

chapter

11

2SLGBTQIA+ INDIVIDUALS

Nick Falvo, PhD

Introduction

2SLGBTQIA+ is an acronym representing two-spirit, lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, and other sexual orientations and gender identities (with the "2S" representing 'two-spirit,' thereby acknowledging differences in Indigenous communities).¹ 2SLGBTQIA+ individuals face considerable discrimination and vulnerability to homelessness. As a result, 2SLGBTQIA+ persons are overrepresented in the homeless population, and the extent of this phenomenon is typically underreported (making it challenging to make the case for

more programmatic and funding support, especially in rural areas). Once homeless, 2SLGBTQIA+ persons are vulnerable to discrimination, stigmatization, and violence; and they face unique challenges once trying to exit homelessness.

This chapter will first discuss the group's unique challenges (including pathways into homelessness). It will then discuss challenges faced by 2SLGBTQIA+ individuals experiencing homelessness, and then discuss required programmatic solutions.

2SLGBTQIA+ individuals face considerable discrimination and vulnerability to homelessness. As a result, 2SLGBTQIA+ persons are overrepresented in the homeless population

¹ 'Queer and trans people' is sometimes used interchangeably with '2SLGBTQIA+ individuals.'

Unique challenges

After undertaking a literature review of homelessness among LGBTQ persons focused largely on the United States, Ecker et al. (2018) note:

There is no single cause of [LGBTQ] homelessness. Instead, an interplay of multiple factors must be considered. These include, but are not limited to, structural inequalities (e.g., homophobia, transphobia, discrimination), systemic inequalities (e.g., inadequate legal protections), interpersonal problems (e.g., familial conflict, relationship breakdown), intrapersonal problems (e.g., mental illness, addictions), and evictions.²

According to Ecker (2023):

Homophobia, biphobia, and transphobia can place 2SLGBTQ+ adults at a heightened risk of homelessness. It is manifested in such forms as discrimination from landlords, particularly for transgender individuals...As a result of these structural and systemic factors, 2SLGBTQ+ adults are at a heightened risk for the abuse of certain substances and certain mental health issues, which may place them at a heightened risk for homelessness (p. 3).

Discrimination/rejection from family. Identity-based family rejection resulting from a young person coming out as 2SLGBTQIA+ is the leading cause of homelessness among 2SLGBTQIA+ youth. This can lead to lower self-esteem, depression, anxiety, post-traumatic stress disorder, use of illicit substances, risky sexual behaviour, and even suicide. In some cases, family suddenly ceases to be a place of support or refuge (in other instances, family never was terribly supportive to begin with). This may lead to youth going into the care of child protection.³

Child protection. Involvement with child protection includes foster care and group homes. Such experiences, especially in underfunded systems, are not always positive and can result in their own trauma. It is well-known that transitions from child protection into independent living can be very challenging and lead to youth homelessness.

Identity-based family rejection resulting from a young person coming out as 2SLGBTQIA+ is the leading cause of homelessness among 2SLGBTQIA+ youth.

² Ecker, J., Aubry, T., & Sylvestre, J. (2019). A review of the literature on LGBTQ adults who experience homelessness. *Journal of Homosexuality*, 66(3), 297-323. Quote is taken from p. 303.

³ For more, see: Abramovich, A., Pang, N., & Moss, A. (2022). Experiences of family violence among 2SLGBTQ+ youth at risk of, and experiencing, homelessness before and during the COVID-19 pandemic. *Journal of Gay & Lesbian Mental Health*, 26(3), 265-288; and Abramovich, A., Marshall, M., Webb, C., Elkington, N., Stark, R. K., Pang, N., & Wood, L. (2024). Identifying 2SLGBTQ+ individuals experiencing homelessness using Point-in-Time counts: evidence from the 2021 Toronto Street Needs Assessment survey. *Plos One*, 19(4), e0298252.

Private landlords can be choosy about whom to rent to in general, and homophobic and transphobic landlords will be less inclined to rent to a tenant they perceive to be queer or trans.

