

# GALFA LGBTQ Homelessness Research Project

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

FINAL REPORT EXECUTIVE SUMMARY

### Project funders:

The Gay and Lesbian Foundation of Australia (GALFA), Assia Altman Fund of the Australian Communities Foundation, Lord Mayors Charitable Foundation, Launch Housing, and Victorian Government Department of Health and Human Services.

### Advisory group:

Sue Carlile (Family Access Network), Ian Gould (GALFA), Andie Hider, Jami Jones (GLHV), Kerryn Jones (Lord Mayor's Charitable Foundation), Tony Keenan (Launch Housing), Violet Kolar (Launch Housing), William Leonard (GLHV), Rebecca Reynolds (National LGBTI Health Alliance), Jenny Smith (Council to Homeless Persons), Damien Stevens (Kildonan UnitingCare), James Wray (Port Phillip Housing Association).

**We would like to acknowledge that this research would also not have been possible without the involvement of numerous people who generously shared their personal experiences and insights.**

*We thank you all sincerely for supporting this work!*



## Who we are

The researchers included two teams, based at the University of Melbourne (Associate Professor Ruth McNair and Dr Cal Andrews), and Swinburne University of Technology (Dr Sharon Parkinson and Associate Professor Deborah Dempsey).

## Our research questions

### QUESTION 1

What are the pathways into and out of homelessness that are specific to being LGBTIQ?

### QUESTION 2

How can homelessness services best meet the specific needs of LGBTIQ people?

### QUESTION 3

How does Australian housing and homelessness policy need to change to become more inclusive of LGBTIQ people?

## What we did

1. Descriptive analysis of the national *Journeys Home* longitudinal survey (developed by Melbourne Institute of Applied Economic and Social Research and funded by the Department of Social Services).
2. Descriptive analysis of the national 2014 *General Social Survey* (coordinated by the Australian Bureau of Statistics).
3. Semi-structured interviews with 19 staff (manager and frontline service levels) at 4 selected service providers in Victoria.
4. Semi-structured interviews with 17 people who identified as LGBTQ and have lived experience of homelessness *Note: we did not find any participants with intersex variations.*

# What we found

## Prevalence

LGB respondents were at least twice as likely as heterosexuals to have ever experienced homelessness (General Social Survey 2014).

The *General Social Survey* (GSS) showed that bisexual (B) respondents were much more likely to have at least 5 repeated experiences of homelessness. Lesbian/gay were twice as likely to stay in crisis accommodation or sleep rough, and B at least 3 times more likely than heterosexual respondents. While gender diversity and intersex status were not asked in this survey, homelessness services reported a large increase in trans and gender diverse (TGD) clients in recent years.

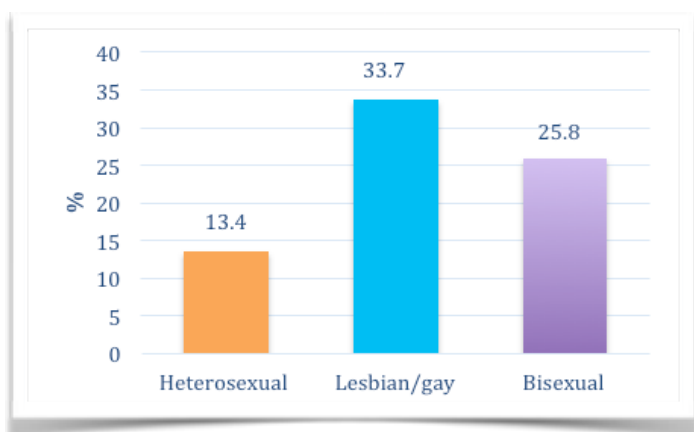


Figure 1. Ever experienced homelessness (GSS).

## Specific risk factors and pathways

There were structural and personal factors specific to being LGBTQ (Q=queer) that contributed to homelessness:

### 1. Structural – violence and harassment

These arose from homophobia, biphobia and/or transphobia, and explicit discrimination.

### 2. Structural – ignorance

This included heteronormativity and/or cisgenderism, often manifested as assumptions of heterosexuality and/or misgendering.

