

2023

Administrator Experiences With Placement of Transgender Women in Coed Residential Homeless Facilities

Monica Lee Discolo
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Psychology and Community Services

This is to certify that the doctoral dissertation by

Monica Lee Discolo

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Gregory Hickman, Committee Chairperson,
Human and Social Services Faculty

Dr. Tina Jaeckle, Committee Member,
Human and Social Services Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2023

Abstract

Administrator Experiences With Placement of Transgender Women in Coed Residential

Homeless Facilities

by

Monica Lee Discolo

MPhil, Walden University, 2021

MS, Nova Southeastern University, 2017

BA, Eckerd College, 2016

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human and Social Services

Walden University

August 2023

Abstract

Researchers have found that transgender women have difficulty accessing appropriate and inclusive services due to inadequate housing placements. The purpose of this generic qualitative study was to explore the experiences of administrators of coed homeless facilities when making housing placement decisions for transgender women. Queer theory provided the theoretical lens for the study. As part of the qualitative generic study design, 10 interviews were conducted via telephone with participants selected through snowball sampling. The interviews were transcribed, and several iterations of thematic analysis were conducted to construct codes, categories, and themes. The findings revealed that there is (a) a lack of policies and training related to service provision for homeless transgender women in residential, coed homeless settings and (b) increased administrator discretion in decision-making when working with transgender women. The results indicate that there is an increased need for inclusive services for homeless, transgender individuals. This research may influence organizational leaders to develop specific policies and resources for the homeless transgender community. The study has the potential to foster positive societal change by encouraging the creation of an inclusive system of care to minimize hardship for transgender individuals experiencing homelessness and build confidence in the performance of administrators serving this population, which may pave the way toward community collaboration.

Administrator Experiences With Placement of Transgender Women in Coed Residential
Homeless Facilities

by

Monica Lee Discolo

MPhil, Walden University, 2021

MS, Nova Southeastern University, 2017

BA, Eckerd College, 2016

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human and Social Services

Walden University

August 2023

Dedication

This dissertation is dedicated to my faithful companion, Jack. Thank you for the years we spent together; I will always remember. Also, with special dedication to Virginia, my late grandmother, and the many loved ones who transitioned along my education journey.

Acknowledgments

I would like to thank my parents, who have always believed in my ability to keep pushing forward, even when I feel otherwise. Thank you to my father for encouraging my education; I wouldn't be as intelligent without all the books we read together and all the games of Yahtzee we played growing up. Thank you to my chair, Dr. Greg Hickman, for choosing me to work with and believing in not only myself, but our dissertation family, both past and present. Your realistic and approachable nature has been the driving force behind my research; I wouldn't belong to this scholarly community without your guidance. Thank you to my committee of amazing Walden University members who have helped make my doctoral journey enjoyable, especially Dr. Tina Jaeckle and Dr. Sarah Matthey. Thank you so much to my DissFam, past and present; the way we light the path for each other is indescribable. Thank you to my brother for unwavering encouragement and confidence in me. And, lastly, thank you to my mother for making me feel at home no matter where we are and for making me the person I am today.

Table of Contents

List of Tables	v
Chapter 1: Introduction to the Study.....	1
Background.....	2
Problem Statement	3
Purpose of the Study.....	5
Research Question.....	6
Theoretical Framework.....	6
Nature of the Study.....	7
Definitions.....	7
Assumptions.....	8
Scope and Delimitations	9
Limitations	11
Significance.....	12
Summary	13
Chapter 2: Literature Review	15
Introduction.....	15
Literature Search Strategy.....	18
Theoretical Foundation.....	18
Literature Review Related to Key Variables and/or Concepts	20
Human Services and Shifts in U.S. Housing Policies.....	21
Efforts to Address Homelessness in the United States.....	23

Inclusive Services and Societal Systems	28
Need for Care.....	31
Living Dissatisfaction	33
Transgender Individuals’ Experiences of Homelessness.....	35
Barriers to Accessing Housing Services	35
Strategies for Accommodating Transgender Individuals in Housing	41
Perspectives of Human Service Professionals	44
Summary and Conclusions	46
Chapter 3: Research Method.....	48
Introduction.....	48
Research Design and Rationale.....	48
Role of the Researcher	50
Methodology.....	51
Participant Selection Logic	51
Instrumentation	53
Procedures for Recruitment, Participation, and Data Collection	55
Data Analysis Plan	56
Issues of Trustworthiness.....	58
Credibility	58
Trustworthiness	59
Dependability	59
Confirmability.....	59

Ethical Procedures.....	60
Summary	61
Chapter 4: Results	62
Introduction.....	62
Setting	62
Demographics	63
Data Collection	64
Data Analysis	66
Evidence of Trustworthiness.....	67
Credibility	67
Transferability.....	68
Dependability	68
Confirmability.....	69
Results.....	69
Theme 1: Barriers to Homeless Transgender Women Seeking Services	70
Theme 2: Need for Collaborative Services From Providers Serving Transgender Women	72
Theme 3: Discretion of Providers When Serving Transgender Women	74
Theme 4: Unpreparedness of Providers Serving Transgender Women	77
Summary	84
Chapter 5: Discussion, Conclusions, and Recommendations.....	85
Introduction.....	85

Interpretation of the Findings.....	86
Predominately Binary Policy	87
Administrator Discretion in Decision-Making	88
Predominately Binary Training.....	89
Need for Inclusive Services	90
Limitations of the Study.....	91
Recommendations.....	92
Implications.....	93
Conclusion	95
References.....	96
Appendix A: Interview Guide.....	145
Appendix B: CITI Certificate	147
Appendix C: Recruitment Flyer.....	148

List of Tables

Table 1. Participant Demographics	64
Table 2. Themes, Subthemes, and Codes	83

Chapter 1: Introduction to the Study

Homelessness is a pressing societal issue with negative implications for homeless individuals and affected communities (Cleveland, 2020). Homelessness can occur for multiple reasons including trauma, mental health issues, disabilities, criminal backgrounds, addiction, divorce, or interrelational issues (Cobb, 2020). Due to discrimination, the transgender community often faces homelessness more frequently than other populations (Beltran et al., 2019). Some transgender individuals experiencing homelessness have difficulty accessing adequate services (Crissman & Stroumsa, 2020; Sha et al., 2021). Housing placements are an area of difficulty (Matthews et al., 2019). Research shows that transgender women experience unique and complex challenges when experiencing homelessness due to discrimination and societal stigma related to gender (Baumgartner & Williams, 2014).

In this study, I interviewed administrators of homeless residential programs to explore their experiences in making housing placement decisions for transgender women. The specific focus of this study was on administrators of coed homeless residential programs and their experiences in deciding whether to place an individual in a male or female housing assignment in their facility. By interviewing these administrators, I sought to gain insight into their decisions on where to place transgender homeless clients within their programs. This knowledge may provide context about transgender individuals' difficulty in accessing adequate services. The study's potential social change implications include raising awareness of the services rendered to transgender women.

In this chapter, I provide background information on homeless transgender women's access to inclusive services and administrator experiences of selecting housing placements for these women. I also present the problem and purpose of the study. The research question, conceptual framework, and nature of the study are also discussed, along with the assumptions, scope and delimitations, and limitations. I also consider the potential significance of the research.

Background

Homelessness occurs when a person does not have a consistent, regular, or adequate habitation, especially at nighttime for a short or prolonged period (Yousey & Samudra, 2018). According to the U.S. Department of Housing and Urban Development (HUD, 2022), the number of individuals experiencing homelessness in the United States increased by 15,000 from 2018 to 2019. Transgender individuals experience homelessness at higher rates compared to gender-binary, heterosexual individuals (Matthews et al., 2019). Homeless transgender women in particular struggle with being able to live as they choose while navigating services such as residential shelter placement (Garrett, 2018). Because they make housing decisions, administrators of residential programs for homeless individuals play a crucial role in providing access to services and, as such, shape the experiences transgender women have when seeking refuge (Fenley, 2020; Fleury et al., 2021).

In the literature on transgender women and services, scholars have often concluded that transgender women do not receive sufficient services, specifically related to housing alternatives (Garrett, 2018; Johnston & Meyer, 2017; Matthews et al., 2019).

Researchers studying housing efforts for transgender women in residential settings, such as Ledesma and Ford (2020), have explored carceral housing placements for transgender women. There has been additional research on transgender policies in collegiate settings. Pryor et al. (2016) and Seelman (2016) discussed the experiences and consequences of housing discrimination for transgender individuals. In a study of transgender individuals and housing regarding addiction treatment centers, Matsuzaka (2018) found that policy debate is necessary to address these individuals' rights in public accommodations. Beltran et al. (2019) argued that housing instability and poor housing outcomes amongst transgender women is linked with intersectional antitrans and racial discrimination.

Although researchers have discussed housing settings for transgender women, there is a gap in knowledge about administrators' experiences in these settings, in particular homeless residential facilities. The experiences of administrators in these settings serving transgender women is overlooked in research, specifically regarding how transgender individuals navigate social services and resources (Kattari et al., 2016). This study was needed to explore administrators' experiences and provide insight into the current and potential development of policies to either support or hinder the experiences of transgender women concerning access to housing services.

Problem Statement

There has been a recent shift in human and social services agencies when it comes to the inclusion of transgender individuals and how these individuals navigate the human services system, which has resulted in more accessible and inclusive service environments and a decrease in discrimination (Ferguson & Maccio, 2015; Sellers, 2018).

Transgender women continue to struggle to navigate human and health service systems, even more so when experiencing homelessness (Fung et al., 2020; Garrett, 2018).

Although there are various organizations with policies in place regarding how to navigate the treatment of transgender individuals, there are no agreed-upon guidelines for policy makers and organizations to follow, which has required further effort from these entities to ensure that they foster inclusion (Anderson, 2018; Ferguson & Maccio, 2015).

Currently, U.S. housing placements are often based on biological sex in residential settings and in jail and prison settings (Bidell, 2016). Recent researchers have analyzed the impact these placements have on individuals who are transgender (Beltran et al., 2019; Ledesma & Ford, 2020). Educational leaders, community leaders, and policy makers have incorporated research and have created intervention strategies to address inclusion in human and social service settings and carceral settings (Beltran et al., 2019; Bidell, 2016; Ledesma & Ford, 2020). However, many of these efforts have failed to demonstrate the effectiveness of this motion of inclusion or have not adequately analyzed the entire process into housing placements of homeless transgender individuals (Anderson, 2018; Fletcher et al., 2014; Keuroghlian et al., 2014).

Researchers studying the housing placement of transgender women have focused on carceral and substance abuse treatment settings (Drakeford, 2018; Keuroghlian et al., 2015; Matsuzaka, 2018). This narrow focus demonstrates the seemingly black-and-white decision-making that departments of corrections and traditional substance abuse facilities may have when making housing placements for transgender individuals (Connolly & Gilchrist, 2020; Keuroghlian et al., 2015; Matsuzaka, 2018). As a result, the gray area

created in human service settings is not addressed or examined (Bidell, 2016; Kattari et al., 2016; Mottet & Ohle, 2006). There is also research on residential housing in collegiate settings with recent policy developments to establish gender-inclusive housing on campus (Denton & Cain, 2020; Marine et al., 2019; Pryor et al., 2016; Seelman, 2016). Researchers and educators may be overlooking administrators' experiences in human service settings such as homeless shelters and transitional housing programs in how transgender individuals, particularly transgender women, navigate the system and access resources (Kattari et al., 2016; Mottet & Ohle, 2006).

Although the research regarding housing placement of the homeless transgender women population illuminates important findings, I have found no research on the lived experiences of administrators in selecting housing placements for homeless transgender women. Given this gap in the literature, further research was warranted on the lived experiences of administrators in selecting homeless placements for transgender women. Such research would address the documented problem of transgender women accessing appropriate and inclusive services due to inadequate housing placements (see Garrett, 2018; Johnston & Meyer, 2017).

Purpose of the Study

The purpose of this generic qualitative study was to explore the experiences of administrators of coed homeless facilities when making housing placement decisions. The target population was coed homeless residential program administrators who serve homeless transgender adults, particularly transgender women. The goal of this study was to gain a deeper understanding of the experiences of administrators in making housing

decisions for transgender women. I conducted this study to explore mitigating decision-making factors among administrators that affect the quality of services provided to transgender women.

Research Question

What are the experiences of administrators of homeless residential programs when making housing placement decisions for homeless transgender women at their facilities?

Theoretical Framework

The theory used for this study was queer theory. Queer theory, the name of which was coined by de Lauretis (1991), attends to how homosexuality can be reconceptualized in society. Rejecting traditional categorization of gender, queer theory can bring forth different methods of thinking and an understanding of the existence of heteronormativity in society (Capobianco, 2020). Heteronormativity is described as a social force that proposes normal and acceptable behaviors (Ray & Parkhill, 2021). Queer theory includes the idea of fluidity and the deconstruction of heteronormative societal norms to impact the lives of vulnerable populations (Pindi, 2020).

I used queer theory as the theoretical lens for this research study. Queer theory tenets were also the basis for the research and interview questions. I used queer theory to explore program administrator participants' heteronormativity, if any, in their policies and decision-making. The experiences of each participant in terms of heteronormativity were assessed through the feedback provided in the individual interviews. Queer theory

informed the development of the interview guide and data collection procedures. I also drew from it in interpretation the findings and deriving the themes.

Nature of the Study

I used a qualitative generic design. Researchers who use qualitative generic designs are not explicitly informed by a set of established philosophic assumptions. They seek to understand how individuals interpret, understand, and make meaning from the world and their experiences; this allows for the study to be built from the ground foundation (Kahlke, 2014; Percey et al., 2015). Use of a generic design allowed for the use of open codes, categories, and thematic analysis (see Kahlke, 2014; Weller et al., 2018). Generic qualitative inquiry is centered around the practical knowledge learned from studying a phenomenon (Kahlke, 2018; Percey et al., 2015). Consistent with the generic qualitative design, interviews were a primary source of data for this study.

Definitions

Biological sex: The assignment one is given at their time of birth indicating that their anatomy and/or genitalia matches either that of male (e.g., having a penis) or female (e.g., having a vagina; Watt, 2020).

Gender discrimination: A phenomenon that occurs when a member of society demonstrates negative social behavior because of another member's sexual orientation or gender (Hoffman, 2014).

Heteronormativity: A term that refers to Western norms and assumptions that most romantic and sexual relationships are heterosexual; heteronormativity is also

understood as an institutionalized social force that prescribes acceptable or normal behaviors (Ray & Parkhill, 2021; Warner, 1991).

Homeless: A phenomenon that occurs when an individual does not have a permanent place meant for the habitation of human beings (Cameron, 2017; Henwood et al., 2014; Spicer et al., 2010).

Transgender: A term used to describe when an individual's sense of personal identity, gender roles, and expressions do not correspond with their biologically assigned birth sex (Bauer & Hammond, 2015; Cameron, 2017; Pinto & Moleiro, 2015).

Transgender woman: A term that describes an individual deemed biologically male at birth but who identifies as a female socially and individually or an individual who has physically transitioned from male to female (Collazo et al., 2013; Ledesma & Ford, 2020).

Assumptions

There are various assumptions associated with this study. Because I used a generic qualitative design involving the collection of data via in-depth interviews, I assumed that the participants and I would meet for an extended period. I assumed that the participants would be forthcoming with truthful, detailed, and rich information (see Krokoszinski & Hosser, 2016). I assumed that participants would accurately recall their experiences, as this study was based on the analysis of existing policies and past experiences. I assumed that the participants had experience working with transgender women at least once and had been involved in the housing placement process or were aware of any procedures and protocols for interacting with transgender women clients. I

assumed that the participants' respective agencies would not have detailed policies, procedures, and accommodations developed regarding serving transgender clients or, if they did, would be in the early stages of creating these. Last, I assume that some form of heteronormativity would be present within participants' agencies. These assumptions were necessary in the context of the study and, in many cases, were outlined in the eligibility criteria for the study. If a prospective participant expressed interest in the study, I assumed that they could accurately recollect their experiences as data collection was based on self-report.

Scope and Delimitations

The delimitations of this study included the interviewing of administrators of programs in Florida due to time constraints of data collection, funding for the study, snowball sampling recruitment, and proximity of participants. I did not recruit administrators from programs that serve only one sex. Although administrators with clientele of exclusively one sex may encounter transgender women, these types of programs were not included, as my focus involved the decision-making specific to coed housing options. Administrators from outreach and outpatient programs were excluded, as the program requirements included residential facilities. To be eligible, these facilities had to provide services that are associated with outreach and outpatient programs but had to house clients. There were no gender or race requirements to participate. Organizational requirements included being a nonprofit and serving more than 25 individuals per month. Qualifying questions included the organization's length of operation, if the organization was faith-based, if the organization was affiliated with other organizations that serve the

same population, and if the organization had multiple locations that met the criteria of this study.

I used the term *administrators* as distinguished from *human service professionals* to denote those in a management role. I used measures to ensure that the study could be replicated by other researchers using a similar methodology, population, and sample size, however this study is unique in findings as participant experiences were shared in an exploratory approach. The use of qualitative design does not allow for this research to be applied nationally or internationally as it is specific to a particular geographical location as well as the nature of the nonreplicable experiences shared by participants.

