma they carry due to their non-conforming sexual and gender identity, they often will use drugs and alcohol frequently, using more types of drugs when compared to their heterosexual counterparts (Rasario, Schrimshaw and Hunter 2010). Rasario, Schrimshaw and Hunter (2010) also found that LGBTQ runaway or throw-away young adults indicated that first time experiences with drugs or alcohol occurred at an earlier age than young adults who were not homeless. Most of these first experiences with drugs and alcohol coincide with a young adults' first experience of homelessness. Based on these results, it is reasonable to believe that substance abuse is more likely a result of homelessness, rather than a cause.

When looking at the types of drugs homeless LGBTQ young adults are using and how often they are using them, Cochran, Stewart, Ginzler and Cauce (2002) determined that besides marijuana, sexual and gender minority young adults had used crack/cocaine, crack mixed with amphetamines, and speed or crystal methamphetamines more frequently than heterosexuals. In research conducted by Gattis (2009), injection drug use was significantly more common in sexual and gender minority young adults. Thoughts of suicide, self-mutilating behavior, poor self-image, and risky sexual behavior are all associated with drug and alcohol abuse (Gattis 2009).

For many homeless LGBTQ young adults, a history of physical or sexual abuse, a poor self image, or recreational drug use can lead to risky sexual behavior such as multiple sex partners, prostitution, unprotected sex, and partaking in "survival sex." Survival sex is defined as

exchanging sex in order to meet a person's individual need such as money, food, clothes, a place to stay or drugs (Ray 2006). Survival sex and prostitution among homeless LGBTQ young adults means a way to make money or meet basic needs, but at what cost? Any homeless young adults putting themselves in a situation where they need to exchange sex for basic needs or money put themselves at extremely high risk of physical and mental health risks, not to mention the high risk of sexually transmitted infections like Chlamydia, gonorrhea, hepatitis and HIV/AIDS (O'Sullivan Oliveria and Burke 2009). Due to the fact that these young adults are in such a vulnerable position, it is often likely that they will have a harder time negotiating using a condom with a partner (Ray 2006). In regards to promiscuity and unprotected sex, Gattis (2009) found that homeless sexual and gender minority young adults were more likely to report unprotected anal sex, higher numbers of sexual partners, sex with persons known to be HIV-positive, sex while high on drugs, exchanging sex for money, sex with injection drug users, and injection drug use than their heterosexual counterparts (Gattis 2009).

DISCRIMINATION

Homeless LGBTQ young adults seeking shelter, placement within the foster care system, or help from other social services face discrimination and victimization in these settings. In many cities, faith-based organizations, where staff is unsupportive of LGBTQ young adults, operate a sizable proportion of shelter beds available and social services provided for the homeless (Yu 2010). Young adults who identify as LGBTQ face discrimination everywhere they go, from their surrounding peers to the institutions and shelters they are attempting to seek help from. All homeless young adults identifying as LGBTQ have sexual or gender specific issues that need to be addressed, but many of these issues are often misunderstood by social service providers, which can lead to discrimination and leaves these young adults vulnerable to victimization (Mottet, JD, Ohle and JD 2006). Types of victimization homeless LGBTQ young adults experience include multiple forms of verbal or physical assault, rape, and robbery (Ray 2006). Based on research by Cochran, Stewart, Ginzler and Cauce (2002), LGBTQ young adults are 7.4 times more likely to be sexually victimized on the streets than straight young adults. To further break down the types of victimization LGBTQ young adults are experiencing on the streets, The National Gay and Lesbian Task Force mentions one study of 272 homeless identifying as LGBTQ in Seattle. Of the respondents, 35% reported having been beaten up at least once, 39% reported they have been robbed and 44% claimed to have been threatened with some kind of weapon while on the living on the streets (Ray 2006). The study also mentions that 31% of the females and 13% of the males surveyed reported having been sexually assaulted (Ray 2006).

The scarcity of LGBTQ-affirmative services, along with the underlying or sometimes even blatant discrimination found at social service facilities, often increases the dangers associated with homelessness for sexual and gender minorities beyond that of the general population (Yu 2010). In 2002, there were five LGBTQ-affirmative shelters for sexual minority young adults; in 2007, there were only 25 nationwide (Gattis 2009). It is known that some LGBTQ young adults have even been turned away from shelters based solely on the claim that they cannot ensure the young adults safety (Yu 2010). Lesbian, gay and bisexuals reported verbal or physical attacks at many shelters, and although not yet studied, it is reasonable to assume that transgendered or queer/ questioning young adults may experience even greater difficulties within the shelter system. The majority of homeless and emergency shelter systems in the United States are segregated by one's biological sex, with little to no flexibility in the matter (Mottet, JD, Ohle and JD 2006). Gender specific dress codes, communal bathrooms, combined with a lack of education, training and even respect from the staff or other residents can also create many barriers to transgender or queer/questioning young adults within the shelter system (Spicer 2010). Because of the strict dichotomous model of gender, homeless transgendered young adults are often turned away from all-women or all-men shelters, forcing them to stay on the streets, and thus increasing their vulnerability to violence (Spicer, Schwartz and Barber 2010).

Most shelters or out-of-home care systems are not doing enough to provide safe and secure environments for LGBTQ young adults. Gattis (2009) provides a perfect example of how in New York over 60% of shelter beds for homeless young adults are provided by Covenant House, a facility where LGBTQ young adults report having been threatened, belittled and abused by staff and other young adults because of their sexual orientation or gender identity (Gattis

2009). Failing to acknowledge and honor how a person self-identifies can create a cold and unsafe environment for those with non-conforming sexual or gender identities (Mottet, JD, Ohle and JD 2006).