### 3. Personal vulnerability

This included family conflict, childhood sexual assault, younger age of first homeless episode, mental health and substance issues.

These structural and personal factors were interconnected. The vulnerability was often directly related to experiences of structural inequalities and trauma.

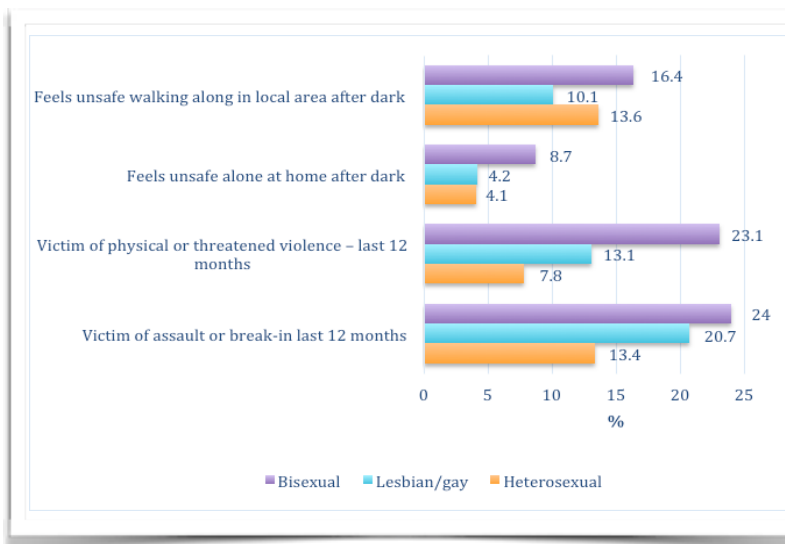


Figure 2. Assault and feelings of safety (GSS).

## Violence

**“I would much prefer to sleep on the street than go to a homeless shelter” (LGBTQ interview participant)**

Rooming houses were particularly unsafe for LGBTQ clients. Experiences of misgendering, harassment, violence, and discrimination were common, as was explicit discrimination in the private rental sector highlighting a lack of safe housing options.

**“...There [were] two petitions going around this building to get rid of me... in the petition it said I was a woman trying to be a man, and I was not normal, that I did not belong living with normal people... and I still have to live in this building after being assaulted and spending two weeks in hospital” (LGBTQ interview participant in public housing)**

## Ignorance

Ignorance of LGBTQ identities was problematic for many people in homelessness services as their needs could not be met. Lack of understanding of non-binary identities particularly led to misgendering and placement at inappropriate sites.

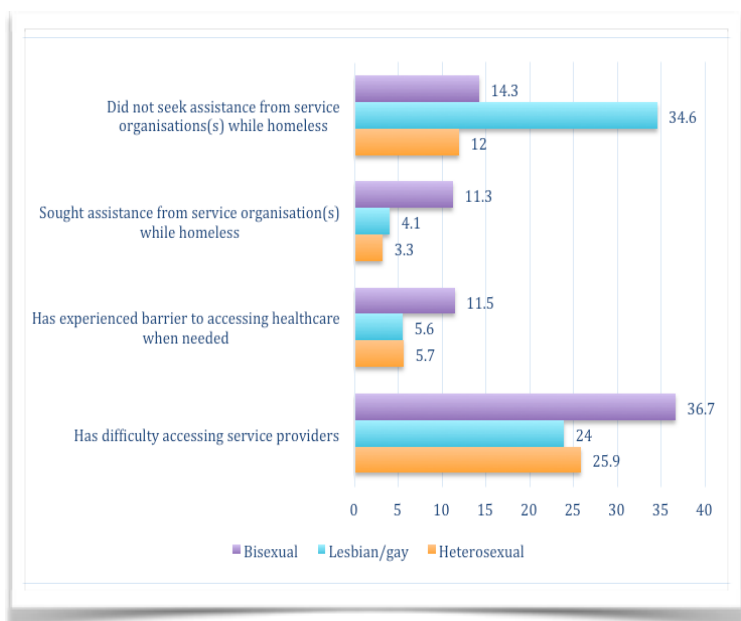
**“The majority of staff...would prefer not to ask people [their LGBT status], because they don’t see it is relevant to the type of service they should be offered” (Homeless service worker)**

## Vulnerability

Family conflict was a major pathway to homelessness, and there was a greater reliance on friends or community groups rather than family for support. There were higher rates of childhood sexual assault, mental health problems, and substance use, lower life satisfaction, poorer general health, and financial stress often due to medical expenses associated with gender affirmation.