I considered social construction theory for this study. Social construction theory to the processes involved by which individuals explain, make meaning out of, and interpret the world in which they live (Goffman, 1959; see also Berger & Luckman, 1966). Social construction theory holds to the concept that beliefs held by individuals about the world they live in are generally social inventions and that their reality is socially constructed (Cheung, 1997). Although this theory aligned with the study, the perception of reality was not essential to the study. Social construction theory has a broader focus than that of queer theory.

Another theory considered for the study was the social cognitive theory. Researchers commonly use this theory to discuss societal beliefs, norms, and behaviors and how these can be influenced by the decisions of those around them (Bandura, 1999). This theory is like queer theory in its attention to the impact society has on influencing norms but includes an element of self-efficacy. The concept of self-efficacy involves

analysis of how one can gain control over certain aspects of events within their life (Bandura, 1999). This focus was not essential to this study. This generic qualitative study emphasized more organizational and system-oriented concerns than the person-to-person influence that social cognitive theory considers. For these reasons, I opted to use queer theory for the study's theoretical framework.

Limitations

Qualitative generic designs come with limitations, and due to this, it is essential to establish methods, processes, and protocols to ensure quality, trustworthiness, credibility, and rigor in research (Kornbluh, 2015; Shufutinski, 2020). The limitations should not discourage the results from being considered. First, the study participants both worked and resided in the U.S. state of Florida, so if this study was extended further outside of Florida, the results might have differed. Second, I used snowball sampling, which may have resulted in biases or otherwise changed the study's findings due to who was recruited as informants, compared to if a different method was used, such as random sampling (Marcus et al., 2017). Also, snowball sampling may not bring forth the desired sample size, limiting the data and saturation (Waters, 2015).

I addressed the possibility of participants having limited experience with transgender clients by including language in the invitation that having such experience would inform their ability to answer questions to their full extent. I addressed the snowball sampling limitations by selecting the anchor participants at random to ensure more diverse recruitment, and I also utilized purposeful sampling. I also used open recruitment options for non-anchor participants. By allowing electronic means of

participation of participants, I was able to address any potential limitations narrowing participants to a specific geographical location.

Significance

This research addresses the gap in understanding of the experiences of administrators of coed homeless facilities when making housing placement decisions. This study provides insight into organizational decision-making and policy development and other factors, such as personal morals and values, that steer the administrators' choices that affect the transgender women population served (Tartakovsky & Walsh, 2018). The key players in this study were homeless administrators that participant in Florida HUD Continuum of Care (CoC) programs and the administrators' respective organizations. Penn and Baartmans (2018) agreed that there are general benefits to human service professionals making meaning out of their experiences with clients, especially about their complex professional roles. Other human service professionals may read about their colleagues' experiences, thus providing meaningful ways to transfer knowledge within the profession and therefore impact their community and the experiences of their participants (Penn & Baartmans, 2018).

The significance of a study lies in its potential to bring forth new ideas and concepts that may contribute to positive social change (Crothers, 2020). The study has the potential to influence laws policies and shape an understanding of how both administrators and transgender individuals experience the human services world. Both private and public organizations, including HUD, and their respective CoC programs may benefit from the study findings through their shaping of their understanding of both

employee and participant experiences. This knowledge may allow leaders to improve services and make them more inclusive of various subpopulations (HUD, 2022).

Additionally, at the time of this study, the HUD website did not have any posted resources for adult transgender individuals; its resources were for the youth and young adult population (HUD, 2022). Therefore, this study could yield helpful information on the adult transgender population.

Summary

In conducting this study, I sought to contribute to the literature related to the subject topic, which was administrators of coed homeless residential programs and their experiences deciding whether to place an individual in a male or female housing assignment in their facility. The literature related to transgender women and the barriers they experience in their pursuit of services reveals that transgender women do not receive adequate housing services (Garrett, 2018; Johnston & Meyer, 2017; Matthews et al., 2019). There is potential to effect positive social change and improve the experiences of homeless transgender women and bring awareness to the lack of adequate services for these individuals.

This study adds to the literature on the homeless transgender population while addressing the gap in research on the lived experiences of administrators of residential homeless programs when making housing decisions. The theoretical framework for this study was queer theory, which rejects traditional ways of thinking and assists in interpreting how society potentially uncovers inequalities and controls the lives of those of societal margins (Hennessy, 1993). This theory was the appropriate lens for this study

because it centered on heteronormativity and flexibility (see Capobianco, 2020; Sciuolo, 2019).

The qualitative design allowed for further understanding of how individuals interpret the world around them and are affected in terms of their behavior. This study may further understanding of how administrators and transgender women interact with the human services world. Its findings may have relevance for law and policy making. In this chapter, I provided an overview of the generic qualitative overview of the study, including an introduction to the study, background literature, the problem and purpose statements, and the research question. The theoretical framework of queer theory was also identified and discussed, and definitions critical to the study were provided. The chapter also includes discussion of the nature, assumptions, scope and delimitations, limitations, and significance of the research. Information regarding the literature search strategy and an exhaustive review of the literature related to the study are included in Chapter 2, as well as a more extensive review of the theoretical framework, queer theory.

Chapter 2: Literature Review

Introduction

The purpose of this generic qualitative study was to explore the experiences of administrators of residential, coed homeless facilities when making housing placement decisions. The literature on this topic was centered on transgender housing experiences of correctional, treatment, and educational settings (Anderson, 2018; Drakeford, 2018; Matsuzaka, 2018). Transgender women continue to experience difficulties in accessing appropriate and inclusive services due to inadequate housing placements (Garrett, 2018; Johnston & Meyer, 2017).

Transgender individuals are more likely to have a negative experience than a positive one and to experience distress in their pursuits of everyday living, such as accessing health care, education, employment, and social services (Jaffee et al., 2016; Kattari et al., 2016; Maksut et al., 2020; Pryor et al., 2016). The physical and social treatment of transgender individuals continues to be an issue (Martin Mamen et al., 2021; Tang et al., 2021). Transgender women have trouble navigating societal systems, even more so when experiencing homelessness (Fung et al., 2020; Garrett, 2018). Various organizations have implemented strategies to accommodate transgender individuals from a direct care standpoint; however, there is a lack of policy and procedure development for organizations to abide by, creating a barrier in fostering inclusion and creating vulnerability in organization accountability both legally and ethically (Anderson, 2018; Ferguson & Maccio, 2015).

In residential settings, transgender inmates are separated by the sex assigned to them at birth, being either male or female (Green, 2015). Researchers have examined the impact these housing placements have on transgender offenders, revealing the bigger problem, which is the lack of guidance and flexibility in housing placements (Beltran et al., 2019; Ledesma & Ford, 2020). The lack of guidance and flexibility has led to incidents where transgender offenders are isolated in solitary confinement settings to either accommodate the offender or minimize conflict or sexual contact between inmates (Green, 2015). Drakeford (2018) discussed the link between inmate suicide and transgender policies and found that the guidelines were negatively affecting transgender offenders by exposing to harmful conditions, for instance.

Researchers have found evidence of gender and sexuality discrimination in nonresidential settings but have not examined whether these forms of discrimination exist in housing placements (Kcomt et al., 2020). Recently, educational administrators, community leaders, and policy makers have championed intervention strategies to promote inclusion (Beltran et al., 2019; Bidell, 2016; Ledesma & Ford, 2020). Anderson (2018) focused on transgender individual policy development and guidelines under the Obama administration and discussed transgender rights regarding Title IX of the U.S. Education Amendments of 1972, highlighting political efforts to promote inclusion and safety of this vulnerable population.

Denton and Cain (2020) noted that transgender inclusion in residential housing in collegiate settings was a current focus of researchers. This research has yielded findings that this environment has been more proactive in the pursuit of transgender inclusion

through recent policy developments and gender-inclusive housing, leading the way for other residential settings to follow suit (Marine et al., 2019). This research, however, does outline the need for inclusive services for transgender women experiencing homelessness, as they are less likely to be in collegiate residential settings than other individuals, with their housing placements being settings that do not foster inclusion, research shows (Denton & Cain, 2020).

Current literature on the housing placements of transgender women is focused on carceral, collegiate, and substance abuse treatment settings (Keuroghlian et al., 2015; Matsuzaka, 2018). This narrow scope creates a gap in the literature regarding the decision-making process that undergirds housing placements for transgender women in homeless, residential settings. It also leaves unexamined from where these assignment decisions are rooted.

This chapter includes an analysis of the literature search strategy used for the study, including the search terms, engines and databases, and strategies used and the scope of the literature review, as well as how research gaps were navigated. In the section that follows, which concerns the study's theoretical foundation, I discuss queer theory in detail, such as the origin of the theory; its major theoretical propositions, hypotheses, assumptions, and previous applications; and its rationale for use in the present study. Then, in an exhaustive literature review I address related studies, how previous researchers approached the same problem, variable and concept selection, and variable contrast across studies. In the Summary and Conclusions section, I present major themes

in the literature, discuss what is well-known and not well-known in the discipline, and demonstrate how the present study addressed gaps in the literature.

Literature Search Strategy

The library databases used for this study included the SAGE Journal and LGBT+ Source databases, as well as Walden University Library's Thoreau multidatabase search tool. The key terms used included *transgender women, homeless administrators, transgender housing placements, coed residential homeless shelters, shelter administrators' experiences, qualitative transgender, transgender experiences, biological sex, transgender residential, transgender policy, LGBT residential, queer theory, and LGBT homeless*. The scope of literature in terms of the years searched includes peer-reviewed works published from 2016 to 2021, apart from the original literature surrounding the development of and literature on queer theory, which spans from around 1970 to 2021. In cases where there was minimal current research, other resources with similar methodology were utilized, or those with common variables but different research designs were analyzed.

Theoretical Foundation

The theoretical framework for this study was queer theory. Researchers have debated the origins of the term *queer theory*, though there is some agreement among researchers such as Halperin (2003) and Erol and Cuklanz (2020) that it was termed and developed by de Lauretis (1991). The theory was introduced around 1990, which, in comparison to other studies concerning gender and feminism, is considered relatively new (Erol & Cuklanz, 2020). After coining the theory at a conference held at the

University of California, Santa Cruz, de Lauretis published eight essays that attend to how homosexuality could be reconceptualized to be social and cultural forms. The contribution de Lauretis made to queer theory is significant in providing a base for transgender issues to be understood conceptually regarding placement in residential settings (see Halperin, 2003). Queer theory evolved in the 1950s first from postmodern literary theory and then in the 1960s and 1970s from the second wave of feminism, and in the 1980s from gay and lesbian studies (Halperin, 2003). Queer theory seeks to reject binary constraints and construction of individuals as either male or female and heterosexual or homosexual, and further addresses gender identity that falls into categories of normative and deviant; a tenet is that sexual behavior is a product of social conditioning (Halperin, 2003).

Warner (1991) discussed queer theory broadly, describing queer theory to be about ways in which societal mass texts shape sexuality. This was later expanded to include gender and that of taking the shape of a counter position, rejecting normativity of society in each context (Erol & Cuklanz, 2020). The framework has multiple sources and brings together an understanding of structural inequalities and how these inequalities affect the lives of those belonging to marginalized populations (Alexander, 2017; Capobianco, 2020; Foucault, 1978).

Queer theory has been applied in other studies as a framework to challenge the paradoxes of constructivism and essentialism (Capobianco, 2020; Chan & Howard, 2020). There is much argument regarding queer theory such as the arguments made by Mikdash and Puar (2016) which divert from traditional queer theorists' visions of visible

queer communities and activism (Coates, 2019; Heywood, 2018). Queer theorists have disputed psychoanalysts, arguing that psychoanalysis and considers and structures homosexuality as the category of “other” in society (Watson, 2019; Zanghellini, 2020). Queer theory is compared with other theories and aligned with such to distinguish themes and alignment of assumptions and premises, such as feminist theories and methodologies and in studies such as one conducted by Erol and Cuklanz (2020).

Queer theory seeks to deconstruct traditional paradoxes of constructivism and essentialism. As such, it was aligned with the present study and informed the development of the interview questions. The participants' responses yielded information that I further analyzed and contrasted to existing constructs. Queer theory was the most appropriate selection for this dissertation because of the theory’s potential to directly impact housing placements in social services settings for transgender individuals. Exploring queer theory provided insight into how social service administrators and their respective agencies make decisions and policies regarding how they gender their coed facilities. The research question posed in this dissertation built upon the existing theory and demonstrated the existence of claims made by queer theorists.

Literature Review Related to Key Variables and/or Concepts

I review relevant literature to provide a background for the current study. The literature review includes an examination of studies that center on the function of housing as support, the accommodation of transgender individuals, internalized barriers, and heteronormativity's impacts on housing.

Human Services and Shifts in U.S. Housing Policies

There have been shifts in human services over the last few centuries, leading to ambiguous and tumultuous environments that demand the adjustment and monitoring of agency effectiveness (Cree et al., 2019; Mosley & Smith, 2018). Agencies have begun emphasizing the need for housing to be included in the overall human services planning for individuals and have created programs and frameworks for serving populations with difficulty accessing stable housing (Currie et al., 2018). Housing is emphasized as a support in the human services field, and as a result, various interventions have been developed and explored. The U.S. federal government has recognized the use of housing as support and, in turn, provides funding to communities to combat and prevent homelessness (Lee, 2021; Lucas, 2017). Households have become displaced due to a number of factors, especially since the mid-2000s, with some explanation surrounding the housing market crash around that time period (Mykyta, 2019). HUD provides the most funding (at 2.6 billion dollars in 2019) divided between the CoC and the Emergency Solutions Grant, with the U.S. Department of Veteran Affairs providing a significant amount just under that at 1.8 billion dollars in 2019 allotted to programs serving veterans (HUD, 2020).

A shift has occurred within homeless policies over the last 20 years, and there is a significant increase in individuals being served by either of the funding sources previously mentioned or outside services (Jackson et al., 2020; Reyes, 2018). Other avenues of using housing as support have been rendered with more creativity to combat homelessness, such as the tiny home movement, which emphasizes the use of tiny homes

for housing, and tiny villages have been used as a transition to permanent housing and often are accompanied with wrap-around services (Jackson et al., 2020; Wong et al., 2020). Tiny homes are structures that are renovated and designed to be habitable and are anywhere from 65 to 400 square feet and include a loft (Bartholomew et al., 2019; Semborksi et al.). Tiny homes became more mainstream when they were utilized following Hurricane Katrina in 2005 and have become more popular as a method to reduce the carbon footprint and live independently and in a simple way, and because of this, stakeholders have identified tiny homes as a housing support for the homeless (Bartholomew et al., 2019; Greene, 2019; Trambley, 2021).

Additionally, housing models such as Housing First services emphasize serving the “whole” person, which entails addressing various areas of low-income individuals’ life outside of just housing (Sanders, 2019). Though it is argued that the majority of adults do not receive housing assistance overall, programs offering housing services as a support work toward minimizing the number of individuals who are displaced or homeless (Molinsky & Herbert, 2020). Clarke et al. (2020) discussed the housing readiness portion of housing first models, which describes a staircase analogy and the need for individuals to be prepared when housing support presents, with some examples of readiness including having all required personal documents, being stable from substances, addressing mental health needs. Sanders (2019) discussed the link between providing support services for individuals within their housing in an effort to reduce homelessness and promote overall wellbeing of the individual in need. Despite recent developments, there are still gaps in policy and organizational structures for providing

inclusive services and societal systems for vulnerable populations, like that of homeless and LGBTQ+ populations (Cameron, 2017).

Efforts to Address Homelessness in the United States

Homelessness is defined as exclusion from physical and social domains; therefore, homeless people experience housing exclusion (Batterham, 2018; Batterham, 2019; Kidd et al., 2021; Quinn et al., 2017). This is based on the concept of severe housing deprivation, which is when people live in inadequate housing and have limited access to housing that meets a minimum standard of adequacy (Sadiki & Steyn, 2021; Yousey & Samudra, 2018). This includes those who suffer from either insufficient privacy and security or live in an uninhabitable structure, whether sleeping in tents, cars, shelters, or other places not considered permanent housing (Fowler et al., 2019; Yousey & Samudra, 2018). Defining homelessness in the United States is increasingly difficult as scholars and federal agencies have varying definitions for study and policy purposes, and this inconsistency makes homelessness difficult to accurately measure both in rural and urban areas (Yousey & Samudra, 2018).