When homeless LGBTQ young adults leave home because they were rejected by their family and peers and do not feel safe within the settings of home or school, they have nowhere else to go but the streets and are therefore left dependent on social services. The dependence on social services by the homeless LGBTQ young adult's population puts the role of their social worker as their last line of defense for protection (Quinn 2002). Homophobic and trans-phobic attitudes among child welfare workers limit the adequate services received by homeless LGBTQ young adults. A systematic problem within the child welfare department and other programs providing social services is the utter lack of training and education about non-conforming sexual or gender identity issues. Most places do not mandate training or educational course on how to deal with LGBTQ specific issues and do not offer this kind of information as part of the initial training process (Quinn 2002). A survey by Quinn (2002) of a northeastern child welfare department revealed that LGBTQ young adults are not receiving the proper services they need due to homophobic and trans-phobic attitudes among the workers. A lack of education and training on LGBTQ specific issues contributes to 33% of the workers reporting beliefs based on myths and stereotypes about gay, lesbian, bisexual, transgender and questioning people (Quinn 2002). Another 45% of the workers surveyed reported they were unaware of the community resources available for LGBTQ young adults, which can have obvious negative effects on how they manage their cases (Quinn 2002).

Since the federal government initiated the original Runaway Youth Act in 1974, there have been various articles of legislation addressing the issue of youth and young adult homelessness. The most recent article of legislation, the Runaway, Homeless and Missing Children Protection Act, was signed into law by President George W. Bush in 2003 (Ray 2006). Among some of the most important provisions of the Runaway, Homeless and Missing Children Protection Act are programs that designate money to homeless youth and young adult services. Although the law does not designate funding to LGBTQ-specific shelters, some funds have been awarded to programs that work exclusively with LGBTQ young adults (Ray 2006). However, homeless youth and young adult programs are grossly underfunded, which is contributing to the shortage of available spaces for young adults who need help. This severe underfunding has led the National Gay and Lesbian Task Force to estimate that in 2004, more than 2,500 LGBTQ young adults who were eligible for transitional housing where helpful services like family reunification and emergency shelters are provided were denied services due to lack of capacity (Ray 2006).

More and more cities across the nation have seen an influx in Faith-Based Organizations providing social services to those in need. In fact, President George W. Bush issued an executive order permitting federal funding for faith-based organizations to provide social services in 2002, while simultaneously granting them permission to retain their religiously-based missions (Ray 2006). However, according to The National Gay and Lesbian Task Force, even though faith-based organizations are receiving federal funding for providing homeless services, funding for homeless young adults services has not increased (Ray 2006). Since LGBTQ-affirmative homeless shelters are outrageously underfunded and there has been an overall increase in faith-

based organizations providing social services (Ray 2006). LGBTQ young adults are left with limited options when seeking out social services they feel would be safe and nurturing. Numerous faith-based providers have clearly expressed their anti-LGBTQ attitudes by means of legal opposition to social equality for LGBTQ people (Ray 2006). If an organization providing social services truly believes that homosexuality is wrong, then that organization, including its leaders, staff and volunteers, are likely to not respect the sexual or gender identity of someone who identifies as LGBTQ, exposing LGBTQ young adults to additional discriminatory treatment (Ray 2006). Discriminatory treatment of LGBTQ young adults seeking social services provided by faith-based organizations may include "conversion therapies," which are designed to convert the young adults' sexual orientation or other religiously-grounded counseling (Ray 2006).

However, more recently an increase of religious and spiritual organizations are identifying as ''welcoming and affirming'' as a way of letting LGBTQ individuals know they are welcome and will not be condemned for their non conforming sexual or gender identity or their decision to be sexually active (Crisp and McCave 2007). Such organizations include: Integrity, an Episcopal organization; Dignity, a Catholic organization; Affirmation, a Mormon organization; and The World Congress of Gay, Lesbian, Bisexual, and Transgender Jews, a Jewish organization (Crisp and McCave 2007).

POSITIVE SOCIAL PROGRAMS

LGBTQ-Accepting Social Programs

If proactive measures could be taken before a young adult runs away or is thrown out, there might be a better potential to avoid the undesirable outcomes associated with the social stigma of identifying as LGBTQ and as homeless. Unfortunately, a proactive approach is rarely taken and instead a reactive approach is taken, perpetuating discrimination and victimization among homeless LGBTQ young adults.

Homeless LGBTQ youth are in dire need for positive proactive social programs that promote a non-judgmental and accepting atmosphere where they can go to feel safe. Social service providers are in desperate need of education and training on LGBTQ young adults specific issues in order to first reduce discrimination and victimization and second, increase the knowledge of resources available to LGBTQ young adults. It is important for service providers to take a step in the right direction and allow for better access to primary and mental healthcare services, including screening for STIs, easy access to condoms and birth control, drug interventions, and family counseling for LGBTQ young adults (O'Sullivan Oliveria and Burke 2009). Even though many programs providing services to the homeless have been reported to elicit anti-LGBTQ attitudes, there are positive social programs that have been established to reach out and provide services to homeless LGBTQ young adults.

In South Florida there is a limited selection of positive LGBTQ-friendly social service facilities that aim to provide a safe and open-minded environment for homeless LGBTQ young adults. The major LGBTQ-friendly social service facilities in South Florida include Compass of West Palm Beach, Sunserve of Broward County, and the Alliance for GLBTQ Youth of Miami-

Dade. These social service facilities offer an array of LGBTQ specific counseling, support services, and a safe place where LGBTQ young adults on the streets can seek shelter.