In the face of discrimination—from employers, coworkers, family, and friends—2SLGBTQIA+ persons often struggle both in the labour market and with social supports.

Discrimination from landlords. Private landlords can be choosy about whom to rent to in general, and homophobic and transphobic landlords will be less inclined to rent to a tenant they perceive to be queer or trans.

This is an especially big challenge when the local rental vacancy rate is low. For example, a large US study spanning 50 metropolitan areas found that “same-sex couples receive significantly fewer responses to e-mail inquiries about advertised units than heterosexual couples.”⁴

Discrimination from friends and neighbours. Some 2SLGBTQIA+ individuals’ social relationships are negatively impacted after coming out, while others experience strengthened connections. In some cases, a friend who was a source of strength and support for years no longer serves that function. Experiences of stigma can also extend beyond personal relationships; some 2SLGBTQIA+ individuals encounter harassment and discrimination within their neighbourhoods and broader communities.

Economic and challenges. In the face of discrimination—from employers, coworkers, family, and friends—2SLGBTQIA+ persons often struggle both in the labour market and with social supports. The added difficulty of not having a stable or fixed address makes it difficult to secure formal employment, and not having government-issued identification that corresponds with a person’s appearance or the name they go by is another added struggle that trans and gender diverse people may experience. In some cases, this can lead to survival sex—which can compromise the immediate safety of an already-vulnerable person, bring them into contact with the criminal justice system, and lead to increased exposure to sexually transmitted infections.

Violence. 2SLGBTQIA+ individuals are often victims of violence, which can include murder. Transgender women are especially vulnerable to violence. Further, homophobia and transphobia among law enforcement makes it challenging to report such crimes to police.

Health challenges. In light of the many forms of discrimination outlined above, it should not come as a surprise that 2SLGBTQIA+ individuals face unique physical and mental health challenges and substance use challenges. High rates of depression and suicide are especially common in the population. And when accessing health care, members of the population can face further discrimination. In a 2016 publication, Abramovich notes:

⁴ Friedman, S., Reynolds, A., Scovill, S., Brassier, F., Campbell, R., & Ballou, M. (2013). An estimate of housing discrimination against same-sex couples. Available at SSRN 2284243.

The Diagnostic and Statistical Manual of Mental Disorders (DSM) classified homosexuality as a “mental disorder” up until 1973. Although homosexuality was removed over 40 years ago, the DSM-5 still pathologizes and labels individuals who have identities that do not fit into the gender binary, with the label “Gender Dysphoria”, formerly named “Gender Identity Disorder (GID).”⁵

Unsafe conditions in emergency facilities. Congregate facilities typically have male areas and female areas (as well as gendered washrooms and showers). Even many well-meaning staff may be oblivious to dynamics between residents, meaning that some clients face discrimination from both staff and other residents. Showering and simply using the bathroom can pose safety risks.

*2SLGBTQIA+ individuals are often victims
of violence, which can include murder.*

*Transgender women are especially
vulnerable to violence.*

⁵ Abramovich, A. (2016). Preventing, reducing and ending LGBTQ2S youth homelessness: The need for targeted strategies. *Social Inclusion*, 4(4), 86-96. The quote is taken from p. 87.

What's needed?

Specialized programming for 2SLGBTQIA+ individuals experiencing homelessness is crucial. Admittedly, such programming will often be more feasible in large urban centres than in small communities. Important services are outlined below.

Prevention work. Ideally, intervention should happen before a person actually becomes homeless (or immediately after the first occurrence of homelessness). This means senior officials need to engage with schools. It also underlines the need for family reconnection work that is led by local organizations that are adept at working with youth.

Emergency shelters and daytime spaces for 2SLGBTQIA+ persons. Shelters served by and for 2SLGBTQIA+ persons are very important—perhaps especially for non-binary, gender non-conforming persons. And since most emergency shelters tend to focus mostly on evening and nighttime access, inclusive spaces must also be offered during daytime hours. Daytime facilities might focus more on programming (e.g., housing searches, income assistance advocacy, employment support, and referrals to other supports located in the local community).