Homelessness is a public health issue that is expanding globally and is considered a social and public health issue (Currie et al., 2018; Luong et al., 2021; Ul Hassan et al., 2019). The Annual Homeless Assessment Report (AHAR) estimates the number of sheltered and unsheltered persons at a Point-In-Time (PIT) in the United States; HUD (2018) reported in the AHAR that 552,830 people were homeless on a single night, and this number increased to approximately 580,000 people in 2020 (HUD, 2020). The PIT study also assesses the total percentage of homeless throughout the country; according to

this report, an estimated 1.69% of the entire population was homeless (HUD, 2018). It is believed that almost 11% of all Americans experience the possibility of homelessness and poor health outcomes, and this includes 38 million living in poverty, 27 million without medical coverage, and an additional 19 million experiencing housing insecurity (HUD, 2018). Henry et al. (2018) discussed that a recent report spanning from 2007 to 2017 found that those over the age of 62 living in transitional housing or emergency shelter increased by 69%, not accounting for those that are street homeless. Molinsky and Herbert (2020) stated that baby boomer adults are at an increased risk for homelessness due to the changes faced economically from when they entered the workforce to their exit from the economic workforce. Furthermore, homelessness is not exclusive to adults, as there are approximately 3.5 million homeless youth in the United States (Cronley & Evans, 2017). Many youths using housing as a support experience increased wait times in housing programs such as Rapid Re-Housing (RRH), despite the positive outcomes of youth stability observed following their participation (Clemens et al., 2018; Hsu et al., 2019). Researchers have emphasized many interventions to use in addition to housing support programs to assist youth in achieving stability, including addressing trauma and mental health, substance abuse, legal, financial, and other needs to be addressed (Barnes et al., 2021; Clemens et al., 2018; Wang et al., 2019).

According to Obioha (2021), homelessness has been increasingly complex to resolve due to the inability to provide affordable housing in many geographical areas and the impact on overall wellness and challenges homeless individuals experience. Homelessness is not specific to certain demographics, with subpopulations influenced,

one of which is the LGBTQ+ population (Fletcher & Reback, 2017). Scholars and researchers divide homelessness into typologies, as this would allow for better identification, matching needs and services to individuals, and many categories have been identified (Brown et al., 2017). From 1996 to approximately 2006, homelessness was categorized into three levels subsections or patterns, most frequently defined as those staying in shelter, with family or friends, and staying outdoors or in car, further narrowed to temporarily, episodically, and chronically homeless (Brown et al., 2017; Yousey & Samudra, 2018). More recently, officials have developed four categories of eligibility for various HUD CoC programs such as the Emergency Solutions Grant, including literally homeless, imminent risk of homelessness, homeless under other federal statutes, and those fleeing or attempting to flee domestic violence (HUD, 2022).

Efforts have been made to combat homelessness by the government and supporting agencies, including health care approaches, where an increase of housing plans following hospital discharge can decrease homelessness, as this population frequents hospitalization (Currie et al., 2018). New approaches outlined by Adair et al. (2016) include neighborhood quality where homelessness reduction efforts occur and examine if the area is realistic for the attainment and maintenance of housing for homeless individuals. Researchers have discussed that homelessness can only be managed rather than solved and that efforts should be interdisciplinary, innovative, and persistent, with responsiveness from social workers and a willingness to shape and impact policies and organizational structures (Oudshoorn et al., 2020; Rine & LaBarre, 2020). Housing programs have been implemented to reduce homelessness, such as the

Housing First model (Kerman et al., 2020b; Parpouchi et al., 2021). When outcomes have not been achieved for such programs, the victims and the program are blamed, and society as a whole is not thoroughly investigated (Oudshoorn et al., 2020; Wallace et al., 2019). The Housing First model seeks to combat homelessness and states that, in order to address homelessness successfully, individuals must first achieve stable housing, as this would allow them to overcome outlying physical, emotional, or financial issues they are experiencing (Adair et al., 2016; Tsai et al., 2020).

Currie et al. (2018) argued that homeless individuals experience distress and are focused primarily on survival, and so their mental health needs are not prioritized until stable housing is achieved. Mejia-Lancheros et al. (2021) mentioned that homeless individuals with mental illnesses may experience an amplification of their symptoms, making them more aggravated and emotionally impacted due to their homelessness. Adults with serious mental illness are 10 to 20 times more likely to experience homelessness (Vranda et al., 2021). Additionally, approximately one-fifth of the homeless population has a diagnosable mental illness or more than one (Gabrielian et al., 2021). This evidence further supports existing housing models that emphasize overall wellness of the homeless individual, to include mental health, such as RRH (Brown et al., 2017; Durbin et al., 2019). RRH was initiated to house the homeless as a short-term option that is considered more effective and less costly than permanent supportive and other transitional housing (Hsu et al., 2019). RRH includes three components, including recruiting landlords and identifying housing, providing moving and rental assistance, as well as offering supportive services such as case management, adding an added feeling of

security for those being served (García & Kim, 2020). Maintaining housing can be difficult for homeless individuals experiencing distress or other barriers to success, but it is not impossible, and Estrella et al. (2021) conveyed the importance of the continuous adjustment of models to meet the needs of those being served. García and Kim (2020) argued that intensive services and addressing issues simultaneously is essential to the progress and wellness of homeless individuals.

To understand the depth and extensiveness of homelessness, it is crucial to understand the rates of homelessness within the United States. According to the HUD (2018) AHAR, there were an estimated 552,830 sheltered and unsheltered homeless persons on a single night in 2018, representing roughly 1.69% of the entire population. This PIT count also demonstrates how homelessness and unsheltered rates are rapidly increasing among transgender individuals, with the number of these individuals experiencing homelessness rising by 88% since 2016, and according to the National Alliance to End Homelessness (NAEH, 2020), the number who experienced unsheltered homelessness rose by 113% during this same period. Researchers argued that transgender individuals are disproportionately more likely to be unsheltered compared to their cisgender peers, with 63% living in these situations compared to 49% (HUD, 2018).

Ecker et al. (2019) discussed how LGBTQ+ adults are not as represented in research compared to that of LGBTQ+ youth when measuring homelessness. In San Francisco, in 2013, it was found that 30% of those identifying as homeless were also LGBTQ+ community members, but it is also important to note that San Francisco recently opened a shelter for LGBTQ+ adults, so the increase in percentages of LGBTQ+

homeless would be on the rise in the area (Ecker et al., 2019). On an international level, LGBTQ+ prevalence is comparable to that of U.S. percentages, with the cities of Toronto and Winnipeg in Canada having 8 to 9% of LGBTQ+ individuals within their homeless population (Ecker et al., 2019; Maes Nino et al., 2016).

Inclusive Services and Societal Systems

Services for homeless individuals vary depending on the level of need and how the societal systems match those needs, and there is a mismatch between public perceptions and professional perceptions of the needs of the homeless (Barile et al., 2019). Most homeless individuals suffer from a mental illness or are considered substance-dependent, though there is evidence of exaggeration when it comes to these assumptions (Draine et al., 2002). This impacts access to services, perceptions of services, and the societal systems surrounding the inclusion of services (Barile et al., 2019). For example, until same-sex marriage was legalized in 2015 by the United States Supreme Court rulings, LGBTQ+ couples were excluded from benefits that heterosexual spouses were able to receive, including the exclusion of a spouse's social security (Ecker et al., 2019). Though LGBTQ+ and heterosexual couples are comparable economically, the types of exclusions previously mentioned can create a lack of financial security and put LGBTQ+ individuals at a greater risk for homelessness compared to that of their heterosexual peers, which was also discovered when alimony was not possible in union separation, leaving more economic vulnerability (Drabble et al., 2021; Eskridge Jr., 2021).

For transgender homeless, inclusive services that address their unique needs can be beneficial (Allen et al., 2019; Cheung et al., 2020; Wong et al., 2021). According to recent research, the transgender population has an increased risk of poverty and homelessness and, as a result, have a significant need to receive adequate services designed to help them attain a point of stability and access the appropriate support services (Shankar et al., 2019; Shelton et al., 2018). Homeless transgender individuals can face homophobia, transphobia, and violence when accessing services, which can be reminiscent of previous negative experiences of rejection in their early lives that lead to their exit from home (Ashley, 2019; Warwick et al., 2021). Heubner et al. (2004) demonstrated this homophobia and transphobia in an impactful study conducted in which 11% of LGBTQ+ individuals experienced discrimination, 37% experienced harassment verbally, and 5% experiencing physical violence due to their identity in three U.S. cities in a 6-month period. Establishments providing services are a safe place for individuals to seek refuge, but for those that are transgender, these can generate additional stress, along with experiences faced in personal interactions and relationships (Allison et al., 2021; Gamble et al., 2020).

It has been discussed that homeless transgender individuals are part of a marginalized community, and research has been conducted to confirm this through studies such as the Sakamoto et al. (2009) study that had a sample of 20 transgender women who reported feeling marginalized due to gender-segregated emergency shelters, interactions with police, and internalized homophobia. Transgender individuals are considered marginalized due to current societal expectations of gender identity and

expression, and one of the reasons public policy efforts to date have remained unsuccessful is due to this existing stigma, as many transgender people seeking housing are frequently overlooked or ignored (Floyd et al., 2020; Glick et al., 2019). Snow et al. (2021) argued the importance of national, state, and local policies to recognize the existence of this population, validating the concept of visibility for transgender homeless, as well as the need for transgender-inclusive and gender-diverse providers.

Researchers have emphasized the need for flexibility when working to increase inclusivity for transgender clients, and flexibility within organizational policies and procedures can impact a transgender individual's willingness to seek services (Gaither, 2018; Klein et al., 2018; Matsuno, 2019). For example, Bauer et al. (2017), who collected data from October 2015 to March 2016 from any participant who was over the age of 14 and lived in Canada, found that flexibility should be considered when researchers collect data from transgender individuals, as write-in options regarding gender identity rather than predesigned selections make a difference when completing documents. Within the Bauer et al. study, there was argument that too much flexibility is not appropriate for broad population surveys, and this can create a lack of representation of the transgender community if their identity is filed into either male or female.

Flexibility varies by organization, with considerations for details such as using transgender individuals' preferred pronouns, as outlined in a qualitative study conducted by Brown et al. (2020) where 66 in-depth interviews with LGBTQ+ youth were conducted surrounding flexibility and pronouns, and how these can strengthen helping relationships between clients and staff. Singh and O'Brien (2020) discussed

psychological flexibility, which pertains to the ability to adapt to surroundings and situations to address situation demands effectively, ensuring cognitive efforts are geared toward solutions, and unpleasant experiences are shifted into acceptance- and mindful-based perspectives focusing on the present moment.

Need for Care

Researchers have discussed the need for care for transgender individuals facing homelessness, and numerous physical, psychological, and social aspects can make their accommodations more complex than their cis peers (Kcomt et al., 2020; Kerman & Sylvestre, 2020b). Increased violence and unsanitary conditions can predispose homeless people to poor health and illnesses (Abramovich et al., 2020). Viruses and bacteria are often and easily transmitted within the homeless population, putting them at increased risk for sickness, Hepatitis C, and HIV (Poteat et al., 2021). Housing instability has been linked to increased risky sexual behavior and an increase of sexually transmitted infections (STIs) (Ecker et al., 2019; Williams & Bryant, 2018). Risky sexual behavior includes having sex with multiple partners or unprotected intercourse, and these STIs can be spread through both consensual and nonconsensual sexual encounters (Poteat et al., 2021). Biologically assigned women are more likely to suffer compared to male counterparts, and this increased violence leads to unplanned pregnancies, further compromising overall health of the individual (Kerman & Sylvestre, 2019; Williams & Bryant, 2018).

Those who are homeless, including transgender individuals, often must cope with various environmental dangers and hazards, weather, and insect bites (Kidd et al., 2021).

Reduced access to hygienic supplies such as clean water makes maintaining good hygiene difficult, and limited access to clean drinking water may result in dehydration, especially in more tropical climates, as demonstrated in studies conducted by Capone et al. (2020) and Kidd et al. (2021). Anderson et al. (2021) discussed that even though there are temporary shelters where the homeless can obtain some of these amenities and wash up, there are hurdles to surmount, such as overcrowding and limited facilities. For vulnerable populations like transgender individuals, these problems can cause these individuals to be too afraid to seek shelter, as they face discrimination and transphobic violence (Glick et al., 2019). Researchers have found through in-depth interviews and surveys that many transgender clients are not as acknowledged by staff as their cisgender counterparts, which leads to transgender individuals feeling safer on the streets (Glick et al., 2019; Prunas et al., 2018).

According to Holt et al. (2020) and other researchers such as Macri and Wolfe (2019), the general approach to caring for transgender clients is to offer them respect and equal service accommodation as any other individual or group. Social service workers are encouraged to consider their unique needs, doing all they can to eliminate their suffering and help them through these difficult times (Macri & Wolfe, 2019). Transgender clients, like any other population, are entitled to adequate care, though sometimes they are denied based on their gender identity or gender nonconformity, working through (Sørli, 2019). It is necessary for social service workers to consider transgender clients' past experiences with discrimination and bias and possible violence, as these can create distrust (Heasley,

2021). Through nurturing a strong connection built on honesty and mutual respect, social services can be an asset to transgender individuals (Neal, 2018).

Living Dissatisfaction

According to Newcomb et al. (2020), as many as 50% of homeless LGBTQ+ transitional-age youth have been forced out of their homes, either familial or foster, due to family prejudice toward their sexual orientation or gender identity; they experience a lack of understanding, with their families subscribing to homophobic ideologies (Schmitz & Tyler., 2018; Shelton et al., 2018). Transgender youth may be told they need to leave their homes immediately after coming out and sharing their gender identity (Ashley, 2019; Côté & Blais, 2021). Furthermore, up to three-quarters or more of LGBTQ+ individuals report experiencing physical or emotional abuse, including assaults and attempted murder, at the hands of their families (Rew et al., 2019). Rejection from the family of LGBTQ+ individuals during adolescence can have a significant influence in young adulthood and detrimentally impact the individual throughout their lives (Ecker et al., 2019; Rew et al., 2019). Those transgender individuals who are older may have general living dissatisfaction due to the inability to afford better places to live, especially if they struggle with getting long-term employment (Newcomb et al., 2020).

Living dissatisfaction can be deep-rooted from family life, as mentioned in the Ashley (2019) study, and can follow throughout adulthood and present in other forms. For example, there is a significant risk of transgender individuals experiencing mental illness and substance abuse issues, which can be amplified in experiencing homelessness (Greenwood & Manning, 2017). When facing hostility and barriers to much-needed care,

combined with familial stress, transgender individuals may resort to unhealthy outlets for dealing with their situations, such as engaging in risky sexual and financial behavior, as well as abusing illegal drugs (Ecker et al., 2019; Ryan et al., 2009). Abramovich (2016) found that the discriminatory and unfair treatment many transgender people experience may prompt them to try and manage their pain and fear in some way, such as abusing substances to reduce the accompanying stress and anxiety of homelessness (North & Pollio, 2017). This population is already at increased risk for substance abuse, whether cigarettes, alcohol, or illegal drugs (North & Pollio, 2017). These coping mechanisms are frequently used within the transgender community, with many individuals experiencing suicidal thoughts, anxiety, depression, and other mental health conditions (Real-Quintanar et al., 2020; Wolfe et al., 2021).

There is a unique relationship between homelessness and mental health (Balasuriya & Dixon, 2021). Padgett (2020) explained that while homelessness directly weakens an individual's mental health, these psychiatric conditions likewise directly result in homelessness. The homeless experience elevates and amplifies rates of mental health issues and substance abuse issues, especially if the individual suffers from any preexisting conditions (Luong et al., 2021; Padgett, 2020). Among LGBTQ+ populations, recent estimates show that 40% suffer from mental illness, including those who are not experiencing homelessness, with many likely to experience depression, posttraumatic stress disorder, as well as suicidal ideation and attempts compared to their heterosexual peers (Hyslop, 2018). Additionally, homeless individuals have higher rates of substance

use, with the rates among transgender homeless higher than cisgender individuals (Fraser et al., 2019; Kcomt et al., 2020).

Transgender Individuals' Experiences of Homelessness

A primary cause of homelessness is the inability to afford rent, predominantly affecting poorer and minority populations and often leading to poverty (Cronley et al., 2020; Shelton & Bond, 2017). Individuals who experience financial issues, such as a sickness or injury not covered through medical insurance, or experience some other hardship, can find themselves in a “downward spiral” and find themselves to be without stability (Matthews et al., 2019). Homeless lack financial stability compared to more affluent populations and lack the resources necessary to stay housed or maintain rental or mortgage obligations (Evans et al., 2016; Forge et al., 2018).

Homeless individuals' situations become increasingly difficult after becoming homeless, as they face severe discrimination due to the stigma and negative attitudes surrounding being homeless, making it difficult to find suitable, long-term work (Sellers, 2018). Due to this, the ability for transgender individuals to find meaningful employment becomes close to unattainable, and those who do secure work are subjected to harassment and prejudice, and many often end up working in medical settings or continue to struggle with unemployment (Fraser et al., 2019).

Barriers to Accessing Housing Services

Transgender individuals may encounter several barriers when attempting to access services, such as their denial of both human and civil rights and discrimination (Alizaga et al., 2021; Bowers & Whitley, 2020). Heteronormativity-based discrimination

creates difficulty for transgender individuals in various places such as in housing, employment, health care, education, and other areas (Klein et al., 2018a; Klein et al., 2018b). Discrimination in housing is a barrier for transgender individuals in securing a place that is adequate and safe for habitation and accessing housing services, which can result in a greater risk of homelessness (Glick et al., 2019).