The Importance of Training and Education on the Needs of LGBTQ Clients

What sets positive social programs aside from organizations that elicit anti-LGBTQ attitudes is cultural competency education regarding sexual orientation and gender identity, which is vital in ensuring a safe a secure environment for homeless LGBTQ young adults. Recently, gay-affirmative practices have been presented as a model for providing culturally competent services to homeless LGBTQ young adults (Crisp and McCave 2007). Gay-affirmative practices are intended to affirm a LGBTQ young adult's gender or sexual identity as an equally positive human experience as well as provide a set of guidelines for treating LGBTQ young adults in a culturally competent manner (Crisp and McCave 2007). Some models that promote gay-affirmative practices include the Strengths Perspective and the Cultural Competency model (Crisp and McCave 2007).

The Strengths Perspective addresses the positive strengths that make LGBTQ young adults so resilient. Gay-affirmative social service providers use the strength perspective when supporting a LGBTQ young adult's self-determination in regards to their sexual or gender identity. The Strength Perspective also focuses on LGBTQ young adults' health, versus pathologies, treating LGBTQ young adults as just as healthy as their heterosexual counterparts (Crisp and McCave 2007). Lastly, this model works with LGBTQ young adults in examining the challenges caused by homophobic and trans-phobic attitudes and how it influences their lives and the decisions they make, as well as how to overcome these issues.

The Cultural Competency model suggests that with such diverse client populations, social service providers should have a specific knowledge base, set of attitudes, and skill base for any given population (Crisp and McCave 2007). Gay-affirmative practices are a form of cultural competency, similar to being culturally sensitive when working with racial and ethnic minorities. When providing culturally competent services to homeless LGBTQ young adults, social service providers are encouraged to learn and obtain information on the demographics and diversity of the population at hand; the terminology homeless LGBTQ young adults use; the symbols, historical dates, and contemporary figures of LGBTQ culture; experiences with oppression; policies that impact homeless LGBTQ young adults; community resources available; and culturally sensitive practice models (Crisp and McCave 2007).

It is important for social service providers to realize that homeless LGBTQ young adults are a very diverse group and no one person personifies the entire homeless LGBTQ young adult community (Crisp and McCave 2007). In order for social service providers to help validate these young adults' non-conforming sexual or gender identity, gay-affirmative practices would suggest that social service providers should use affirming and gender neutral terminology and avoid offensive terms. Social service providers who use gay-affirmative terms portray a sense of comfort and safety for the young adults seeking help (Crisp and McCave 2007).

Since LGBTQ young adults live in a society where they are marginalized and discriminated against, social service providers must learn about the many ways in which LGBTQ young adults have been subjected to oppression throughout their lives. Even though there are federal laws restricting discrimination against a person based on their sexual or gender identity, many LGBTQ young adults experience various forms of harassment and discrimination (Crisp

and McCave 2007). Due to the fact that some policies may affect or even neglect the unique needs of LGBTQ young adults, it is important for social service providers to be aware of community resources available to homeless LGBTQ young adults, such as young adults groups or gay-straight alliances (Crisp and McCave 2007). The National Young adults Advocacy Coalition and the Gay, Lesbian and Straight Education Network are two community resources available to LGBTQ young adults, which have lists of many programs for LGBTQ young adults that can be easily searched on the internet (Crisp and McCave 2007). Parents, Families & Friends of Lesbians & Gays also provide a list of organizations that support LGBTQ young adults, as well as providing information about various organizations that young adults and their family members should avoid because of their anti-gay positions (Crisp and McCave 2007).

Social service providers working with young adults should be advised to develop the skills that will provide support to LGBTQ young adults. These skills include creating safe environments for LGBTQ young adults; avoid assuming LGBTQ young adults' sexual orientation by using gender neutral terminology; help young adults work through the process of coming out, as well as treating the present challenge the LGBTQ young adults are currently facing and to not focus on their gender identity or sexual orientation (Crisp and McCave 2007). Other skills vital to social service providers creating a gay-affirming environments include working with family members to accept LGBTQ young adults and support their identities; refer young adults to gay-affirmative resources; address the negative feelings about LGBTQ young adults and work to address these feelings and engage in ongoing training and education on LGBTQ issues (Crisp and McCave 2007).

Education can have such a profound impact on LGBTQ young adults by means of the quality of services they receive, building self-esteem, and supporting the relationships between estranged family members or friends. It is imperative that education and training on LGBTQ-specific issues be made mandatory for organizations providing social services. Gay-affirmative practices are ideal in its ability to provide social work to LGBTQ young adults because the model offers many positives, including: a focus on affirming young adults' sexual and gender identities; empowering LGBTQ young adults; supporting young adults in identifying as whatever way they feel comfortable with; supporting young adults when facing the challenges of homophobic forces in their lives; addressing problems of homophobia and discrimination that LGBTQ young adults experience; and the ability to be used in the variety of settings (Crisp and McCave 2007).

Since we live in a society that stigmatizes homeless LGBTQ young adults based off something that is out of their control, awareness and openness to issues regarding these young adults is vital. Educational campaigns encouraging these young adults to seek help, and non-judgmental counseling services can help to sensitize family members and peers to the many difficulties LGBTQ young adults face (Rasario, Schrimshaw and Hunter 2010). Education on sexual orientation and gender identity provides LGBTQ young adults with the coping skills and resources needed to continue their education, stay at home, and better deal with stress caused from negative home environments (Rasario, Schrimshaw and Hunter 2010).

RESEARCH QUESTIONS

- What services and programs are South Florida social service providers providing or affiliated with that would appeal to clients who self-identify as LGBTQ ?

- Does the staff of South Florida social service providers receive training or education of resources in order to better serve the needs of the LGBTQ clients they serve?

- How often are staff members of South Florida social service providers trained on how to better address LGBTQ specific issues and resources available to this specific population?

- Are social service providers asking the demographic questions they need to ask in order to better identity and serve the homeless LGBTQ young adult population?