*It is important
that there be
some buildings
focused on this
population. In
such
specialized
housing,
common space
is important
(i.e., a space to
gather for
persons who
have common
experience)
and often
staffing as well.*

Guidelines/standards for emergency shelters. It is very important that all emergency shelter spaces—including ones designed for the broader homeless population—be inclusive, especially since some communities may not have specialized shelters for 2SLGBTQIA+ persons. Guidelines (or 'standards') can be drafted by a governing body or funder to encourage shelters to adopt inclusive practices pertaining to intake, staff training, washrooms, physical layout of space, and information resources. Those guidelines should be drafted with meaningful input and participation from 2SLGBTQIA+ persons and front-line staff.

Specialized health care. Access to specialized, affirming healthcare is particularly important for 2SLGBTQIA+ people experiencing homelessness. This is especially true for trans and gender-diverse individuals who may wish to medically transition (e.g., initiate gender-affirming hormone therapy) which requires appropriate clinical assessment, prescribing, and ongoing monitoring. In many settings, care can be strengthened through partnerships with interdisciplinary health teams or health authorities that include clinicians with expertise in trans and gender-affirming care.

*Shelters served
by and for
2SLGBTQIA+
persons are
very
important—
perhaps
especially for
non-binary,
gender non-
conforming
persons.*

Staff should be representative of the clients they are serving

Anti-homophobia training and 2SLGBTQIA+ competency training is important, including a strong focus on language / terminology.

Intake protocols should embrace and recognize the unique needs of all incoming residents. This includes having questions about both the sexual identify and gender identity of any incoming resident.

Housing for 2SLGBTQIA+ persons. Affordable housing is critical to ending a person's homelessness, and such housing needs to take into consideration the unique needs of the 2SLGBTQIA+ population. It is important that there be some buildings focused on this population. In such specialized housing, common space is important (i.e., a space to gather for persons who have common experience) and often staffing as well. Admittedly, not all 2SLGBTQIA+ people will opt to live in such specialized housing, even when it's available—keeping in mind that not everyone is public-facing with their identity (i.e., not everyone is 'out').

Peer-led initiatives. Organically-created communities of support are crucial—e.g., trans people helping trans people. Mutual aid should be acknowledged and celebrated. Groups need to be able to come together to share their circumstances.

All such services should have:

- ***Strategic hiring practices.*** Staff should be representative of the clients they are serving, while keeping in mind that persons born in different parts of the world may have had very different experiences. Once hired, staff also need to be supported in terms of awareness, debriefs after critical incidents, and access to mental health supports for themselves.
- ***Mandatory training for staff, volunteers, and board members.*** Anti-homophobia training and 2SLGBTQIA+ competency training is important, including a strong focus on language/terminology. In the words of Alex Abramovich, this includes discussion of the need to *"respect and accept each client's self-defined gender identity and gender expression, including chosen name and pronoun."*⁶ Staff also need to be made aware of local resources that provide supports specific to the 2SLGBTQIA+ population (including knowledge of how to go about changing one's legal name and receiving medical transition). Finally, in the words of John Ecker: *"Training should not just be a 'one and done.' It's important to keep up with these things."*⁷
- ***Appropriate intake systems.*** Intake protocols should embrace and recognize the unique needs of all incoming residents. This includes having questions about both the sexual identify and gender identity of any incoming resident. From the start, for example, trans persons should be served in their gender and name of choice. Service providers should remain sensitive to changing pronouns and names—some

6 Abramovich, A. (2016). Preventing, reducing and ending LGBTQ2S youth homelessness: The need for targeted strategies. *Social Inclusion*, 4(4), 86-96. The quote is taken from p. 92.

7 J. Ecker, personal communication, November 19, 2025.

Services should feature pamphlets, flyers and posters advertising support services specific to 2SLGBTQIA+ persons, and a list of landlords known to be welcoming to prospective tenants who identify as 2SLGBTQIA+.

shelter residents, for example, might be using deadnames and 'passing' pronouns at their intake, out of safety concerns.