Another barrier includes that of obtaining an adequate source of income, whether employment or government-based, as this can make it difficult to secure services that require a source of income as a prerequisite or qualification (Brallier et al., 2019). Employment can impact many areas of an individual's life and without a source of income, make it difficult to obtain necessities, especially those needed to transition out of homelessness (Grimes, 2020; Murphy, 2019). Transgender individuals often choose to work in potentially dangerous places to work and make money to afford a place to live, possibly subjecting themselves to experiencing harassment (Abeleda et al., 2019; Bouris et al., 2016).

Though obtaining income is still a barrier for those experiencing homelessness, there has been increased efforts to assist homeless individuals obtain income that are not able to work, one of which eliminating barriers that limit access to supplemental security income (SSI) and social security disability insurance (SSDI) (Nicholas & Hale, 2021). The SSI/SSDI Outreach, Access and Recovery (SOAR) program is a model that has been working to reduce homelessness through increasing access to SSI and SSDI (Donaldson et al., 2020; Lowder et al., 2017). According to Donaldson et al. (2020), 29% of initial SSI/SSDI applications are approved, and this percentage is reduced by more than half for

those experiencing homelessness. Another barrier related to obtaining such benefits, when granted, is the ability to manage finances successfully for homeless individuals, about a quarter of these beneficiaries have a representative payee to assist in managing their payments (Gutierrez Harris & Bitonte, 2020; Nicholas & Hale, 2021). However, when granted such benefits, the payment amounts may keep the beneficiaries right at the poverty line, and poverty-level income does not support decent housing, move-in costs, or other needs to rise out of homelessness (Gorfido, 2020).

Transportation is another important barrier to accessing services for those experiencing homelessness, which is also known as transportation disadvantage (TD) (Brallier et al., 2019; Murphy, 2019). TD hinders an individual's ability to effectively access opportunities such as employment, education, health care, and social services and is influenced by other barriers such as lack of employment and cognitive abilities impacted by mental illness (Murphy, 2019; Scott et al., 2020). The cost of transportation alone can directly limit one's mobility, including costs of public transportation, bicycles, vehicles, and other means of transportation (Grimes, 2020; Ramsay et al., 2019; Saberi et al., 2017).

More specifically, a homeless transgender individuals may not have the means to get to places that provide services, with additional consideration that these individuals may experience violence in public places, including public transport, making the ability to travel more difficult (Evens et al., 2019). Transportation can also be impacted by an individual's lack of technology (Kerman & Sylvestre, 2020s). Technology such as having access to the internet and telephone can significantly impact an individual's ability to

access services, which can prolong homelessness for these individuals (Kerman & Sylvestre, 2020a).

Documentation is a barrier for transgender individuals, as outlined by Clarkson (2019), as identification in certain situations can increase an individual's vulnerability, such as entering a sex-specific venue, obtaining employment and other services, and when confronted by law enforcement. There has been argument surrounding whether there should be an additional value for nonbinary or transgender individuals in documentation to promote inclusivity, such as in the study by Knutson et al. (2019) that described those states such as California and Oregon have already moved toward having "X" as an option on government documentation. Lack of documentation matching the individual's preferred gender can create barriers to receiving the services needed and can cause hesitation to seek services for fear of ending up in an uncomfortable situation that does not match one's gender identity (Clarkson, 2019; Knutson et al., 2019).

Another barrier overall includes the lack of transgender-specific services available to access, as many services are often heteronormative and not cognizant of the transgender population (Freese et al., 2018). A transgender transitioning-specific service includes that of gender-affirming voice services, as outlined in a study by Moog and Timmons Sund (2021). The costliness of transgender-specific services also impacts an individual's ability to access services, which goes hand in hand with the overpricing of these services as well as a lack of income of homeless transgender individuals due to employment challenges or access to other sources of income (Moog & Timmons Sund, 2021). In some circumstances, service providers may prefer the individual be fully

transitioned, such as having surgery to reflect their preferred gender, which can be costly and difficult to complete, especially for those that are experiencing homelessness and have financial difficulties and do not have insurance to cover the procedure, and finding a doctor to complete these transitional surgeries can be challenging (Bakko & Katari, 2020; Cohen et al., 2020; Verhasselt et al., 2020).

An additional barrier for transgender individuals when accessing services includes that of having pets or emotional or service animals (Cleary et al., 2020; Kerman et al., 2020). This is an overall barrier for those experiencing homelessness, as many facilities will not allow pets to be brought inside outpatient facilities, and residential facilities may not allow for the animal to reside with the individual, and finding other arrangements for these animals may prove difficult (Clearly et al., 2020; Matsuoka et al., 2020). Pets can often be considered family to their owners, and the comfort in having a companion can lead many homeless individuals to not seek shelter or services for fear of losing such sense of belonging and responsibility (Matsuoka et al., 2020).

An additional barrier to accessing services includes that of many programs requiring the individual to be sober and abstinent from drug use, which can be difficult for those suffering from addiction to be able to accomplish, especially short term (Cherner et al., 2017). Many residential facilities participate in drug testing to ensure residents are not under the influence of drugs or do not bring them on the property (Cherner et al., 2017; Matsuzaka, 2018). An individual addicted to substances may be ashamed to present to service options, based on the stigma surrounding having an addiction, which may prevent them from getting their first foot in the door of a facility (Rendon et al., 2017).

Furthermore, this group experiences increased rates of violence and victimization, ultimately making transgender people wary of accepting help from others (Harrison & Michelson, 2019; Kattari et al., 2021). Many transgender homeless people mistakenly believe they do not meet society's standards for dignity due to their experiences in the community (Ahktar & Bilour, 2020; Austin & Goodman, 2017). This only exacerbates any mental health issues, causing psychological stress and anxiety and contributing to poor outcomes, such as denial of jobs and steady income (Austin & Goodman, 2017; Harrison & Michelson, 2019).

There are also legal and regulatory barriers to accommodating transgender individuals. Since LGBTQ+ people were not explicitly protected from discrimination under the federal Fair Housing Act, HUD sought to remedy this by establishing the EAR (Bowers & Whitley, 2020). A recent study on 100 homeless shelters across four states conducted by the Center for American Progress and the Equal Rights Center (ERC) found that this population still experienced high rates of discrimination when attempting to use social services such as shelters (Rooney et al., 2016). The study measured the degree to which transgender homeless women can access shelters that meet with their gender identities, examining the types of discrimination and mistreatment they face in the process; it found that only a tiny portion of shelters were willing to adequately accommodate transgender women, depending upon state laws and shelter types (Rooney et al., 2016). According to Rooney et al. (2016), many of the callers were told they would be isolated or given separate facilities at the shelters, with discrepancies between positive information provided to the cisgender callers and negative information provided to the

transgender women. Some of the shelter employees made references to genitalia or that these transgender women would need surgery before being able to receive appropriate housing, while others implied that other residents would be uncomfortable or unsafe (Rooney et al., 2016). In 34% of the calls, shelter employees explicitly refused to shelter the person or instead placed them in isolation or a men's facility (Rooney et al., 2016).

Strategies for Accommodating Transgender Individuals in Housing

Strategies to help transgender individuals find adequate housing and stability consider various issues, and perhaps the most successful and long-lasting approach would help them attain and maintain employment (Mizock et al., 2017). This way, they could not only afford stable housing, but other necessities such as food, water, clothing, and medical insurance (Reed, 2020). Transgender individuals who have found work and are trying to fix their housing situation may be too fearful of reporting abuse or prejudice they face frequently, and due to discrimination, they may drop out of the labor force (Leppel, 2021; Waite, 2021). For example, LGBTQ+ groups are commonly passed over for promotions and desirable work tasks, and many receive lesser pay (Cech & Rothwell, 2020). More overt discrimination also persists, with social rejection or violence, and this subsequently worsens existing housing difficulties, as they may have to resign from their place of employment to keep themselves safe (Messinger et al., 2021; Ullah et al., 2021).

Strategies to integrate LGBT issues and labor politics are becoming more widespread, especially as societies begin to accept transgender individuals, respecting their identities and lifestyles (Hobster & McLuskey, 2020). There must be a commitment within national and state organizations to promote social and economic justice and

inclusion, including relevant laws to ensure transgender individuals are safe and treated with respect (Price, 2020). Therefore, cross-sector organizing among these organizations may be undertaken, with LGBT movements using available resources and managing their skills to ensure the labor movement has a committed membership base (Reed, 2020; Waite, 2021).

On the other hand, the labor movement could also ally with these LGBT organizations, helping transgender individuals fight for fair employment contracts and equal rights within the workplace (Dray et al., 2020). This, in combination with fostering an environment where transgender voices are heard in the workplace, may help reduce hostility and inequality that is ubiquitous in labor organizations throughout the country, promoting safer working environments that allow transgender individuals to keep their jobs – and subsequently, housing – and excel within their occupations, with numerous professional development opportunities (Beauregard et al., 2018; Cobb & McKenzie-Harris, 2019).

Unique and multifaceted needs are to be considered to better accommodate transgender individuals, including the need to consider the obstacles that adversely impact physical, psychological, and emotional health and well-being (Eisenberg et al., 2019). LGBTQ+ and transgender communities face obstacles that make them more susceptible and vulnerable to specific outcomes (Douglass et al., 2018; Ecker et al., 2019). McCann and Brown (2021) discussed that to better accommodate transgender individuals, a general approach should be outlined when caring for transgender clients,

with consideration for risk of suicide, general living dissatisfaction, and experiences securing stable housing.

HUD (2021) has created several laws and guidelines to promote equality within transgender communities, helping better accommodate their needs during housing. The first is the Fair Housing Act, which prohibits housing discrimination based on numerous characteristics, including sex, race, color, national origin, religion, familial status, and disability; if these individuals have faced any discrimination under this law due to their sexual orientation or gender identity, HUD will investigate these violations (HUD, 2021). HUD's Equal Access Rule (EAR) also requires all individuals to have equal access to HUD programs no matter their actual or perceived sexual orientation, gender identity, or marital status; all housing providers receiving HUD funding must comply with this rule (HUD, 2021). Of course, numerous state and local laws also mandate against housing discrimination, with state and regional human rights agencies assisting transgender individuals with determining coverage under those laws (HUD, 2021).

Accommodations may be created in housing situations through creating procedures that align with the protection of transgender clients, such as having procedures for living arrangements that are safe and secure for protecting the identity of these individuals, including how government mail is distributed to residents (Waling et al., 2020). Accommodations can be made through both small- and large-scale efforts, entailing movements and organization-specific regulations and decisions (Klein et al., 2018a; Klein et al., 2018b).

Heteronormativity Impacts on Housing

According to van der Toorn et al. (2020), heteronormative ideology pertains to the belief that there are two separate and opposing genders. In this ideology, heterosexuality is considered the norm, and each gender has its associated natural roles matching their assigned sex (van der Toorn et al., 2020). Heteronormativity is both pervasive and persistent, not to mention having adverse connotations, and it is entrenched in societal institutions and disseminated through socialization (van der Toorn et al., 2020). Heteronormativity is prevalent among not only cis-hetero individuals but also LGBTQ+ individuals (Usai et al., 2022).

Within social and human services, there is an inclination to care for clients who are cisgender or heterosexual, and often transgender individuals are not frequently accounted for, at least not to the extent to which they need to be (Habarth et al., 2020; Ray & Parkhill, 2021). Heteronormativity's prescriptive nature is often prejudice, which is based upon sexual orientation, such as homonegativity, heterosexism, gender identity, trans-negativity, which ultimately results in the denial, defamation, and stigmatization of queer and non-binary forms of identity, behavior, relationships, or community (Lasio et al., 2019; Ray & Parkhill, 2021). Thus, the demonstration of heteronormativity creates a barrier to housing homeless transgender individuals (Lane, 2020; Lasio et al., 2019).

Perspectives of Human Service Professionals

Additional studies are needed on the perspectives of human service professionals to better address the needs of transgender homeless individuals (Hobster & McLuskey, 2020). For example, research focusing on homeless self-identified transgender youth is

limited in scope and quantity (Shelton & Bond, 2017). Further research into this population is required to develop a deeper understanding of how homelessness affects transgender and gender nonconforming individuals and how this population is accommodated through available homeless services (Keizur et al., 2020). This includes investigating policies and cultural competency training and their impacts on shelter dynamics (Rine & LaBarre, 2020). Homeless transgender individuals represent an increasingly large percentage of all individuals within the homeless community, and they are highly underrepresented in current research (Greenfield et al., 2020).

When considering youth, some of the current research available includes members of both the homeless youth population and homeless gender non-conforming population, placing them into broad research (Forge et al., 2018; Shelton & Bond, 2017). Homeless transgender youth have unique needs that are different from other members of the homeless LGBTQ+ community, and their needs are not sufficiently addressed in many of the national services available to homeless youth (Rhoades et al., 2018). There is a shortage of high-quality studies that concentrate on the struggles faced by homeless transgender individuals, especially those related to accessing services (Barile et al., 2019). Kidd et al. (2019) discussed that further research should focus on this population and examine the probability that transgender individuals will have positive experiences and in spaces that should be safe, secure, and foster inclusion. The current academic literature is severely lacking, with a noted gap in the research, and my research aims to overcome this gap.

Summary and Conclusions

As this literature review indicates, transgender individuals represent a rapidly rising population of homeless people within the United States, with more people becoming homeless or experiencing housing difficulties every year (Bowers & Whitley, 2020; Russomanno & Jabson Tree, 2020). There are many underlying reasons for this, including the heteronormative society in which the country still exists, which accepts cisgender and heterosexuals as the societal norm (Redcay et al., 2020). Many transgender people suffer discrimination, bias, and inequality in accessing much-needed social services, such as aid with temporary housing or shelters and necessities (Beltran et al., 2019; Henderson et al., 2019; Redcay et al., 2020). They are subject to violence and abuse, making many afraid to seek these places as areas of refuge, often leading transgender homeless to feel they are anything but safe (Greenfield et al., 2020; Matsuzaka, 2018). HUD established laws such as the Fair Housing Act and EAR, and these are argued to not be sufficient as this population still has adverse outcomes when trying to access social services (Langowski et al., 2018; Oliveri, 2020).

Since the inability to pay for rent or housing is a significant cause of homelessness or housing instability, one strategy to help this population may be to focus on labor laws (Leppel, 2021). Transgender people should feel safe in their work environments, gaining employment that gives them professional opportunities to succeed and rise within the organizations (Mizock et al., 2017). This literature review has shown the gap in research that prevails LGBTQ+ studies, as there is a notable lack of investigation into transgender individuals (Valentine & Shipherd, 2018). Therefore, this

proposal aims to fill this gap, exploring transgender women experiencing homelessness and housing difficulties. The present study fills the gap in literature surrounding transgender women accessing services as administrators making housing decisions for individuals plays a role in the clients' ability to access housing services. In the following chapter, methods to addressing the gap in transgender women accessing adequate services are outlined and discussed and provide the basis for which the study will be built upon.

Chapter 3: Research Method

Introduction

The purpose of this generic qualitative study was to examine the experiences of administrators of coed homeless facilities when making housing placement decisions. I conducted the study to explore mitigating decision-making factors among administrators that affect the quality of services provided to transgender women. In this chapter, I discuss the study research design and rationale and methodology, including procedures for recruitment, participation, and data collection, as well as threats to validity.

Research Design and Rationale

In this study, I explored the experiences of administrators of coed homeless facilities when making housing placement decisions. The approach of this study was a qualitative generic study design. A qualitative generic study design is centered around the practical knowledge that can be learned from studying a phenomenon. This approach has roots in phenomenology and was exploratory to include lived experiences, which allowed for content analysis (Powell & Thomas, 2021). Interviews are a primary source of data. I conducted in-depth interviews, with open-ended questions included. Open-ended interviews are common approaches in qualitative research, and they are often used with other interviewing techniques to further understand explore processes, correlations and phenomenon (Weller et al., 2018).

Researchers use qualitative designs to understand a social phenomenon that can be considered complex and how the environment is impacted by such phenomenon,

further attempting to understand how people approach, experience, view, and see the world around them and make meaning out of their experiences (Erickson, 2011).

The generic qualitative design was appropriate for this study because I sought to identify practical knowledge that might inform policy development and increase awareness regarding the housing placements of transgender women at homeless facilities. The use of a generic design allowed for the program administrators in the study to interpret, construct, and make meaning of their experiences without the constrictions of various study designs. By using this approach, I was able to investigate the research phenomenon at length. The primary data source for this approach is interviews. Content analysis is also central to the qualitative generic design approach (Kahlke, 2018). I obtained data from a small sample of 10 program administrators of coed, residential homeless facilities using in-depth individual interviews. The target population was coed homeless residential programs administrators who work for programs that serve homeless transgender women.

The use of qualitative designs arises from a need to understand complex social phenomena and how the environment is impacted by such phenomena; further, researchers attempt to understand how people approach, experience, view, and understand the world around them (Weller et al., 2018). The use of a qualitative generic design approach was appropriate for this study because it provided a means of deriving practical knowledge from the research. The study could inform policy development and increase awareness regarding the housing placements of transgender people women at

homeless facilities. The primary data source of this approach included interviews, as well as content analysis, which is also central to the qualitative generic inquiry approach.