METHODOLOGY

Originally there were two goals of this research, the first goal was to contact social service providers in the South Florida area and conduct a brief and confidential qualitative interview about the services and programs they provide at their facility that would better serve clients who self-identify as LGBTQ, if the staff receives any training or education on LGBTQ specific issues, how often they receive LGBTQ sensitivity training, what demographic question are being recorded upon intake and whether or not LGBTQ clients would feel safe at their facility. The second goal of this research was to conduct qualitative interviews with homeless LGBTQ young adults on their experiences of being homeless, their experiences within the social service system and whether or not they felt their non-conforming sexual or gender identity played a role in their experiences.

In hopes of being able to locate a shelter where I would be able to conduct interviews with homeless LGBTQ young adults, I traveled from the University of Central Florida in Orlando to Hollywood, Florida. Due to the limited time and the rapid pace of the summer semester I only had one week to attempt to locate shelters where homeless LGBTQ young adults between the ages of 18-25 years old tend to congregate and that would allow me to visit and conduct interviews with them. I spent the entire week in South Florida attempting to call the 60 emergency and transitional shelter and residential rehabilitation center listed in the Directory of Service Providers Assisting the Homeless in Florida provided by the Florida Coalition for the Homeless.

Unfortunately, not one emergency and transitional shelter or residential rehabilitation center claimed they had any clients that met my requirements or they did not have enough clients who met my requirements for me to conduct interviews. Since my time to conduct interviews was so short I had to take a step back and redirect the focus of my research from the clients perspective of the social service system to what is being done at the various social service providers in the South Florida area that would appeal to LGBTQ clients. While disappointed with not being able to conduct qualitative interviews with any homeless LGBTQ young adults, I was able to interview representatives from the Alliance for GLBTQ Youth of Miami-Dade County and Sunserve of Broward County.

Ultimately, the qualitative data for this research was collected through brief telephone interviews with various emergency and transitional shelters and residential rehabilitation centers throughout the Palm Beach County, Broward County and Miami-Dade County areas. The focus of the confidential and voluntary telephone interviews consisted of what programs and services were provided at each facility that would appeal to clients who self-identify as LGBTQ, whether or not the staff receives training or education on how to better address LGBTQ specific issues, how often the staff receives LGBTQ sensitivity training, what demographic questions are recorded upon intake and whether or not they felt LGBTQ clients would feel safe using their facility. The interviews with the Alliance of GLBTQ Youth and Sunserve focused on their relationship and involvement with the local shelters and social service providers, I was unable to reach a representative from Compass of West Palm Beach. The websites for these advocacy groups were reviewed in order to gain knowledge and a better understanding of the services and programs that are offered to LGBTQ clients.

All interviews were recorded using a pen and paper. Out of the 60 emergency and transitional shelters and residential rehabilitation centers listed in Palm Beach, Broward and Miami-Dade Counties I was able to conduct interviews with 25. I left messages with my name, number and a brief explanation of my research with those I was unable to reach, 27 of the agencies never called me back and 8 agencies decided to not participate in the interviews. The information gathered from the interviews was compiled and analyzed for themes.

In this study, the methodology of grounded theory was applied. I developed an investigative research study focusing on the experiences with social services among homeless LGBTQ young adults and continually used a comparative approach when analyzing my data. Grounded Theory is defined as a systematic qualitative strategy of inquiry in which the researcher derives a general, abstract theory of process, action, or interaction grounded in the views of participants in a study, unlike traditional research designs which tend to rely on a literature review to draw a hypothesis (Ke & Wenglensky 2010). Grounded theory investigates the actualities in the real world and analyses the data without a hypothesis (Ke & Wenglensky 2010).

RESULTS

Review of Interviews

Each service provider listed as an emergency and transitional shelter or residential rehabilitation center on the Directory of Service Providers Assisting the Homeless in Florida provided by the Florida Coalition for the Homeless were called and asked to participate in a brief and confidential interview about the services and programs they provide to their clients (n=60). The telephone interview focused on what services and programs the facility offers or is affiliated with that would appeal to homeless clients who self identify as a member of the LGBTQ community, whether or not the staff received any training or education on how to better address LGBTQ specific issues, how often the staff received LGBTQ sensitivity training, what demographic information is being recorded upon a clients intake and whether or not the staff member felt that clients who identify as LGBTQ would feel safe receiving services from their facility.

In regards to the first question of the interview ("What services/programs do you provide or are affiliated with that would appeal to clients who self-identify as LGBTQ at this facility?") not one single emergency and transitional shelter or residential rehabilitation center I spoke to offers any specific programs or services considered to be LGBTQ-friendly. However, each representative from all the shelters was adamant on making it clear that they did not discriminate against those who identify as LGBTQ and members of the LGBTQ population were welcome to use any of the services they provided at their facility including counseling, substance abuse treatment, shelter services and mental health care. Of those 25 emergency and transitional

shelters and residential rehabilitation centers that were interviewed throughout the South Florida area, not one facility provided any programs or services that are considered to be LGBTQ-accepting. Out of those 25 service providers, 9 facilities had knowledge or were affiliated with their local LGBTQ advocacy group including Compass, Sunserve and the Alliance for GLBTQ Youth.

The second question of the interview (Does the staff receive training or education of resources in order to better serve the needs of the LGBTQ clients they serve?) revealed that 22 agencies state that they receive training and education relating to LGBTQ specific issues. However, the training and educational seminars that are being conducted for social service providers are titled as Cultural Diversity training, where issues regarding gender identity and sexual orientation are reviewed among many other topics relating to diversity. Fourteen out of the twenty-two agencies claim they receive training and education on cultural diversity and not training and education specifically on LGBTQ issues. At one shelter that was interviewed, the representative stated that although cultural diversity training and education was required, training and education on LGBTQ specific issues was only voluntary. Eight out of the twenty-two agencies do, however, claim they receive training and education specifically directed at LGBTQ related issues. Training and education sessions are conducted by various community service organizations and local LGBTQ advocacy groups. Three agencies stated that they did not receive any training or education at all in regards to LGBTQ related issues.