- **All-gender washrooms.** This should include washrooms with single stalls and appropriate signage.
- **Information resources.** Services should feature pamphlets, flyers and posters advertising support services specific to 2SLGBTQIA+ persons, and a list of landlords known to be welcoming to prospective tenants who identify as 2SLGBTQIA+. Bulletin boards are also important, and they must be kept up to date—being able to discreetly look at a poster can make a person feel safe.
- **Celebrations of history.** Staff and clients might want to celebrate the Stonewall Uprising, Compton's Cafeteria Riot, the birth of the Pride Flag, or other events of local significance. Which events are celebrated will depend largely on where the service is located (e.g., which country, which city, etc.).
- **Ongoing evaluation.** Such evaluations should involve 2SLGBTQIA+ persons in the design of the evaluation framework.

Conclusion

Members of the 2SLGBTQIA+ population are more likely to experience homelessness than other members of the general population. Once homeless, they are especially vulnerable to both stigmatization and violence; and they face further challenges when trying to secure and maintain housing.

Fortunately, there are known program responses that, if implemented and adequately funded, can both prevent 2SLGBTQIA+ homelessness from occurring and help end it relatively quickly. Specialized

programming can include: emergency and daytime spaces specifically for the population; guidelines/standards for such spaces in general; health care and housing specifically for 2SLGBTQIA+ persons experiencing homelessness; and peer-led initiatives. All such approaches require: strategic hiring practices; ongoing training for staff and volunteers; effective intake systems; single stall washrooms with appropriate signage; information resources; celebrations of history; and ongoing evaluation.

Further reading

The 519. (2020). LGBTQ2S glossary of terms. https://www.the519.org/wp-content/uploads/PDF_Download/The519_Glossary_Feb2020.pdf

Abramovich, A., de Oliveira, C., Kiran, T., Iwajomo, T., Ross, L. E., & Kurdyak, P. (2020). Assessment of health conditions and health service use among transgender patients in Canada. *JAMA Network Open*, 3(8), e2015036-e2015036.

Abramovich, A., Elkington, N., Silberberg, M., Pang, N., Stark, R., & Bonato, S. (2025). Building a comprehensive understanding of 2SLGBTQ+ youth homelessness: A scoping review. *International Journal for Equity in Health*.

Abramovich, A., Marshall, M., Webb, C., Elkington, N., Stark, R. K., Pang, N., & Wood, L. (2024). Identifying 2SLGBTQ+ individuals experiencing homelessness using Point-in-Time counts: Evidence from the 2021 Toronto Street Needs Assessment survey. *Plos One*, 19(4), e0298252.

Abramovich, A., Pang, N., & Moss, A. (2022). Experiences of family violence among 2SLGBTQ+ youth at risk of, and experiencing, homelessness before and during the COVID-19 pandemic. *Journal of Gay & Lesbian Mental Health*, 26(3), 265-288.

Ecker, J., Aubry, T., & Sylvestre, J. (2019). A review of the literature on LGBTQ adults who experience homelessness. *Journal of Homosexuality*, 66(3), 297-323.

Fraser, B., Pierse, N., Chisholm, E., & Cook, H. (2019). LGBTIQ+ homelessness: A review of the literature. *International Journal of Environmental Research and Public Health*, 16(15), 2677.

Friedman, S., Reynolds, A., Scovill, S., Brassier, F., Campbell, R., & Ballou, M. (2013). An estimate of housing discrimination against same-sex couples. Available at SSRN 2284243.