Role of the Researcher

In the current study, my role was considered an instrument, as I conducted the interviews with participants and analyzed the data. The responsibility of a qualitative researcher is to maintain awareness of the participants and biases held by both interviewer and interviewees (Karagiozis, 2018). The qualitative researcher prepares and recruits participants, collects study data, and reports and analyzes the results (Karagiozis, 2018). My professional role did not interfere with participants as I had no direct relationship with participants; therefore, I had no power or privilege over participants. I believe that this distance might have affected the comfortability level of the participants and their willingness to share information about their role. To combat this concern, I revealed that I have experience in the human services field early on in the interview process.

A bias that could have affected the study outcomes was that I had functioned in an administrator role of a residential coed homeless facility. I addressed this bias by avoiding any programs in which I had prior involvement. I am no longer in this role, so the crossover was not as amplified. Another potential bias that could have impacted study outcomes was that I am a member of the LGBTQ+ community. I addressed this concern by maintaining reflexivity throughout the study and by engaging in peer debriefing. I also addressed bias by having interview questions reviewed by colleagues to ensure that they were clear, acceptable in terms of content, and did not contain leading language.

Methodology

Participant Selection Logic

The target population for this study included coed homeless residential program administrators who serve homeless transgender adults, particularly transgender women. I anticipated a sample size of between 10 to 20 participants. For this study, I selected nonprobability sampling, which is broken down into types of sampling such as purposeful, convenience, and quota sampling (Naderifar et al., 2017). I used purposeful sampling. Purposeful sampling occurs when the researcher has samples that are available to them, or are selected by them, and not everyone has a chance of being selected at an equal rate (Naderifar et al., 2017). Snowball sampling is a form of purposeful sampling, in which the researcher identifies a core group of participants who will then recruit other participants or informants who fit the criteria for the study but are not personally accessible to the researcher (Marcus et al., 2017).

Snowball sampling is a nonprobability sampling method that qualitative researchers often use to access populations that are difficult to reach (Waters, 2015). Furthermore, the number of individuals interviewed does not need to be extensive, but the sample should reflect diversity amongst the target population. Researchers state that when using snowball sampling, the investigator or researcher should have knowledge that is more advanced than traditional scholars of the target population and audience, though this sampling can provide revealing information through the referral chain opening various connections (Bailey, 2019).

The sample for the study was purposefully drawn from a pool of individuals who volunteer to participate through their CoC in their county. I then further recruited and invited informants through their contacts and connections to maximize diversity within the study. Inclusion criteria included age, profession, and location. The age criteria included individuals from age 18 years to 60 years of age. It was required for participants to be employed at a homeless residential facility in a management function that serves both men and women. A participant was not excluded from the study if they have not had personal contact with a transgender woman client, if they are aware of how their organization's procedures on working with these clients. All participants were required to reside and work in the state of Florida.

The target population was coed homeless residential program administrators who serve homeless transgender adults, particularly transgender women. The sample size anticipated for this study was between 10 to 20 participants. Kindsiko and Poltimae (2019) emphasized that using a generic qualitative design can provide reliable indications for future research directions. Furthermore, it is noted that an individual research participant can be valuable to research, creating significant insight (Boddy, 2016). Sim et al. (2018) emphasized that in qualitative research, a sample size of over 60 is extensive and recommended that approximately 12 interviews can bring consideration for saturation, thus for this study, eight-10 interviews would be sufficient.

Many researchers have concluded that sample size is calculated on an individual basis depending upon the aim of the study, use of theory, sample specificity, dialogue quality, as well as the strategy of analysis (Boddy, 2016; Malterud et al., 2016; van

Rijnsoever, 2017). Blaikie (2018) argued that this can involve the research questions and creativity of the researcher handling the study. The sample size was based on the number of individuals rendered from the snowball sampling method, with five individuals serving as the core individuals or “seeds” for recruiting other participants (Griffith et al., 2016).

Instrumentation

Instrumentation used included the interview guide, tape recorder, telephone, email, social media, as well as me as the researcher. Interview guides are essential to qualitative interviewing and list what will be explored (Troncoso-Pantoja & Amaya-Placencia, 2017). The complete interview guide of this study is included in Appendix A. To start the interview, I asked a question that was essentially a “warm-up” familiar to the participant. That would be easy to answer but includes some length, which was a suggestion in the interview guide worksheet provided in the learning resources for this week. The style of the first two questions was inspired by the Kirby et al. (2020) study, which phrased a lot of questions asking the participant to tell them about an experience. I wanted to start with more straightforward questions for the participants to answer about their program and establish the basis for the interview, which provided a prelude to their answers to the last questions. The other data sources used throughout the interview process included researcher journaling, note-taking, post-interview reflecting, and audio recording of the interview. These data sources supported analysis and interpretation of interview data as they allow for further analysis and reflection to occur post-data collection that may otherwise have been missed, allowing for information for which to be reflected.

Validation of Instrumentation

Instrumentation was validated through an expert panel of two individuals who are alumni of Walden University and are leaders in their respective fields. Expert 1 provided feedback on the interview guide to include less personable language in questions and introduction, and the interview guide was adjusted accordingly. Questions were rephrased into the format of a question rather than a statement demanding a response. Expert 1 is a gerontologist with a doctoral degree in Neuropsychology and Gerontology, with expertise in teaching, training, and qualitative research methods.

Expert 2 provided feedback regarding the interview protocol and no revisions were suggested by this expert. However, suggestions were made to review the questions and ensure all questions are vital to the research question, and as a result question five was revised. Expert 2 is an expert in teaching and qualitative research methods and has earned a doctoral degree in human and social services.

Interview Questions

Queer theory rejects categories of gender and sexuality and seeks to bring forth inequalities experienced by individuals on the margins of society, which inspired the development of Questions 3, 8, and 9 (Capobianco, 2020). Additionally, questions were developed with the Jacob and Furgeson (2012) article in mind, specifically about starting questions with “tell me about” which prompts the participant to share information. Open-ended questions were developed, as these are vital to qualitative interviewing and are demonstrated in various qualitative studies such as the King et al. (2020) and Kirby et al. (2020) studies (Jacob & Furgeson, 2012). The questions were developed to assist in

deconstructing societal heteronormativity and attempt to create awareness surrounding if organizations are meeting the needs of homeless transgender women, further advocating for the inclusion of this population (Pindi, 2020).

Procedures for Recruitment, Participation, and Data Collection

I recruited participants considered to be anchor participants through social media and through contacting programs or CoC committees in various counties that meet the criteria for the study, being coed residential programs for homeless adults. I recruited further participants through the anchor participants and vetted these participants to ensure they met the criteria. Information collected from participants included age, occupation, and location.

I provided participants with the informed consent of the study, in writing, in an email invitation prior to data collection. Informed consent was reiterated and discussed verbally when data collection is to occur, and was confirmed through email response indicating, "I consent." The interview lasted approximately 1 hr or less. Data was collected through individual interviews and was recorded in real-time. Notes were taken by the interviewer throughout the interviews. Following transcription of data, I contacted participants through email with the findings of the study and encouraged their response that the email has been received. Participant follow-up was based on the comfortability that each participant expresses and was welcomed if participants have questions regarding the findings.

Data Analysis Plan

The generic qualitative inquiry approach was used for this study. It was effective in exploring the experiences of the homeless program administrators. This approach has roots in phenomenology, and this allowed for lived experiences to be analyzed for information such as meaning derived (Powell & Thomas, 2021). The generic qualitative inquiry approach entails interviews which allow for in-depth content analysis, and this design is exploratory. This approach was appropriate for the research question, as it assisted in identifying what practical knowledge could be gained (Khatmi et al., 2021). Content analysis is essential, as it entails categorization and thematic analysis, allowing the researcher to have more ease in coding the content (Elo et al., 2014).

The critical elements of data analysis include that seeking to identify the practical knowledge that can be learned from the phenomenon, which is central to the basic qualitative inquiry approach, and central to my analysis plan (Khatmi et al., 2021; Powell & Thomas, 2021). The method of data analysis consistent with the basic qualitative policy is content analysis, as it is generic and exploratory (Elo et al., 2014). Summative techniques were also used to help identify themes and patterns distinguished by the researcher that otherwise may not have been connected if not used (Shavelson, 2018).

I used de Lauretis's (1991) queer theory to analyze the data, and I took steps to develop themes and code the data using the eight essays she developed regarding queer theory. I first transcribed the recordings, then divided the transcription into sections and used descriptive coding to code next to each section. I then took these codes and aligned them with de Lauretis's (1991) research on queer theory. In analyzing the data, it is

essential to familiarize oneself with the information collected by transcribing and then reviewing the interview transcripts. I then coded the data using descriptive coding techniques to discover emerging themes and topics from the transcript. By using the descriptive coding approach, topics were identified, which later allowed for themes to be extracted that were relevant to the research and opened avenues for further analysis and insight that would not have been generally noticeable in the study, because of observing the topic codes (Elliot, 2018). This technique allowed for insightful information to be extracted regarding the participants and the issue at hand. Coding can be considered necessary when handling raw data, and with this, I ensured careful consideration for judging the text concerning the developing themes. As data was collected, it was analyzed, and I created field notes to review following the collection of data to expose emerging patterns to be further explored. The collected transcriptions were read, reviewed, and divided into units to be coded per participant. I continued this process until all codes were accounted for throughout the data, and no further information was collected. This process reflected the experiences and voices of the participant administrators of the coed homeless facilities, and the information was presented surrounding the themes that emerged from the data.

Sim et al. (2018) explained that the saturation of the data in qualitative research is met when data are produced that are in-depth and rich, and the contributions of this information do not bring forth any new ideas and responses beyond what has been identified. Saturation is also a factor to be considered when determining sample size in qualitative research, especially when collecting data from each participant. Data

saturation is considered a conceptual yardstick, according to Guest et al. (2020), for assessing the qualitative sample size, and interviewing until saturation is reached, with enough rich data, has become a common practice. Saturation was reached for the study when the data competently represented the phenomenon of the experiences of administrators serving homeless transgender women.

Issues of Trustworthiness

Key elements of data analysis can include credibility, trustworthiness, dependability, transferability, authenticity, and conformability (Bailey, 2019). Identifying practical knowledge that can be learned from the phenomenon is central to data analysis, and this can be derived from the content and the coding performed.

Credibility

Researcher credibility is essential to establish. Credibility of qualitative research includes the confidence of the data (Shufutinsky, 2020). Often use of self in qualitative inquiry is needed, as the researcher often is the main instrument of the study, and collects, analyzes, interprets, and reports the findings of the study (Shufutinsky, 2020). Efforts to ensure content trustworthiness and credibility include asking questions that are not leading and do not entail biases to ensure that the answers provided by participants are authentic, credible, and valid. Credibility is also established by ensuring the participants meet the inclusion criteria to make them suitable for the study to gather credible information. Methods that were taken to ensure credibility of the study included peer debriefing, as well as thick description, to ensure the actual situations in the study are being explored and shared (Liao & Hitchcock, 2018).

Trustworthiness

Content trustworthiness is achieved through ensuring the data are credible and has been collected consistently. The researcher can go through several measures to ensure this trustworthiness (Stewart et al., 2017). To ensure trustworthiness, I recorded the process, performed an inquiry audit with my peers, and shared any journaling done throughout data collection (Shufutinsky, 2020). Member checking was utilized to ensure trustworthiness by sending the interpretations and results to the participants essentially feeding back data from where it was obtained (Korstjens & Moser, 2018).

Dependability

Dependability is emphasized in acknowledging the ever-changing nature of the context of which research occurs and will be ensured by discussing any changes that arise during the study. Dependability entails the stability of the findings of the study over time, as well as the evaluation of the participants of the study findings, interpretations, and recommendations (McInnes et al., 2017). I ensured dependability by documenting the entire research study process, creating an audit trail, and keeping a record throughout the study of all steps (McInnes et al., 2017). Dependability was ensured by describing the purpose of the study, participant, and the setting of this study (Korstjens & Moser, 2018). Triangulation will also be utilized as the participants will have varied experiences and come from various parts of Florida.

Confirmability

Confirmability is achieved through establishing reflexivity to increase the objectivity of the data, and by documenting procedures for checking and rechecking the

data collected for accuracy and bias. Critical self-reflection was utilized to ensure the reflexivity and confirmability of the study, to check for preconceptions and biases, and to ensure the findings are derived from the data and weren't created by me (Korstjens & Moser, 2018). I also ensured confirmability by analyzing transferability and if the findings can be replicated or confirmed by other researchers. The study may not be transferable due to the individualized data collected from participants, but future researchers will be responsible to determine if the transfer is sensible.

Ethical Procedures

I treated the participants with respect in following Walden University Institutional Review Board (IRB) requirements. Ethical concerns related to recruitment and data collection were managed by engaging in peer debriefing and heeding appropriate measures of maintaining confidentiality and researcher credibility. Data remained confidential and was only shared with appropriate Walden University faculty as well as dissertation peers in peer debriefing. Data are stored in a password-protected document on my Walden University Outlook Drive. I have additional password protection through my Lenovo ThinkPad laptop. Data will be destroyed 5 years following collection, in 2028. I maintained confidentiality in the data set by not labeling interview responses with identifying information of participants. IRB approval was obtained prior to the study being conducted. Also, I completed the human subjects training offered by the CITI Program (see Appendix B).

Summary

In this chapter, I outlined the design and methodology of the study, which is centered around coed homeless residential program administrators that serve homeless transgender women. The generic qualitative inquiry approach is the most appropriate for the study, and this approach entails phenomenology which will emphasize the lived experiences of the participants. This exploratory generic qualitative inquiry design entails interviews which allow for in-depth content analysis. This chapter discusses procedures for sampling, recruitment, participation, and data collection as these pertain to the study. This chapter also mentions ethical procedures and considerations. The following chapter will include information from data collection, recruitment, as well as the discussion of results and conclusions of the study.

Chapter 4: Results

Introduction

The purpose of this generic qualitative study was to explore the experiences of administrators of coed homeless facilities when making housing placement decisions for transgender women. To address this purpose, I conducted semistructured telephone interviews in which I asked the participants about their experiences in working with transgender homeless women and their experiences working at their respective programs. I focused on the gap in knowledge related to the experiences of administrators and their decision-making regarding housing assignments within their facilities. The goal of this generic qualitative study was to acquire a better understanding of the experiences of administrators of coed homeless programs when deciding where to place transgender women in their facilities. The following research question underpinned this study: What are the experiences of administrators of homeless residential programs when making housing placement decisions for homeless transgender women at their facilities?

In this chapter, I describe the setting of the study, the demographics, data collection, and the data analysis procedures previously explained in Chapter 3. I further provide evidence of trustworthiness and describe actions I took to establish credibility, transferability, dependability, and confirmability of the study. Last, I provide the results of the study with verbatim quotations and conclude with a summary.

Setting

Once I received IRB approval (no. 04-18-22-0977288), I began the recruitment process for participants. I posted a recruitment flyer across social media for potential

participants (see Appendix C). I additionally sent the flyer to all existing CoC committees (18 at the time of the study) within the state of Florida. I used snowball sampling to recruit participants for this study. After reviewing the informed consent, all participants replied to my Walden University email address with the words, "I consent." I coordinated with participants to schedule interviews at specific dates and times that were convenient for them. All participants were agreeable to the scheduled interview being audio recorded. The 10 participants used mobile cell phone devices to complete the semistructured telephone interviews. Each participant self-identified as meeting the criteria for the study, which included being over 18 years of age and under 65 years of age, an administrator of a coed homeless residential program, and working and residing in the state of Florida. There was no monetary incentive included for participation.

Demographics

Study participants consisted of five men, four women, and one nonbinary participant. They varied in age from 24 years old to 61 years old. Participants were identified and abbreviated in the numbered order in which they were interviewed, starting with P1 and ending in P10. Participants worked in programs in the state of Florida in the following counties: Hillsborough, Volusia, Collier, Miami-Dade, Pinellas, Pasco, and Leon. Four participants were located in Hillsborough County, and one participant belonged to each of the six remaining counties. Two participants reported their occupations to be executive director, two reported being case managers, and two reported being administrative assistants. The remaining four participants identified the following occupations: counselor supervisor, shelter technician, assistant shelter manager, and

program supervisor. Participants will be identified in the numbered order in which they were interviewed, starting with P1 and ending in P10. Table 1 includes demographic information for the participants.