When the third interview question is taken into account, ("How often does the staff receive training or education on LGBTQ specific issues?) the majority of shelters who receive

training and education either specifically on LGBTQ related issues or on general cultural diversity, receive this training and education annually or just a few times throughout the year. The remainder of service providers receives training and education on LGBTQ specific issues only on a need to need bases, basically meaning that the service providers only receive training on LGBTQ specific issues when they ask for training or if a negative situation involving a client who identifies as LGBTQ should occur and staff members need help in addressing the negative situation.

The fourth question of the interview focused on what demographic information is being collected and recorded upon a client's intake. During this portion of the telephone interview, the representatives from each participating service provider was asked if they collected demographic information such as race, sex, gender and sexual orientation upon a client's intake. All but two service providers collected demographic information. Of the remaining 22 service providers, all collected demographic information relating to race, sex and gender. When referring to the demographic information relating to a client's sex or gender the majority of shelters seemed to use the term interchangeably. Only three shelters asked for demographic information on a client's race, biological sex, gender and their sexual orientation. One service provider stated that asking a client's sexual orientation is not required by the state and therefore they do not ask.

The final question of the interview asked whether or not the representative from the social service provider felt that clients who self-identify as a member of the LGBTQ community would feel safe receiving services from their facility. The overwhelming majority of representatives felt that LGBTQ clients would indeed feel safe receiving services from their

facility. Two service provider representatives said yes, clients would feel safe receiving services from their facility but were hesitant in doing so giving statements such as "I would certainly hope so" and "I don't see why not." There was one service provider however that said clients who identify as LGBTQ would feel safe receiving services from that facility but in a very unconvincing way stating "Sure, I can't say how they feel but I feel safe here and I'm heterosexual" which was followed by a short rant before I cut him off and wished him a nice day. Only one shelter addressed the issues of allowing transgendered individuals to dress according to their gender and not biological sex as well as accommodating those in need of private rooms or showers while on the other hand two shelters made it a point to state that transgendered individuals must dress according to their biological sex or the sex that is stated on their state issued ID cards.

I was also able to conduct interviews with representatives from LGBTQ advocacy groups Sunserve of Broward County and the Alliance for GLBTQ Youth of Miami-Dade County. The focus of these interviews was to gather information on the relationship the advocacy groups have with the local South Florida shelters. The representative I spoke to from Sunserve of Broward County informed me that little is being done for homeless LGBTQ clients throughout the social services system in South Florida. In Broward there are no shelters for LGBTQ young adults and only one youth program who takes in youth and young adults who identify as LGBTQ. Due to the lack of youth shelters LGBTQ youth and young adults are not safe to attend mainstream shelters. According to the representative from Sunserve the lack of training and education and the structure of the system does not provide enough safety for LGBTQ young adults. Local

shelters are not known for turning away LGBTQ clients but are known by local advocacy groups and clients for being unsupportive.

Sunserve has very few active relationships with local shelters but the majority of homeless LGBTQ young adults are referred to by other service providers to Sunserve. Basically, clients are seeking services from Sunserve after having come from other shelters first, rather than seeking the services from Sunserve first before finding a shelter. Sunserve does, however, work closely with Broward County's Women in Distress which is known to have Sunserve occasionally visit their shelter for consulting but only on a need to need basis. Based on the information given to me by the representative I spoke to at Sunserve, training and education on LGBTQ related issues for service providers are few and far between. It is the goal of Sunserve to eventually conduct a needs assessment of homeless LGBTQ youth, making it a requirement that all social service provider employees are LGBTQ certified as well as creating a youth drop in center.

The second advocacy group I spoke to was the Alliance for GLBTQ Youth of Miami-Dade County. The Alliance works with other LGBTQ advocacy groups in Miami-Dade County including PrideLines, The Yes Institute and Safe Schools of South Florida to promote advocacy, training and education on LGBTQ related issues within the community. The representative I spoke to from the Alliance emphasized that not only is there not really any safe place for homeless LGBTQ young adults to go to receive services, but also there is no solid tracking data because service providers are not collecting the demographic information that is needed in order to comprise statistically accurate data about where homeless LGBTQ young adults are seeking

social services. Youth shelters in Miami-Dade County are limited and do not provide an environment that is conducive to the needs of homeless LGBTQ young adults.

The Alliance for GLBTQ Youth has few relationships with the various local service providers but is known to have strong ties with the Miami-Bridge, an emergency shelter service for youths and runaways. According to the representative from the Alliance that was interviewed, no shelters in Miami-Dade County provide programs and services that are considered to be LGBTQ-accepting and since the number of youth shelters are limited, homeless LGBTQ youth and young adults are left to receive services from adult shelters where the environment can be dangerous and unsupportive.

Review of Advocacy Groups

In South Florida there is a limited selection of positive LGBTQ-accepting social service facilities that aim to provide a safe and open minded environment for homeless LGBTQ young adults. The major LGBTQ-accepting social service facilities in South Florida include Compass of West Palm Beach, Sunserve of Broward County and the Alliance for GLBTQ Youth of Miami-Dade. These social service facilities offer an array of LGBTQ specific counseling, support services and a safe place where LGBTQ young adults on the streets can go to seek shelter. The websites for these South Florida advocacy groups were reviewed in order to obtain information on what LGBTQ-accepting programs and services are offered to clients seeking assistance.