A sense of not belonging to any community, and an inability to trust people were commonly expressed, especially by those who identified as bisexual and trans.

## Specific needs in services



**Figure 3. Access to services (GSS).**

Negative experiences or fears of discrimination and being misgendered created barriers to accessing services, especially within faith-based organisations. The highly gendered nature of accommodation options was an additional challenge for people whose gender was non-binary or fluid, with implications for future help-seeking.

A major shortage of services in rural/regional areas was identified, and a shortage of appropriate, safe housing options for older members of the community, notably lesbian and trans.

The need for the legitimacy of their LGBTQ identity to be acknowledged by services and be recognized was highlighted by multiple participants. Many wanted affirmation and visibility. For services to feel safe, they need to be welcoming environments with relevant LGBTQ information on display. The values of the organisation also need to be overtly inclusive, which includes staff openly opposing queer phobia and transphobia within the service, and being more responsive to complaints of harassment. For trans and gender diverse clients, in particular, a sense of safety often included the need for private bathroom facilities, and being placed in gender appropriate accommodation.

**“Traditionally, it's ridiculous, where they say you've got to get your mental health and drug issues sorted, and then we'll see about housing. Whereas my mental health issues...are about safety, they're about having somewhere safe, secure to live” (LGBTQ participant)**

## Training priorities for services

The need for LGBTQ specific training was identified by several service providers and LGBTQ participants.

- Service providers identified their training priorities as:
- Cultural awareness of LGBTIQ specific pathways in and out of homelessness and service needs
  - Language and terminology
  - Safe housing and other referral options
  - Alternatives to kinship placements
  - How to work with families to reconcile differences.

## Pathways to secure housing

- Areas that helped LGBTQ participants feel strong were:
- Having agency including being authentic
  - Finding security (having somewhere stable to live, having work, education, and other outlets)
  - Social connection and advocating for self and others.

Family support was lower for LGB participants, but support from friends was higher (*Journeys Home*). Higher education attainment and engagement with study could also improve resilience.

# Recommendations

## For services

1. *All homelessness services should be LGBTIQ inclusive:*
  - Demonstrating a commitment to inclusive practice and actively engaging with groups and support services in LGBTIQ communities to facilitate social support and appropriate referral pathways.

**“Focusing on things like going to Pride March and being part of a bigger [LGBTQ] community and knowing that there are people around who get through things like homophobia and transphobia and bullying and the whole trans journey and being able to take young people like me to places where... I can meet other young trans guys who have gone through maybe an extra step than I have” (LGBTQ participant)**

- Becoming aware of the multiple barriers (particularly stemming from societal discrimination) and complex needs that are often experienced by LGBTIQ people, and be appropriately flexible in delivery of care and allocation of accommodation options.
  - Placing clients in facilities appropriate to their self-identified gender and preference.
2. *LGBTIQ specialist services should be embedded within selected mainstream services.*

**“... I think they [LGBTIQ people] do have specific needs, but it’s something that should also be a culture of the homelessness service as well” (Homelessness service worker)**

3. *A LGBTIQ safe housing network should be developed*
  - To coordinate access to the full range of LGBTIQ-inclusive housing and homelessness services.
  - To connect clients to LGBTIQ-specific mental health, substance use, education and employment services.
4. *The family violence sector should recognise the impact of family violence and childhood trauma/abuse towards LGBTQ young people as a risk factor for homelessness.*

## For training

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

## For primary prevention

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

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

## For policy

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

**“Data tells a story. It is a platform for advocacy...for identifying gaps, trends, achievements, and opportunity to maximise what works and reflect on what doesn’t” (Homelessness service provider)**

## For research

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

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