Table 1

Participant Demographics

Participant	Age	Gender	Occupation	Florida county
P1	61	Male	Executive director	Volusia
P2	55	Male	Executive director	Hillsborough
P3	43	Male	Counselor supervisor	Hillsborough
P4	24	Male	Shelter technician	Pinellas
P5	58	Male	Case manager	Pasco
P6	37	Female	Assistant shelter manager	Collier
P7	36	Female	Program supervisor	Hillsborough
P8	30	Female	Administrative assistant	Miami-Dade
P9	26	Nonbinary	Case manager	Hillsborough
P10	32	Female	Administrative assistant	Leon

Data Collection

I interviewed 10 administrators of coed homeless residential programs. I initiated recruitment efforts across social media by posting a flyer (see Appendix C) soon after I received IRB approval, and I also used snowball sampling. Individuals interested in participating in the study contacted me directly through my Walden University student email address. Once I received an email from the participants, I replied to them thanking them for their interest in the study, and I attached an informed consent form explaining their rights as a participant and the purpose of the research. I asked interested individuals to reply to the email with the words "I consent" after reviewing the informed consent upon agreeing to participate. When I received each "I consent" reply, I then scheduled an interview. I initiated the semistructured telephone interviews by calling the participant at

a time they specified, all located in the Eastern time zone. The participant interviews ranged from 3 to 30 min based on participant responses, member-checking as needed, and follow-up responses. The recruitment and interview process from the time of receiving IRB approval took 165 days. Each interview included an introduction, an explanation of the study, and a debriefing at the end. All participants agreed to have their interview recorded. Each participant was reminded that all information would remain confidential and that the interview could be ended by them at any time.

I conducted phone interviews in a private room within my residence, where I was able to speak with clarity and repeat any information back to participants when requested. The questions asked were all open-ended, which allowed participants to share their experiences freely and provide in-depth detailed information. To conclude the interviews, I thanked participants for their time and reminded them their responses would be confidential. I provided my contact information for any questions or concerns. I also let them know that they would receive the results upon completion of the study. The interviews provided detailed data, and by the last interview, which was number 10, there was repeat information with no new insight. Saturation was reached at 10 interviews.

Interview sessions were recorded with an Aomago digital voice recorder. I manually transcribed the audio from the interviews verbatim. All recordings and transcriptions were secured on a password-protected computer and stored in a locked file cabinet at my residence. No deviation in data collection occurred. The process of data collection aligned as described in chapter 3. A journal was used to reflect on the data collection process to address any thoughts and biases throughout interview sessions.

Data Analysis

When the interviews were completed, I manually transcribed the interviews verbatim on my recording device. My focus in the data analysis was to explore the experiences of administrators of coed homeless facilities when making housing placement decisions for transgender women. I chose de Lauretis' (1991) queer theory to analyze the data in this qualitative generic study.

The first step to analyzing the data was to familiarize myself with it, and so I listened to the recordings several times and read the transcriptions for accuracy numerous times. I additionally listened to the recordings while simultaneously reading the transcriptions. Second, I coded the data by separating descriptions of sections of the transcriptions into shorter descriptive codes, searching for recurrences and frequency of certain phrases or words. In the third step, I organized these codes based on how they related to each other into four sections.

In the fourth step, I analyzed the four developed sections of codes and produced three to five codes that described those in each section. Then, I created four detailed and specific themes based on the three to five codes in each category. Next, I reviewed the transcriptions, grouping of codes, and themes to ensure that there was an exhaustive description of the transcriptions, and removed redundant and unneeded descriptions. Following this, I condensed the thick, rich descriptions of the themes. My last step included confirming my findings, which entailed member-checking when necessary to ensure accurate representations of the responds from patients. I used Microsoft Excel to create tables for the data manually.

I was able to organize the data as a result of coding to identify themes, giving meaning to the information collected. I organized the data into four major themes based on the participants' interview responses: challenges faced when seeking services by transgender women, collaboration of services by providers serving transgender women, discretion of services by providers serving transgender women, and unpreparedness of providers serving transgender women. Themes, subthemes, and codes from the data analysis are presented in the results section below and further in Table 2.

Evidence of Trustworthiness

Trustworthiness is achieved through research by showing that the collection and analysis of all data was conducted rigorously (Shufutinsky, 2020). I used the generic qualitative approach to effectively explore the experiences of administrators of coed homeless facilities when making housing placement decisions for transgender women. I confirmed the trustworthiness of my research by addressing the following: credibility, transferability, dependability, and confirmability throughout the process of the research.

Credibility

Credibility is vital in establishing trustworthiness of research by properly and accurately representing participant experiences (Shufutinsky, 2020). I was able to establish credibility through building rapport with participants, particularly with anchor participants in the beginning stages of recruitment with my initial contact, continued email correspondence, and semi-structured interviews conducted over the telephone. Member-checking was also utilized to ensure credibility of the study throughout

interviews to ensure that the context participants were conveying, and their wording was understood accurately.

I confirmed data saturation when there was no new information being presented that was different than that already conveyed. Participants were encouraged to contact me following the interviews to include additional information of their responses or additional insight and input. I also kept a journal throughout the study that was reflective to address or record any of my thoughts, feelings, and potential biases that may have surfaced throughout the research study. In addition, reflexivity assists in confirming the rigor and data saturation, and the knowledge the researcher has about themselves, and about the participants in relation to the research being conducted (Aguboshim, 2021; Liao & Hitchcock, 2018). I was able to maintain credibility throughout the study during each aspect of the process.

Transferability

Transferability specifies that researchers not part of the current study would be able to replicate the study in a different setting with different results (Bailey, 2019). The findings of this study are specific to the participants and population sampled and are not able to be generalized to the public or other populations.

Dependability

In this study I was able to establish dependability by developing an audit trail, allowing for readers to be able to understand how each step was achieved and how I arrived at certain conclusions (McInnes et al., 2017). Information about the data collection approach used to recruit study participants was demonstrated in an audit trail,

allowing for transparency of research process procedures. Dependability was further established by my reflective journaling throughout the process of data collection to identify any biases held. Member checking was also used to verify the information and responses provided by participants, ensuring accuracy of transcription content and understanding (Korstjens & Moser, 2018; Rettke et al., 2018).

Confirmability

Confirmability is achieved by establishing reflexivity and essentially making a road map of the research accessible to others (Aguboshim, 2021). The participants had the ability to respond to the questions, ask for clarity when needed, and follow-up questions were provided for additional information throughout the interview process, and member-checking was utilized when necessary. An audit trail of the process was conducted, and since I was the primary instrument of the study, reflective journaling and critical self-reflection was utilized throughout allowed for documentation of any preconceptions and biases that I held throughout the research process. Confirmability was established by analyzing transferability of the study for potential replication; however, the study could not be directly duplicated due to not using the same participants, but the details of the processes and methodologies used would be able to be replicated.

Results

In this study, I proposed to answer the following research question: What are the experiences of administrators of homeless residential programs when making housing placement decisions for homeless transgender women at their facilities? All 10 participants were asked the same 10 open-ended questions, and each participant

responded to all questions asked. Five major categories/themes emerged throughout data analysis including (a) barriers to homeless transgender women seeking services, (b) need for collaborative services from providers serving transgender women, (c) discretion of providers when serving transgender women, (d) unpreparedness of providers serving transgender women, and (e) need for inclusive services from providers serving transgender women. The literature review and the findings of the study revealed that administrators of programs serving homeless transgender women feel underprepared serving this population, do participate in collaborative efforts and services to better assist this population, make decisions based on their discretion, and that the population alone faces challenges and barriers when seeking services. The emergent themes, subthemes, and codes are presented in the next section.

Theme 1: Barriers to Homeless Transgender Women Seeking Services

There is a significant amount of literature that addresses the barriers to homelessness that homeless individuals and administrators face (CITE). During the interviews, the participants were clear in explaining the barriers to homeless transgender women seeking services. Participants were asked their experiences regarding barriers to homelessness, to which each participant agreed that there are existing barriers. This question led to their explanation of multiple barriers that hinder homeless individuals such as criminal history, substance abuse, mental health, housing, referrals, administration bias, documentation, shelter space and rules, and pets. These were grouped as barriers to homeless transgender women seeking services that administrators of coed homeless programs encounter.

Several of the participants, five out of 10 specifically expressed criminal history impacting both their experiences and the experiences of homeless individuals. P1 expressed that their program does accept residents with criminal histories, but that there are specific charges they will not accept such as extremely violent charges or sexually related charges. When asked about the existing barriers to homelessness, P5 stated, “Criminal. Criminal backgrounds with violence involved.” P5 went on to state, “But you know when we're looking at a constant battery, intent to kill, anything like that would be where we can't take a client in.”

Substance abuse was another barrier participants mentioned, with four out of 10 patients directly mentioning this barrier. P1 mentioned that even though their facility does initial and random drug screenings, this would not impact their ability to be admitted. P2 also expressed that this wouldn't disqualify someone from gaining entry to their program and went on further to state, “I don't expect people when they cross our threshold to automatically eliminate whatever addiction they've had for the last couple decades.” P2 also discussed how other programs sometimes will not allow individuals the proper chance and refuse to work with an individual that is not abstinent from drugs and alcohol, whereas their program creates an action plan with the individual when testing positive for substances. The other two individuals listed addiction and substance abuse when naming several barriers experienced by homeless individuals.

Mental health was mentioned as a potential barrier that impacts serving the homeless population that our administrators experience. P2 reported that there is no assistance or policies at their program so when an individual needs mental health they are

the one calling to get a referral from a psychiatrist but reports that the psychiatrist may only see that patient for 20 minutes, adding to the complexity of serving the individual. P2 added further that often times homeless individuals are not taking or are out of their proper medication for mental health issues or are not properly diagnosed. Mental health was mentioned to go hand-in-hand with addiction and other barriers, contributing to more difficulty experienced by homeless individuals, as reported in the interviews.

Housing was listed as a barrier for homeless individuals, P2 mentioned, “the whole housing first I think is the most ridiculous this because if we don't solve the underlying problems while they are homeless whether is it addiction, mental health, whether it's mental health or things from their past like convictions or whatever, if we don't treat that underlying problem we can put them in all the any housing that we want, chances are recidivism is very, very high.” This statement links multiple barriers into one, emphasizing the barriers of housing, addition, mental health, and criminal history. Participants were clear in explaining the barriers to homelessness and how this relates to their experiences as helping professionals in the field of homeless services. Both the interest of the individual and the general collective safety and well-being of all individuals in a housing situation was emphasized amongst their responses.

Theme 2: Need for Collaborative Services From Providers Serving Transgender Women

Throughout participant interviews it was evident that collaboration is required to ensure care is provided to transgender women. P1 discussed that a typical day in their role entails “providing direct services to clients, working with donors and other supports,

volunteers, etc. the folks that help us do what we do, sometimes it's training and developing staff or hiring staff, all the things necessary to build a team, to be able to serve people and make a difference in their lives." This information shared by P1 supports and outlines the collaboration that occurs when serving transgender women and the homeless population. P2 shared similar experiences of collaboration, stating the following:

A lot of my day is answering calls from social workers at the VA [U.S. Department of Veteran Affairs], or you know managers at different jails and prisons, things like that, looking up availabilities, checking on clients, no one day is like the other if that makes sense.

P2 continued to give examples of collaboration that occurs when working with a patient, adding information about needing to find community care, psychiatry when needed, and other specific needs with corresponding agencies to assist that they can call on.

P3 discussed their collaboration but included more than outside agencies, mentioning the team dynamic as well as collaborating with the other patients, especially pertaining to placing a transgender individual in housing in the facility. P6 described the collaborations of making referrals and partnering agencies, stating, "everything in-between, making relationships with our partner agencies, findings resources, going out and finding partner agencies to see if they want to be partner agencies, just always kind of having that mindset of where can we turn for this or for this, and just finding people that have that and calling the and saying hey, do you want to help us?" P6 further stated their perspective on collaboration for individual patients when discussing the event that

they are unable to help an individual, “and if we are not able to help them, we’ll find somebody [another provider] that can. We’re not [their organization] just going to say ‘yeah, sorry you can’t stay here.’ We’re going to be like, ‘well you can’t stay here but, you could stay here, you could call them, you could do this,’ you know, a bunch of different options so they never just leave without any help at all, we will always make sure that they have some idea of where to turn.” This information supports the theme of the data surrounding need for collaborative services from providers serving transgender women.

P7, P8 and P9 all briefly discussed collaboration in their daily tasks helping residents with referral needs that the individual might have whether that be shelter placement, permanent housing, income, education, employment, transgender-specific services, and other needs.

Theme 3: Discretion of Providers When Serving Transgender Women

In the interviews a theme that appeared based on participant responses included the discretion that providers have when serving transgender women. When asked about if their respective programs have policies in place for serving transgender clients, no participants specifically outlined policies that have been formally written for their organization. Six participants expressed that policies do not exist currently, but the program staff or administrator of the program have the discretion to decide the procedures surrounding serving transgender individuals, more specifically regarding housing placement.

P1 discusses no specific policies but mentions that the program has learned over time the best practices to working with transgender clients, and mentions, "...sometimes we have to make accommodations because of the discomfort of other folks in the community. That's probably been the most challenging thing, is sometimes figuring out the restroom situations." P1 further states, "...it just depends on the situation and the acceptance or non-acceptance of the other folks in the community." During the interview when asked about what impacts their decision in making housing placements P1 mentioned "I can't think of anything in particular you know it's just it's mostly has to do with personal beliefs..." and continued to mention the science behind pairing individuals as roommates as an important factor, supporting provider discretion.

When asked about policies their organization has in place for serving transgender individuals, P2 mentioned, "There is no policies. I'm the one who makes the decision, and you know, and we go with that." When further asked about the impact of their decision-making and their discretion on assigning a dorm, P2 mentioned that appearance and how far an individual is in their transition is a significant factor for them, but reports, "but most the time, I would say 98% I put them at the sex where they see themselves at."

P3 did not specify any specific written policies, but their program allows the transgender individual seeking housing to be placed in the dorm assignment in which they identify as, but they use their discretion to intervene as appropriate and comfortability of all individuals into account. P4 reported having no policies pertaining to transgender individuals and reported that their discretion on where to house transgender

individuals is typically behavior and appearance based, specifically, “how they look, the way that they act, how long they been in their transition.”

P5 when asked about policies and their decision-making when placing transgender women in housing mentioned having no policies and reported that how the individual identifies would impact their decision-making and ultimately their discretion to make those decision, and mentioned, “That would have to be it, I would have to be, really deciding wherever they would fit in best.” P6 mentioned having no policies when it comes to placement and administrators using their discretion to where the individual is comfortable and “what would be the best solution for everyone involved.”

P7 reported that “staff can make the decision.... based on the reported gender identity but they also have the authority to use professional discretion if they feel that the reported gender is not an appropriate match.” P8 when asked about policies their organization has in place reported, “honestly if there are any, I haven’t been made aware,” and further mentions when using their discretion, “I would base it on how fair in their transition they are, there’s more than just them in the dorm so there is a lot of considerations with that.”

P9 mentioned that currently their program does not have any current policies but procedures on how to work with transgender individuals are handled on a case-by-case basis, and that future policies are likely to be developed. P10 mentioned that their program manager has full discretion regarding policy and procedure of the program.

Theme 4: Unpreparedness of Providers Serving Transgender Women

In reviewing participant interviews a theme that developed based on participant responses included the unpreparedness of providers serving transgender women. Three key questions and subsequent follow-up questions when needed were asked to participants led to information supporting this theme, these inquiring about policies developed at each organization surrounding serving transgender women, any gender and sexuality trainings provided, and if the participant has worked first-hand with a transgender woman.

Six participants out of 10 reported serving a transgender woman in the past. P2 described working with transgender individuals and meeting with these individuals in P2's office and asking the patient where they prefer to live at their facility and coming to an agreement based on this conversation, and when a conclusion is made P2 mentions they next, "...let their house manager know, whoever is over that house let them know, let them know not to spread it and definitely don't treat them any differently..."

Four participants mentioned not having an opportunity to work with a transgender woman as of the time of the interview, demonstrating potential under preparedness in serving transgender women. P4 mentioned having worked with one transgender patient and took measures so that the patient's transgender status would be undetected, "...so you know, so nothing would be in question. Nobody would question her, would see any different in her than everybody else."

One participant (P3) mentioned that they have worked with transgender women but expresses difficulty managing "...the friction and tension that comes with checking a

transgender woman into the female dorms...” and further, “...I’ll have to go ahead and qual the situation as nine times out of 10 the person has done nothing at all...” One participant (P9) described having varying experiences working with transgender patients, and described these experiences being like with any other population.

Seven participants out of 10 total reported their respective agencies do not have policies for working with transgender individuals. P1 described when questioned about policies in place for serving transgender clients, “that is something that kind of evolved over time and we’ve learned while working in the process,” but did not state any specific policies. P2 mentioned having no policies at their clinic, stating “I’m the one who makes the decision, and you know, and we go with that.” P2 mentions not having any history of or offered gender and sexuality training.

When asked about policies their organization has any policies in place P3 explained that clients are allowed to be housed in whichever housing area they identify as. P3 explained having standard adult training that is attended monthly but did not specify a specific course taken pertaining to gender and sexual identity training.

When asked about any history of training surrounding gender and sexuality, P5 mentioned “Basically I have had seminars about LGBTQ you know regarding them...” and receiving training through a university.

Five participants reported not having any trainings specific to the LGBTQ+ community. P1 described attending approximately three gender and sexual identity training over the years and reports that much communication about how to work with this population is discussed with their spouse. P7 reported having minimal training specific to

the LGBTQ+ population at their current organization but reported having related training while attending college.

This combination of responses from participants pertaining to their training, experience, and policies pertaining to the transgender population demonstrate under preparedness amongst providers serving transgender women.