Compass of West Palm Beach is not only the largest gay and lesbian community center in Florida, but also the largest gay and lesbian community center in the Southeastern United States

(Compass, Inc 2012). Over 25,000 individuals utilize the facility Compass provides and more than 17,000 referrals are fielded by hundreds of community center volunteers each year (Compass, Inc 2012). Throughout the year, Compass hosts a variety of events in order to promote pride, a sense of community and a positive portrayal of LGBTQ youth and adults (Compass, Inc 2012).

The programs provided by Compass include The HOPE Youth Group, HOPE Mentoring Program and New Alternatives Social Group. Compass is home to over 20 professional and peer-led therapeutic, support, social, discussion and health related groups (Compass, Inc 2012). The HOPE Youth Group is funded through the Children's Services Council of Palm Beach County. The HOPE Youth Group is open for children between the ages of 6-17 and focuses on youth who are facing sexual or gender identity issues among themselves or with loved ones (Compass, Inc 2012). This group aims to offer a safe, non-judgmental environment free of discrimination and harassment, and encourages education and empowerment among such a vulnerable population (Compass, Inc 2012). In group meetings, discussions range from a variety of topics such as LGBTQ history and communication skills, as well as current issues (Compass, Inc 2012). The HOPE Youth Group also arranges social nights where group members can play games and watch movies (Compass, Inc 2012).

The HOPE Mentoring program arranges pairings between the mentees who are between the ages of 10-17 years old, who are facing sexual or gender identity issues, and mentors, who are young adults over the age of 22 (Compass, Inc 2012). Pairs are matched by Compass staff members based on similarities, the specific needs of the mentee and the qualifications of the

mentor (Compass, Inc 2012). Compass provides many activities and opportunities for mentors and mentees to engage in fun activities or even just hang out and talk.

New Alternatives Social Group is a social group for LGBTQ young adults between the ages of 18-27. New Alternatives provides LGBTQ young adults a safe place to meet and mingle outside the bar scene and also acts as a great way for LGBTQ young adults to engage in social networking (Compass, Inc 2012). Compass provides an abundance of social, support and health groups to LGBTQ young adults looking for a place to feel secure and accepted. The social programs provided by Compass include Book Club; "Brothasspeak", a discussion group dedicated to issues relating to black gay men; and Living Buddhism, a discussion group dedicated to achieving happiness and overcoming obstacles (Compass, Inc 2012).

Support groups offered by Compass include CODA, which is a twelve step study program for LGBTQ fellowship with a common purpose; Coming Out, which is an all ages coming-out support group; Good Orderly AA and Sober Sisters AA, which are support groups dedicated to those overcoming alcoholism and the PBC Gender Support, which is a support group for transgender individuals of all ages (Compass, Inc 2012). As for health and athletic groups, Compass offers Fit Club that focuses on fitness, nutrition and health education; Gumbo Softball League and the Palm Beach Sunshine League, which are women's softball leagues and; Palm Beach Punishers, which is a women's tackle football league (Compass, Inc 2012). Compass has also extended their services to people living with HIV/AIDS. With offices all over Palm Beach County, Compass has been able to serve more than 4,000 people who are HIV+ by providing them with case management, mental health services, transportation and assistance in

identifying appropriate service options and instructions to ease the process of receiving medical attention (Compass, Inc 2012).

Sunserve of Broward County recognizes that members of the LGBTQ community who are economically disadvantage and marginalized deserve quality care, life assistance and professional mental health services in the South Florida area (Sunserve 2012). Sunserve advocates for strong and healthy family relationships, and are committed to providing quality counseling, therapy, education and outreach services to those in need (Sunserve 2012). Sunserve uses an eclectic approach in the treatment of psychological and relationship issues using social, physical, emotional, intellectual, spiritual resources, communal and relational approaches (Sunserve 2012).

The goals of Sunserve are to be a model social service agency by serving the LGBTQ community with high quality progressive care and compassion for the individual needs of each client regardless of the sexual orientation of gender identity. Broward County has an increasing LGBTQ population and even with an influx in the LGBTQ population there are still very little resources that meet the unique needs of this community (Sunserve 2012). Sunserve is the first LGBTQ social service agency in South Florida. As Sunserve developed, the programs and services they offer grew to include social services for the LGBTQ community and providing training of professionals, social service providers and foster care agencies on sexuality, sexual orientation and gender identity issues, individual and family therapy and empowering youth and families to understand the issues they are facing and how to better nurture their continuous growth process (Sunserve 2012).

Sunserve's program for youth and families focuses on the needs of homeless and high risk LGBTQ youth, and provide advisory groups and outreach services that are accepting and understanding. These advisory groups aim not only to counsel the individual young adult, but also to educate and encourage families towards acceptance of LGBTQ young adults. Sunserve offers many support services and are affiliated with other LGBTQ support groups including: Broward Gay Straight Alliances, Gender Bender, Personal Growth, Parents, Friends & Families of Lesbians & Gays (PFLAG) and a variety of youth group services throughout Broward County. All support groups are conducted by volunteer therapists and trained professionals.

For those who identify as transgender, many therapy sessions include the topics of helping trans-men or trans-women to deal with the everyday challenges they face in daily life or those who are considering transitioning from one gender to another as well as where one can go to receive community support with others who share the same challenges (Sunserve 2012). Sunserve is committed to helping transgender individuals in their transitioning process simply by providing reassurance, support and encouragement and even providing transgendered persons with someone who will truly listen to their experiences and serve as a guide with medical providers.

Sunserve provides many services including individual, couples, and family counseling as well as support groups, spiritual resources and training and education programs for professionals on how to better address LGBTQ specific issues (Sunserve 2012). Individual, couples and family counseling serve to help those with questions about gender or sexuality and assist partners and family members who have a hard time understanding and accepting the challenges that are faced

when dealing with sexual or gender identity. Sunserves' affiliation with an abundance of support groups allows their clients to share experiences and support for one another (Sunserve 2012). Sunserve also has very strong ties with T-House of Broward County. T-House is made to benefit the transgender and gender-questioning residents of Broward County. T-House provides quality information regarding HIV testing and HIV/AIDS related services, problem-resolution services, important transgender community information regarding events and activities and cultural competency education to social service providers in order to ensure they have the tools they need to better serve their transgender clients (Sunserve 2012).