SPECTRUM. (2023). *2SLGBTQIA+ terminology guide and media reference tool*. <https://www.ourspectrum.com/wp-content/uploads/2023/05/2SLGBTQIA-Terminology-and-Media-Reference-Tool.pdf>

Toronto Shelter Network. (2020). *Transforming the emergency homelessness system: Two spirited, trans, nonbinary and gender diverse safety in shelters project - Full Project Report*. <https://www.torontoshelternetwork.com/transforming-project>

About the author

Nick Falvo is a research consultant based in Calgary, Canada. He has a PhD in Public Policy and is Editor of the *International Journal on Homelessness*. He has academic affiliation at both Carleton University and Case Western Reserve University. Prior to pursuing his PhD, he spent 10 years doing front-line work directly with persons experiencing homelessness.

Acknowledgements

The author wishes to thank the following individuals for assistance with this chapter: Alex Abramovich, Hilary Chapple, John Ecker, Rebecca Hooton, Hope Jamieson, Michael Lyster, Peter Martin, Jenny Morrow, Joel Sinclair, and Andrew Winchur. Any errors are the responsibility of the author. Any errors are the responsibility of the author.

About this project

This is Chapter 11 of a sole-authored, open access interdisciplinary textbook intended to provide an introduction to homelessness for students, service providers, researchers and advocates. Focusing on the English-speaking countries of the OECD, it will discuss causes, solutions, challenges, successes, and innovations in the sector. It will serve as 'launching pad' for people new to the sector, as well as a refresher for experienced practitioners.

In addition to being open access, this book is different from other books in two key ways: 1) by focusing on all English-speaking countries of the OECD; and 2) by providing an overview of recent innovations in the sector—i.e., what's new, and what's working well?—making it useful to practitioners.

- The book's **intent** is primarily to serve as the main textbook for a university course designed for senior-level undergraduate as well as graduate students. It also serves as a resource for senior leadership in the homelessness sector.
- Book's **main themes**: contributing factors to homelessness; health conditions and health care challenges of persons experiencing homelessness; the unique needs of various subpopulations; staffing challenges in the sector; an in-depth examination of innovative practices; and solutions to homelessness.
- Book **objectives**: assist readers in understanding the fundamentals of homelessness; introduce them to both successes and ongoing challenges in the sector; and leave them feeling better-informed, able to make critical assessments, confident and empowered to take action within their own respective spheres of influence.

Table of contents (anticipated)

I. THE BASICS

1. What causes homelessness?
2. Theory and homelessness
3. Rough sleeping and encampments
4. Emergency facilities
5. Health and health conditions

II. SUBPOPULATIONS

6. Indigenous peoples
7. Racialized persons
8. Women
9. Youth
10. Older adults
11. 2SLGBTQIA+ individuals
12. Intersectionality

III. THE RESPONSES

13. Tracking, enumerating and categorizing
14. How officials respond to homelessness
15. Housing First
16. System planning
17. Staffing

IV. EMERGING THEMES

18. Overdose crisis
19. Aging population
20. COVID-19 pandemic
21. Climate change and mass migrations

V. INNOVATIVE PRACTICES

22. Artificial intelligence
23. Prevention initiatives
24. Taxation earmarked for homelessness

Target audience

- The book is intended primarily for course use, its primary audience being senior undergraduate students, graduate students and course instructors in English-speaking countries of the OECD. It can also be useful to senior leadership in the homelessness sector (e.g., board members, CEOs and staff).
- The book is intended for courses where homelessness is either the only focus or a major focus. For example, a course on housing and homelessness could benefit from this book. Standalone chapters could also be of great value in various disciplines.
- Some of these courses might be taught outside of the university setting—for example, by the UK-based Chartered Institute of Housing and by its counterparts in other countries, such as CIH Canada.
- The book can be used as either a primary or supplementary text.
- The book is intended to have international appeal, focusing on the English-speaking countries of the OECD: Australia, Canada, Ireland, New Zealand, the United Kingdom, and the United States.
- Homelessness is widely researched and quickly evolving, as new approaches to both prevention and response are being developed. Much of the book's content will therefore be new even to experienced researchers and practitioners.

All material for this book is available free of charge at <https://nickfalvo.com/>. Newly-completed chapters will be uploaded throughout the year. The author can be reached at falvo.nicholas@gmail.com.