Theme 5: Need for Inclusive Services from Providers Serving Transgender Women

In reviewing participant interviews a theme that developed based on participant responses included the need for inclusive services from providers seeking transgender women. When coding the data, subthemes that emerged from the initial codes of participant responses included acceptance, inclusivity, and patient consideration. The need for inclusive services was evident when asking participants specific questions pertaining to their existing shelter as well as their opinion on how services could become more inclusive.

When participants were asked about the intake process as their respective organizations, specifically how clients indicate their gender and sexuality there was a diverse response, approximately half of the participants indicated that during their intake process clients have only the option to indicate whether they are male or female, with other participants reporting that they have an additional option such as “other” or “prefer not to say.” Four participants did indicate their program having at least three options to select when it comes to participant sex/gender. One participant (P6) when questioned about indication of gender and sexuality during intake process mentioned, “Typically I believe we go off of what is on their [transgender clients’] driver’s license.” Eight

participants did not specify collecting information pertaining to sexuality of clients upon intake, supporting the need of inclusive services from providers serving transgender women.

Participants were asked about their opinion regarding heteronormativity, and how it fits into society today. Responses from this question further indicated a need for inclusive services for transgender homeless women. Five participants indicated that there has been progress made in society surrounding heteronormativity. However, seven participants indicated that heteronormativity is present currently in society, even with progression being made. P2 mentioned, "...from what I see in the media and stuff I would think that it's [being transgender] probably a lot more acceptable but not as acceptable as it should be," and another participant (P10) stated, "it is definitely still a male/female world."

Another participant (P3) expressed, "I think things are kind of loosening up as far as how things were binarily..." when describing their opinion on heteronormativity and society. Two participants mentioned how society and heteronormativity has shifted in the last 10-year timeframe, but that is it still present. P4 mentioned, "It [heteronormativity] has changed, but I still see it as male and female." This statement demonstrates the participants view on heteronormativity moving in a more progressive direction, but that personally they view society as male and female.

P9 stated, "I definitely think heteronormative is still seen as the most common thing right now, which definitely feeds into discrimination, and you know, issues with people seeking services in the first place." The combination of these responses outlines

the participants' perspectives of the existence of heteronormativity, further supporting the theme for a need of inclusive services from providers serving homeless transgender women, and the existence of heteronormativity can potentially leave this population to be outliers, excluded from services designed to be cisgender.

Participants were asked how organizations can provide more inclusive services, and responses to this question further support the emerging theme of the need for inclusive services from providers serving transgender women. Each participant outlined their opinion on more than one potential solution for organizations to be more inclusive, demonstrating the need for inclusive services, as these participants are actively providers to transgender homeless women, or homeless individuals in general. P1 also indicated that providers have to make the choice to be more inclusive.

P3 when asked how organizations can provide more inclusive services, mentioned, "building more shelters where people specifically, I would say, who are transgender can seek help, as their situation seem to be more unique and should be tailored more toward them and there doesn't seem to be a lot of that around, as far as I know." P5 asked the same question about inclusive services indicated "...the biggest thing is more resources, more transitional living for individuals who are homeless..." and further mentioned "a lot of work needs to be done."

P3 when asked about how organizations can provide more inclusive services stated, "I would say, with more funding, more administrators, and far, far more consideration than there has been..." with another participant supporting this idea with

their answer, stating, “they [organizations] need to have better policies, more specific, more specific services.”

P6 included a different answer and discussed the need for the staff of organizations to move in the direction of being more inclusive, specifically mentioning education of the staff and training. This participant mentioned, “There’s room for everyone else, we just have to make it.” This statement demonstrates profoundly the opinion of a provider of an organization serving transgender homeless women on all providers serving transgender homeless women needing to provide inclusive services, further supporting the developed theme. The results are outlined in Table 2.

Table 2*Themes, Subthemes, and Codes*

Theme	Subtheme	Code
Barriers to homeless transgender women seeking services	Barriers Discrimination Division Exclusion Rejection	Atypical
		Cisgender divided
		Complex barriers
		Discrimination
		Emergency housing
		Heteronormative society
		Housing instability
		Identification-based gender
		Increase services
		Lack of acceptance
		Lack of funding
		Lack of inclusive services
		Slow societal progression
		Societal division
Need for collaborative services from providers serving transgender women	Collaboration Patient consideration	Collaboration
		Diversity value
		Low-barrier services
		Patient advocacy
		Patient consideration
		Stabilization
		Transgender-specific collaboration
Discretion of providers when serving transgender women	Discretion Judgment Operations	Administrator decision-making
		Administrator discretion
		Behavior-based decisions
		Behavioral decision-making
		Formalized intake
		Gender presentation decision-making
		Operational duties
		Population-specific services
		Profession-specific
		Professionalism
		Program discretion
		Elective training
		General procedures
Unpreparedness of providers serving transgender women	Policy Unclear duties Underprepared	Lack of education
		Lack of experience
		Lack of policy
		Lack of training

Theme	Subtheme	Code
Need for inclusive services from providers serving transgender women	Acceptance Inclusivity Patient consideration	Nonrequired trainings
		Nonspecific trainings
		Specific training
		Standard training
		Demographic options
		Diversity value
		Gender-neutral progression
		Gender-neutral options
		Inclusive efforts
		Increase in acceptance

Summary

The findings based on participant responses support the research question: What are the experiences of administrators of homeless residential programs when making housing placement decisions for homeless transgender women at their facilities? Ten administrators from various homeless residential programs throughout Florida reported their experiences when making housing placement decisions for homeless transgender women at their facilities. There appeared to be minimal isolated answers to questions asked, and participant responses led to the identification of five themes.

This findings from the study as demonstrated in this chapter add to the body of literature surrounding homeless transgender women and administrator experiences and align with the theoretical framework of queer theory, which is further discussed in chapter 5.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this generic qualitative study was to explore the experiences of administrators of coed homeless facilities when making housing placement decisions. I used a qualitative generic design. Generic qualitative inquiry is centered around practical knowledge learned from studying a phenomenon (Kahlke, 2018; Percey et al., 2015). The generic qualitative design includes interviews as a primary source of data. I conducted this study to further understand and analyze administrators' experiences of making housing placement decisions for homeless transgender women who are serviced at their coed homeless facilities. After interviewing 10 participants, I was able to identify five themes from the data: (a) barriers to homeless transgender women seeking services, (b) need for collaborative services from providers serving transgender women, (c) discretion of providers when serving transgender women, (d) unpreparedness of providers serving transgender women, and (e) need for inclusive services from providers serving transgender women.

A key finding of the present study includes the lack of policies related to working with transgender homeless women. To ensure adequate care of homeless transgender individuals, policies need to be completely reflective and inclusive of the complex needs of transgender individuals (McCann & Brown, 2020). Another key finding is that decision-making is often left to the discretion of the administrators of homeless programs. Researchers have noted—and the results of this study further indicate—that many administrators or providers lack employer-provided training specific to the LGBTQ

community (Luctkar-Flude et al., 2020). An additional key finding was the need for specific services to assist homeless transgender women because there are many barriers experienced by transgender homeless individuals seeking services.

Interpretation of the Findings

During this research project, I studied the experiences of administrators of coed homeless facilities while making housing placement decisions for transgender women within their facility. The findings of the study confirm the effectiveness of utilizing queer theory as a framework to explain the intricate and complex experiences that transgender women and the administrators who support them are faced with (Garrett, 2018).

Administrators encounter the need for additional support in minimizing barriers for transgender women seeking housing assistance (Johnston & Meyer, 2017; Matthews et al., 2019).

Researchers and philosophers across disciplines have explored the effect of heteronormativity on individuals' lives (even subconsciously) and the resulting impacts on societal behavior (Erol & Cuklanz, 2020). Queer theory seeks to deconstruct traditional paradoxes of constructivism and essentialist, and emphasizes flexibility, rejecting binary constraints (Zanghellini, 2020). Queer theory rejects the traditional categorization of male or female and heterosexual or homosexual, and further addresses gender identity that falls into the categories of heteronormative and deviant (Halperin, 2003). A key tenet is that sexual behavior is a result of societal conditioning (Halperin, 2003). The removal of the category of “other” in society is a key aim (Watson, 2019). I applied this perspective to gain a deeper understanding of the study phenomenon.

Predominately Binary Policy

Many administrators in the study reported facing difficulty in decision-making on behalf of transgender women and experienced minimal circumstances in which existing policies were available to revert to when making difficult decisions. The lack of policy inclusive to transgender women demonstrates a key contention of queer theory that heteronormativity is still present in society, and though there is argument from queer theorists about the importance of fluidity and flexibility, neither is common in services provided to gender-vulnerable populations (see Pindi, 2020). When seeking feedback regarding existing policy, 70% of the participant pool reported that their agency did not have an existing policy or procedure to serve as a guideline for working with those belonging to the transgender population or category, thus adding to and creating additional societal binary constructs of gender and exclusion.

Researchers have emphasized the need for flexibility when working with transgender clients. They have noted that working to increase inclusivity within organizational policy and procedure directly affects the willingness of transgender clients to seek services either initially or in an additional instance (Klein et al., 2018; Matsuno, 2019). Furthermore, even documentation changes implemented are reported to make an impact, according to a study conducted by Bauer et al. (2017) that concluded write-in options rather than predesigned selections make a difference when completing documents, increasing flexibility and increasing non-binary comfortability. The findings from Bauer et al. (2017) aligned with the results from participants in the present study, as many indicated that their facility has existing options to designate identification outside

of heteronormative male and female selections, further supporting the roots of queer theory, to reject traditional norms that are designed to enhance societal heteronormativity. The policy and procedure of participant facilities in the present study had primarily cisgender guidelines by default and failed to adhere to the core principles of queer theory by not removing the societal construct of heteronormativity, creating additional barriers for transgender women seeking services.

Administrator Discretion in Decision-Making

The theme of administrator discretion in decision-making builds off the previous surrounding a lack of policy regarding transgender women in homeless coed facilities, as discretion is required by program administrators when there is a lack in policy. Discretion was found to be common amongst participant reports, with sixty percent of participants reporting housing placement is predominately decided by the administrator of the program, whether that be the participant themselves, or another person at the facility. This brings forth concern surrounding the flexibility the administrator personally adheres to, whether there is predisposed societal influence created by heteronormativity, and sometimes powerlessness of the heteronormativity designed by their program of employment. For example, several participants reported having dorms divided into male and female. This demonstrates binary categorization set forth by society, with policies written for the majority population of cisgender individuals. However, researchers found that transgender individuals are more likely to experience homelessness by their cisgender counterparts, demonstrating heteronormativity in the design of social services (HUD, 2018).

Discretion of administrators in their decision-making of housing placements for transgender individuals, particularly women, puts a great deal of pressure, experienced by participants of the present study, to make a decision that serves the need of both the individual and other shelter residents, without clear policy to guide such decisions. This was a general theme of participant feedback, with the placement of transgender women falling directly “in the hands of” administrators lacking organizational guidelines and furthermore, training to make such decisions, which can leave the queer theory emphasis of inclusion out of view.

Predominately Binary Training

An additional theme that emerged included administrator participants experiencing a lack of training specific to the LGBTQ+ population. Fifty percent of participants reported that they have not had any training outside of general training for employment, with no specific training pertaining to the LGBTQ+ community or working with this population. When considering how queer theory rejects traditional ways of thinking, having no specific training outside of traditional cisgender trainings actually would reinforce societal marginalization of non-binary constructs (Hennessey, 1993). Queer theory seeks to uncover inequalities, which is evidenced in the lack of content-specific training for administrators, even in a leadership capacity, which is then passed on to, or essentially not passed on to, administrator subordinates.

This theme ties into a previously mentioned theme derived from coding the data, pertaining to a lack of preparedness that administrators feel when working with the transgender population. Some of the participants mentioned receiving trainings from an

outside entity separate from their place of employment, such as in collegiate settings, which could potentially mean there is a greater lack in employment-specific training with LGBTQ+ populations than otherwise reported. A lack of training can cause cultural and general competency concerns, increase safety risk, deter transgender individuals from seeking services overall, make client satisfaction decline, and further impact shelter dynamics (Gaither, 2018; Klein et al., 2018; Rine & LaBarre, 2020). Some participants reported not remembering if they received any specific training pertaining to the LGBTQ+, also demonstrating the need for memorable specific training to be provided.

Need for Inclusive Services

The theme of an increased need for inclusive services is important as it lends to several factors that go into creating inclusive services, to further aid transgender women in their journey toward stabilization (Shankar et al., 2019). It was indicated by several participants that there are many barriers that can cause a lack of inclusion within service, even outside of the service they specifically provide. Queer theory emphasizes how society uncovers inequalities and controls the lives of those on the outskirts of societal margins (Hennessey, 1993). Researchers have discussed the unique needs of transgender individuals facing homelessness, and the increasing need for care and accommodations, which are often more complex than their cis peers (Kcomt et al., 2020; Kerman & Sylvestre, 2020b). Many of the participants specifically mentioned significant legal barriers, with criminal history limiting several individuals of the homeless population. Criminal history can impact a transgender homeless individual's ability to be admitted into certain homeless programs, as participants also outlined, and can complicate

administrator decision-making further than solely dorm assignment placement as it can jeopardize a participant's ability to be placed at all.

Employment and transportation disadvantage as barriers to transgender homeless individuals were not mentioned by some participants but have been outlined in research extensively (Grimes, 2020; Murphy, 2019). All participants named more than one barrier when asked about barriers experienced by homeless individuals, deriving the conclusion that homelessness is complex even for cisgender individuals. Homelessness impacts transgender and gender nonconforming individuals and how this population is accommodated through available homeless services, and more than half of the transgender population are considered unsheltered (HUD, 2018; Keizur et al, 2020). As aligned with queer theory, reflexivity and inclusion are essential, and reconstructing societal norms and structures could further benefit the transgender population.

Limitations of the Study

I recruited 10 participants consisting of five men, four women, and one nonbinary participant. The participants varied in age from 18 years old to 61 years old and worked in a variety of areas within Florida inside the United States. These individuals shared the commonality of being administrators of coed homeless residential programs. As a former administrator of a coed homeless residential program, I share the lens of the participants interviews and some of the experiences that the interviewees expressed. Therefore, I closely monitored my personal views and ensured that these did not enter this study. In addition, I created reflexivity journal notes that enabled me to maintain transparency throughout this research study.

During the analysis, I gathered that there were four participants that were administrators of programs belonging to the same county, Hillsborough County, in Florida. This created a limitation as a more geographically expanded sample could have yielded different results. Data was anonymous and would not be detectable between participants regardless of a shared county location. The remaining participants were from varying areas across the state of Florida. Another limitation included that administrator experiences when making housing placement decisions for transgender homeless women were limited to their experiences with transgender women, leaving room for future research to include transgender men.

Recommendations

As homelessness continues and, in some areas, continues to increase, services to combat homelessness are in high demand. There must be support, resources, and programs in place and available to homeless individuals, enabling them to continue toward stabilization. Furthermore, inclusive services are needed, as transgender homelessness continues to increase. With that, homeless shelters need to develop policies that reflect the needs of all potential individuals needing services. Administrators serving vulnerable populations need to also be equipped to do so, with proper policy guidance, training and education, and general understand of the unique needs of transgender homeless individuals. This study has demonstrated that administrators of homeless residential programs feel an under preparedness in how to navigate the unique and complex needs of the transgender population. There is a need for knowledgeable and experienced administrators to provide guidance in the admission of transgender

individuals into services, services provided throughout their stay, and follow-up planning for transgender individuals at departure, identifying a significant need for collaboration between organizations.

The recruitment process for this research project was appropriate as it allowed for the recruitment of adoptees from two different platforms, being the CoC of counties within Florida and through social media, allowing the capability of expansion to recruit a diverse sample. However, potential participants agencies may not belong to their local CoC, or may not utilize social media, creating a potential for missing perspectives of other administrators. The concentration of this study included the experiences of administrators when serving homeless transgender women, which leaves further research to be conducted when providing services to transgender men.

Implications

The study revealed several elements associated with the experiences of administrators of coed homeless programs when serving transgender women. The results from this study suggest there is a need for additional and inclusive services when working with the vulnerable population or transgender individuals. There is a breakdown in care coordination or availability of care for those that are both homeless and transgender that must not be ignored. Transgender individuals should be able to receive quality care, but those providing that care should also be given the appropriate tools to do so including adequate policies, training, and other means of being prepared to assist transgender individuals.

This study has a potential impact for positive social change, individually impacting administrators and transgender individuals, organizations, society, and policy. Administrators of homeless coed programs, transgender homeless individuals, policy makers for organizations, and direct care staff working with the homeless population will benefit from this research. The results from this research if shared with organizations and individuals will provide a well-informed understanding of the experiences of administrators of coed homeless residential programs that more training and education is needed to be of assistance to the community. If policy change does not occur within the organizational level to impact social change, administrators alone will be able to use the data to inform future decisions surrounding working with transgender individuals. The research could impact even smaller details of services provided, such as the intake experience a homeless, transgender individual undergoes when entering such residential programs, even if it is the intake form becoming more inclusive based on the experiences of participants of this research, allowing small changes to make a large impact.