Sunserve has also constructed their own comprehensive education and training programs for mental health providers and social service professionals that are conducted throughout the year. Each educational or training program is conducted by trained clinicians with a great amount of expertise in how to meet the needs of the LGBTQ community. Sunserves' training programs aim to increase competency and confidence, provide information on where to find the best resources available to serve the needs of their clients, and includes an innovative and interactive method, providing those being trained the opportunity network and share experiences (Sunserve 2012).

The last positive social program that will be reviewed in this paper is the Alliance for Gay, Lesbian, Bisexual, Transgender and Questioning Youth of Miami-Dade County. This is the only non-profit organization committed exclusively to providing prevention, intervention, social services and youth enrichment activities to LGBTQ youth, young adults and their families (Alliance 2012). With increasing numbers of LGBTQ young adults facing homelessness, mental

health, addictions, discrimination, health and isolation the Alliance for GLBTQ Youth's mission is to provide a variety of programs and services with a holistic approach (Alliance 2012).

The Alliance for GLBTQ Youth arranges a variety of services through many partnerships with local service organizations that are directed towards youth, young adults, families and their community, all the while advocating equal rights for all youth regardless of their sexual or gender identity (Alliance 2012). The Alliance focuses on creating comprehensive services and is committed to sustaining a strong system of GLTBQ services and empowering youth and young adults.

Due to the fact that LGBTQ young adults are at a high risk of suicidal ideation, suicide attempt, substance abuse, have experienced verbal or physical harassment, homelessness and many other high risk factors, the Alliance for GLBTQ Youth is committed to focusing on the special needs of GLBTQ youth, young adults and their families as well as creating a larger ally of knowledge and support for individuals of all ages (Alliance 2012). The Alliance uses comprehensive care and multiple service providers to adapt to their clients' needs. The Alliance's main programs focus on care coordination, community-based group counseling, individual counseling, prevention education and youth enrichment activities (Alliance 2012).

Care coordination provided by the Alliance involves individual and holistic guidance, education, prevention and referral services to emergency housing and reunification, free HIV/STD testing and mental health (Alliance 2012). Community-based counseling groups provided by the Alliance include group counseling sessions that are intended to be safe and confidential sessions led by trained facilitators from throughout the county. Group discussions

include coming out, healthy relationships, substance abuse prevention, stress management and a variety of other topics (Alliance 2012). Individual counseling provided by the Alliance is confidential and is held with trained counselors to discuss and explore the present needs of the GLBTQ youth and young adults (Alliance 2012). Prevention education provided by the Alliance is conducted in the form of educational workshops intended to increase knowledge of issues pertaining to LGBTQ young adults (Alliance 2012). Finally, the last program the Alliance focuses on is youth enrichment activities. Youth enrichment activities provided by the Alliance are safe social events and activities that encourage leadership development and self-expression for LGBTQ youths and young adults (Alliance 2012).

The Alliance of GLBTQ Youth has built relationships with an abundance of community organizations that have identified as LGBTQ-friendly. Organizations that are directed towards empowerment of the LGBTQ community include Miami Beach Gay Pride, whose mission it is to celebrate and raise awareness within the community in hopes of inspiring appreciation and acceptance of the LGBTQ community in South Florida; the Aqua Foundation, a non-profit corporation whose primary mission is to promote equality, strength and health for South Florida women who identify as LBT; the National Gay and Lesbian Task Force, whose goal is to strengthen local LGBTQ activism and education across the nation; a support group called Parents, Families & Friends of Lesbians & Gays (PFLAG); and the Pride Center at Equality Park where information, education, advocacy, support and human services are provided (Alliance 2012). Of all the services supported by the Alliance, the strongest tie is with the Miami Bridge Youth and Family Services. This organization is dedicated to providing youth with emergency shelter, food, and counseling for troubled youth and their families (Alliance, 2012).

The Alliance has built relationships with community organizations such as GLBT Suicide Awareness Initiative at Switchboard of Miami which provides information on suicide and local support, and the Trevor Project which is the leading national organization focusing on suicide prevention among LGBTQ youth (Alliance, 2012).

Organizations directed towards HIV/AIDS and STI care that have relationships with the Alliance includes ALERT Health where clients are offered counseling and screening for HIV/STIs as well as vaccination; Care Resource which is a community based AIDS service organization directed towards improving the quality of life for those living with HIV/AIDS; Empower U which is a private non-profit peer-based organization founded for people living with HIV/AIDS and establishing connectivity in order for these individuals to have access to better care and SoBe AIDS Project where a person can go to receive anonymous and confidential HIV testing, join HIV positive support groups, counseling, educational seminars and HIV prevention outreach (Alliance 2012).

CONCLUSION

Based on media perceptions, South Florida has a total misconception of being LGBTQ-accepting when in reality, that is the image constructed by members of the LGBTQ community with high socioeconomic statuses who own summer homes or visit South Florida on vacation. For those who identify as LGBTQ in South Florida and are kicked out of their homes or run away out of fear of abuse or rejection there is a limited amount of places for them to go where staff members are trained on how to address the specific needs of LGBTQ clients.

Based on the results of this study, homeless LGBTQ young adults are subjected to receiving services at adult shelters where the environment can be uninformed on LGBTQ specific issues and unsupportive. Many of the local shelters in the South Florida area are not known to turn clients away but have been known to be unsupportive which can be a breeding ground for discrimination and victimization. Considering the fact that no shelters in South Florida provide LGBTQ-accepting programs and services and very few are affiliated with local LGBTQ advocacy groups, is it extremely possible for homeless LGBTQ youth to not feel safe using mainstream services. It seems as though in order to receive non-judgmental and supportive services a client must conform to the pre-existing structure of the service agency as opposed to the service providers adapting to the specific needs of each client.

Being able to adapt to the needs of each client would be a lot easier for staff and faculty members if the training and education they received was not only required but conducted several times throughout the year. There is always new information on social issues that social service providers need to stay informed and updated on. Due to the fact that LGBTQ youth and young

adults make up a substantial percentage of youth homelessness, training and education on how to better address issues relating to members of the LGBTQ community is vital for social service workers to do a good job.

It is also safe to conclude that important demographic information relating to sexual or gender identity is not being recorded upon a client's intake. Without accurate statistical data showing where homeless LGBTQ young adults are receiving social services we have no way of knowing where to go and what needs to be done in order to improve services for this population. It is also important for social service providers to understand the difference between sex and gender. Many of the shelters interviewed in this study used the two terms interchangeably which can lead to unfair and dangerous results for transgendered individuals especially those who identify as male-to-female.

Understandably, inquiring about a person's sexual or gender identity can be seen as a sensitive subject. Many of these young adults who are seeking social services are doing so because of issues regarding their sexual or gender identity. Regardless, it is vital for social service providers to have this kind of information in order to be more aware of the clients they serve as well as the appropriate resources that are needed in order to provide effective services.

In conclusion, although social service providers of South Florida claim they do not discriminate and are not known for turning clients away they do not seem to provide an open minded and supportive environment for homeless LGBTQ young adults. A severe lack of training and education on LGBTQ specific issues among service providers can have an enormous impact on the experiences of these services among homeless LGBTQ young adults.

By inquiring demographic information relating to sexual and gender identity as well as sexual orientation, service providers will be more aware of the clients they are serving and can have a better idea of what LGBTQ-accepting services would be most beneficial. If social service providers are here to help and assist those in need there should be no shame in gathering the information and knowledge they need to better serve the community.

LIMITATIONS

During the process of conducting my research I was faced with a few setbacks that forced me to take a step back and refocus the goals my research. Since the summer semester is set at a rapid pace, I had to manage my time appropriately. However, time management was not on my side. The IRB took a little longer than normal to approve my research which set me back a week. When I was finally approved to conduct my research I began immediately calling shelters to conduct interviews and inquire about me coming to visit their facility to conduct interviews with my target population. Again, I was on a limited time frame to physically visit the shelters to conduct interviews. I made phone calls going down the list of service provider agencies obtained from the Directory of Service Providers Assisting the Homeless in Florida provided by the Florida Coalition for the Homeless and was unable to find a shelter who claimed they had clients who met my requirements. Due to the inability to find a shelter I could visit to conduct interviews with homeless LGBTQ young adult, I had to dismiss the idea and refocus on what the social service providers are doing to better serve the homeless LGBTQ young adult community through telephone interviews. Lastly, although the information I obtained from my interviews with the social service providers was consistent and I was able to gather enough information to draw supportable conclusions, I was still limited in the number of shelters that agreed to speak with me about the programs and services they provide to homeless LGBTQ young adults.

FUTURE RESEARCH

One of the reasons finding a shelter to conduct interviews with homeless LGBTQ young adults proved to be as difficult as it was is because social service providers are not collecting the demographic information they need in order to better identify where members of the homeless LGBTQ young adult population are going to receive social services. Hopefully in the future such demographic information will be collected, not only for data purposes but so that staff and faculty members of social service providers can be more aware of the diverse population they are serving and encourage them to receive more training and education on how to better address the unique needs of homeless LGBTQ young adults.

Collecting demographic information on homeless clients relating to their sex, gender and sexual orientations at various homeless service providers is vital if we want to be able to find where homeless LGBTQ young adults are going to receive their services so that we can interview them about their experiences. With information from the people receiving these services, we will have a better understanding of what services need to be more readily available and what issues and topics relating to the homeless LGBTQ young adult community need to be better addressed by staff and faculty members of social service providers.

APPENDIX A: INTERVIEW QUESTIONS

INTERVIEW QUESTIONS

1. What services/programs do you provide or are affiliated with that would appeal to clients who self-identify as LGBTQ at this facility?

2. A. Does the staff receive training or education of resources in order to better serve the needs of the LGBTQ clients they serve?
   B. How often does the staff receive training on LGBTQ specific issues?

3. Does the intake information for a client at this facility ask for demographic information including:
   a. Race
   b. Sex
   c. Gender
   d. Sexual Orientation

4. Do you think that those who identify as LGBTQ would feel safe at your facility?

APPENDIX B: IRB OUTCOME

University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-823-2901 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

Approval of Exempt Human Research

From: **UCF Institutional Review Board #1**
            FWA00000351, IRB00001138

To: **Amy M. Donley** and Co-PI: **Fallon M. Kadel**

Date: **June 25, 2012**

Dear Researcher:

On 6/25/2012, the IRB approved the following activity as human participant research that is exempt from regulation:

Type of Review:	Exempt Determination
Project Title:	How does a persons nonconforming gender or sexual identity play a role in how they access and experience social services.
Investigator:	Amy M Donley
IRB Number:	SBE-12-08513
Funding Agency:	
Grant Title:	
Research ID:	N/A

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the Investigator Manual.

On behalf of Sophia Dziegielewski, Ph.D., L.C.S.W., UCF IRB Chair, this letter is signed by:

Signature applied by Joanne Muratori on 06/25/2012 08:53:03 AM EDT

IRB Coordinator

APPENDIX C: BIBLIOGRAPHY

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