Therefore, relevant resources, programs, and policies and procedures of these programs can be developed and implemented to best accommodate a population often treated as “other” in society (Watson, 2019). These policies and procedures would cover the guidelines to working with transgender individuals from their initial admission into the program, throughout their stay in the program, to their aftercare plans for transgender individuals transitioning out of homelessness. Recommendations for practice include to update existing policies to reflect the needs of transgender individuals, and to implement or attend existing trainings to effectively provide inclusive care.

Conclusion

Administrators in coed homeless residential programs that serve homeless transgender women are often not given the tools needed to provide adequate service and are frequently left at their discretion to make difficult choices regarding placement and overall care for transgender women in their care. Transgender individuals are more likely to be homeless than their cisgender peers, so it is necessary to close the gap in services and create those that are both specifically tailored to transgender individuals or implement those that are inclusive across gender identification (Glick et al., 2019; Prunas et al., 2018). Queer theory discusses the overall societal pull toward heteronormativity and seeing the world through a particular cisgender lens, and further rejects such lens to create inclusivity and flexibility in society, and this should not exclude the homeless services (Capobianco, 2020; Sciuillo, 2019). For homeless transgender individuals to be successful, the systems and processes in which these individuals have an opportunity to be successful should be effective. Given this, the administrators in the position to help transgender individuals must be given the appropriate skills, training, and policies to be effective in their efforts.

References

- Abeleda, N., Aruta Konefal, M., & Nasol, K. (2019). Gender justice transgender rights in the Pilipinx community. *Asian American Policy Review*, 29, 24–29.
- Abramovich, A. (2016). Preventing, reducing and ending LGBTQ2S youth homelessness: The need for targeted strategies. *Social Inclusion*, 4(4), 86–96.
<https://doi.org/10.17645/si.v4i4.669>
- Abramovich, A., Hong Lam, J. S., & Chowdhury, M. (2020). A transgender refugee woman experiencing posttraumatic stress disorder symptoms and homelessness. *Canadian Medical Association Journal*, 192(1), E9–E11.
<https://doi.org/10.1503/cmaj.190974>
- Adair, C. E., Kopp, B., Distasio, J., Hwang, S. W., Lavoie, J., Veldhuizen, S., Voronka, J., Kaufman, A. F., Somers, J. M., LeBlanc, S. R., Cote, S., Addorisio, S., Matte, D., & Goering, P. (2016). Housing quality in a randomized controlled trial of housing first for homeless individuals with mental illness: Correlates and associations with outcomes. *Journal of Urban Health*, 93(4), 682–697.
<https://doi.org/10.1007/s11524-016-0062-9>
- Aguboshim, F. C. (2021). Adequacy of sample size in a qualitative case study and the dilemma of data saturation: A narrative review. *World Journal of Advanced Research and Reviews*, 10(3), 180–187.
<https://doi.org/10.30574/wjarr.2021.10.3.0277>

- Ahktar, M., & Bilour, N. (2020). State of mental health among transgender individuals in Pakistan: Psychological resilience and self-esteem. *Community Mental Health Journal*, 56(4), 626–634. <https://doi.org/10.1007/s10597-019-00522-5>
- Amore, K., Viggers, H., Baker, M. G., & Howden-Chapma, P. (2016). *Severe housing deprivation: The problem and its measurement*. University of Otago, Wellington, He Kainga Oranga/Housing & Health Research Programme.
https://ndhadeliver.natlib.govt.nz/delivery/DeliveryManagerServlet?dps_pid=IE24524790
- Alexander, B. K. (2017). Queer/Quare theory: Worldmaking and methodologies. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (pp. 108–150). Sage Publications.
- Alizaga, N. M., Aguayo-Romero, R. A., & Glickman, C. P. (2021). Experiences of health care discrimination among transgender and gender nonconforming people of color: A latent class analysis. *Psychology of Sexual Orientation and Gender Diversity*, 9(2), 141–151. <https://doi.org/10.1037/sgd0000479>
- Allen, B. J., Coles, M. S., & Montano, G. T. (2019). A call to improve guidelines for transgender health and well-being: Promoting youth-centered and gender-inclusive care. *Journal of Adolescent Health*, 65(4), 443–445.
<https://doi.org/10.1016/j.jadohealth.2019.07.020>
- Allison, M. K., Marshall, S. A., Stewart, G., Joiner, M., Nash, C., & Stewart, M. K. (2021). Experiences of transgender and gender nonbinary patients in the emergency department and recommendations for health care policy, education,

and practice. *Journal of Emergency Medicine*, 61(4), 396–405.

<https://doi.org/10.1016/j.jemermed.2021.04.013>

Amir, M., & Kotef, H. (2018). In-secure identities: On the securitization of abnormality.

Environment and Planning D: Society and Space, 36(2), 236–254.

<https://doi.org/10.1177/0263775817744780>

Anderson, M., Hazel, A., Perkins, J. M., & Almquist, Z. W. (2021). The ecology of unsheltered homelessness: Environmental and social-network predictors of well-being among an unsheltered homeless population. *International Journal of Environmental Research and Public Health*, 18(14), Article 7328.

<https://doi.org/10.3390/ijerph18147328>

Anderson, R. T. (2018). A brave new world of transgender policy. *Harvard Journal of Law & Public Policy*, 41(1), 309–354.

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3113625

Apsani, R. (2018). Are women's spaces transgender spaces? Single-sex domestic violence shelters, transgender inclusion, and the equal protection clause. *California Law Review*, 106(5), 1689–1754. <https://doi.org/10.15779/Z38125Q91G>

Ashley, F. (2019). Puberty blockers are necessary, but they don't prevent homelessness: Caring for transgender youth by supporting unsupportive parents. *American Journal of Bioethics*, 19(2), 87–89.

<https://doi.org/10.1080/15265161.2018.1557277>

Austin, A., & Goodman, R. (2017). The impact of social connectedness and internalized transphobic stigma on self-esteem among transgender and gender non-conforming

adults. *Journal of Homosexuality*, 64(6), 825–841.

<https://doi.org/10.1080/00918369.2016.1236587>

Bailey, M. (2019). Snowball sampling in business oral history: Accessing and analyzing professional networks. *Australian Property Industry*, 20(1), 74–88.

<https://muse.jhu.edu/article/716630>

Bakko, M., & Kattari, S. K. (2021). Differential access to transgender inclusive insurance and healthcare in the United States: Challenges to health across the life course.

Journal of Aging & Social Policy, 33(1), 67–81.

<https://doi.org/10.1080/08959420.2019.1632681>

Balasuriya, L., & Dixon, L. B. (2021). Homelessness and mental health: Part 1.

Psychiatric Services, 72(4), 485–486. <https://doi.org/10.1176/appi.ps.72402>

Bandura, A. (1999). A social cognitive theory of personality. In L. Pervin, & O. John, *Handbook of Personality* (pp. 154-196). Guilford Publications.

Barile, J. P., Pruitt, A. S., & Parker, J. L. (2019). Identifying and understanding gaps in services for adults experiencing homelessness. *Journal of Community & Applied*

Social Psychology, 30(3), 262–277. <https://doi.org/10.1002/casp.2440>

Barnes, A. J., Gower, A. L., Sajady, M., & Lingras, K. A. (2021). Health and adverse childhood experiences among homeless youth. *BMC Pediatrics*, 21(1), 164.

<https://doi.org/10.1186/s12887-021-02620-4>

Bartholomew, S. R., Santana, V., & Strimel, G. J. (2019). Teaching engineering concepts through socially relevant contexts: Serving the homeless with smart tiny homes.

Technology & Engineering Teacher, 78(7), 24–27.

<https://www.proquest.com/docview/2216721359?fromopenview=true&pq-origsite=gscholar>

Batterham, D. (2018). Who is at-risk of homelessness? Enumerating and profiling the population to inform prevention. *European Journal of Homelessness*, 15(1), 59–83. https://www.feantsaresearch.org/public/user/Observatory/2021/EJH_15-1/EJH_15-1_A3_Web.pdf

Batterham, D. (2019). Defining “at-risk of homelessness”: Re-connecting causes, mechanisms, and risk. *Housing, Theory, and Society*, 36(1), 1–24. <https://doi.org/10.1080/14036096.2017.1408678>

Baumgartner, B., & Williams, B. D. (2014). Becoming an insider: Narrative therapy groups alongside people overcoming homelessness. *Journal of Systemic Therapies*, 33(4), 1–14. <https://doi.org/10.1521/jyst.2014.33.4.1>

Bauer, G. R., Braimoh, J., Scheim, A. I., & Dharma, C. (2017). Transgender-inclusive measures of sex/gender for population surveys: Mixed-methods evaluation and recommendations. *PLoS One*, 12(5), e0178043. <https://doi.org/10.1371/journal.pone.0178043>

Bauer, G. R., & Hammond, R. (2015). Toward a broader conceptualization of trans women's sexual health. *Canadian Journal of Human Sexuality*, 24(1), 1–11. <https://doi.org/10.3138/cjhs.24.1-CO1>

Beauregard, T. A., Arevshatian, L., Booth, J. E., & Whittle, S. (2018). Listen carefully: Transgender voices in the workplace. *The International Journal of Human*

Resource Management, 29(5), 857–884.

<https://doi.org/10.1080/09585192.2016.1234503>

Beltran, T., Allen, A. M., Lin, J., Turner, C., Ozer, E. J., & Wilson, E. C. (2019).

Intersectional discrimination is associated with housing instability among trans women living in the San Francisco Bay Area. *International Journal of Environmental Research and Public Health*, 16(22), 4521.

<https://doi.org/10.3390/ijerph16224521>

Berger, P. L., & Luckmann, T. (1966). *The social construction of reality*. Anchor Press/Doubleday.

Bidell, M. (2016). Mind our professional gaps: Competent lesbian, gay, bisexual, and transgender mental health services. *Counseling Psychology Review*, 31(1), 67–76.

<https://doi.org/10.53841/bpscpr.2016.31.1.67>

Blaikie, N. (2018). Confounding issues related to determining sample size in qualitative research. *International Journal of Social Research Methodology*, 21(5), 635–641.

<https://doi.org/10.1080.136455779.2018.1454644>

Blosnich, J. R. (2019). “Get people out of bad situations sooner”: Exploring transgender and cisgender veterans’ experiences using permanent supportive housing.

Housing and Society, 47(2), 103–121.

<https://doi.org/10.1080/08882746.2020.1716537>

Boddy, C. R. (2016). Sample size for qualitative research. *Qualitative Market Research: An International Journal*, 19(4), 426–432.

<https://doi.org/10.1108/QMR-06-2016-0053>

- Bouris, A., Everett, B. G., Heath, R. D., Elsaesser, C. E., & Neilands, T. B. (2016). Effects of victimization and violence on suicidal ideation and behaviors among sexual minority and heterosexual adolescents. *LGBT health, 3*(2), 153–161. <https://doi.org/10.1089/lgbt.2015.0037>
- Bowers, M. M., & Whitley, C. T. (2020). What drives support for transgender rights? Assessing the effects of biological attribution on U.S. public opinion of transgender rights. *Sex Roles, 83*(7/8), 399–411. <https://doi.org/10.1007/s1199-019-01118-9>
- Brallier, S., Southworth, S., & Ryan, B. (2019). Rolling forward: Addressing needs in the homeless community. *Journal of Social Distress and the Homeless, 28*(2), 186–192. <https://doi.org/10.1080/10530789.2019:1646477>
- Brown, C., Frohard-Dourlent, H., Wood, B. A., Saewyc, E., Eisenberg, M. E., & Porta, C. M. (2020). “It makes such a difference”: An examination of how LGBTQ youth talk about personal gender pronouns. *Journal of the American Association of Nurse Practitioners, 32*(1), 70–80. <https://doi.org/10.1097/JXX.0000000000000217>
- Brown, M., Vaclavik, D., & Watson, D. P. (2017). Predictors of homeless services re-entry within a sample of adults receiving homelessness prevention and rapid re-housing program (HPRP) assistance. *Psychological Services, 14*(2), 129–140. <http://dx.doi.org/10.1037/ser0000112>
- Cameron, L. J. (2017). *Chronically homeless transgender women obtaining social services from outreach workers*. ScholarWorks.

- Campanella Day, E. (2020). Communicating with LGBTQ adolescents: Preventing HIV and other STIs. *Pediatric Nursing*, 48(4), 163–166.
<https://www.proquest.com/scholarly-journals/communicating-with-lgbtq-adolescents-preventing/docview/2709977285/se-2>
- Capobianco, S. L. (2020). Examining international education research and practice through a Queer Theory lens. *Frontiers: The Interdisciplinary Journal of Study Abroad*, 32(1), 12–32. <https://doi.org/10.36366/frontiers.v32i1.432>
- Capone, D., Cumming, O., Nichols, D., & Brown, J. (2020). Water and sanitation in urban America, 2017-2019. *American Journal of Public Health*, 110(10), 1567–1572. <https://doi.org/10.2105/AJPH.2020.305833>
- Cech, E. A., & Rothwell, W. R. (2020). LGBT workplace inequality in the federal workforce: Intersectional processes, organizational contexts, and turnover considerations. *ILR Review*, 73(1), 25–60.
<https://doi.org/10.1177/0019793919843508>
- Chan, C. D., & Howard, L. C. (2020). When queerness meets intersectional thinking: Revolutionizing parallels, histories, and contestations. *Journal of Homosexuality*, 67(3), 346–366. <https://doi.org/10.1080/00918369.2018.1530882>
- Cherner, R. A., Aubry, T., Sylvestre, J., Boyd, R., & Pettey, D. (2017). Housing First for adults with problematic substance use. *Journal of Dual Diagnosis*, 13(3), 219–229. <https://doi.org/10.1080/15504263.2017.1319586>
- Cheung, A. S., Leemaqz, S. Y., Wong, J. W. P., Chew, D., Ooi, O., Cundill, P., Silberstein, N., Locke, P., Zwickl, S., Grayson, R., Zajac, J. D., & Pang, K. C.

(2020). Non-binary and binary gender identity in Australian trans and gender diverse individuals. *Archives of Sexual Behavior*, 49(7), 2673–2681.

<https://doi.org/10.1007/s10508-020-01689-9>

Cheung, M. (1997). Social construction theory and the Satir model: Toward a synthesis.

The American Journal of Family Therapy, 25(4), 331–343.

<https://doi.org/10.1080/01926189708251077>

Clarke, A., Parsell, C., & Vorsina, M. (2020). The role of housing policy in perpetuating conditional forms of homelessness support in the era of housing first: Evidence from Australia. *Housing Studies*, 35(5), 954–975.

<https://doi.org/10.1080/02673037.2019.1642452>

Clarkson, N. L. (2019). Incoherent assemblages: Transgender conflicts in US security.

Surveillance & Society, 17(5), 618–630. <https://doi.org/10.24908/ss.v17i5.12946>

Cleary, M., Visentin, D., Thapa, D. K., West, S., Raeburn, T., & Kornhaber, R. (2020).

The homeless and their animal Companions: An integrative review.

Administration & Policy in Mental Health & Mental Health Services Research,

47(1), 47–59. <https://doi.org/10.1007/s10488-019-00967-6>

Clemens, E., Hess, R. S., Strear, M. M., Rue, L., Rizzolo, S., & Henninger, J. (2018).

Promoting resilience in youth experiencing homelessness through implementation of the McKinney-Vento Homeless Assistance Act. *Preventing School Failure*,

62(2), 105–115. <https://doi.org/10.1080/1045988X.2017.1387756>

Cleveland, M. (2020). Homelessness and inequality. *American Journal of Economics and*

Sociology, 79(2), 559–590. <https://doi.org/10.1111/ajes.12327>

- Coates, O. (2019). Collateral damage: Warfare, death, and queer theory in the global south. *GLQ: A Journal of Lesbian and Gay Studies*, 25(1), 131–135.
<https://doi.org/10.1215/10642684-7275642>
- Cobb, J. (2020). Reflections on working with homeless people. *American Journal of Economics and Sociology*, 79(2), 383–399. <https://doi.org/10.1111/ajes.12326>
- Cobb, J., & McKenzie-Harris, M. (2019). “And justice for all”. . . maybe: Transgender employee rights in America. *Journal of Labor & Employment Law*, 34(1), 1–21.
https://www.americanbar.org/content/dam/aba/publications/aba_journal_of_labor_employment_law/v34/number-1/and-just-for-all.pdf
- Cohen, W., Maisner, R. S., Mansukhani, P. A., & Keith, J. (2020). Barriers to finding a gender affirming surgeon. *Aesthetic Plastic Surgery*, 44(6), 2300–2307.
<https://doi.org/10.1007/s00266-020-01883-z>
- Coll, L., O’Sullivan, M., & Enright, E. (2018). ‘The trouble with normal’: (re)imagining sexuality education with young people. *Sex Education*, 18(2), 157–171.
<https://doi.org/10.1080/14681811.2017.1410699>
- Collazo, A., Austin, A., & Craig, S. (2013). Facilitating transition among transgender clients: Components of effective clinical practice. *Clinical Social Work Journal*, 41(3), 228–237. <https://doi.org/10.1007/s10615-013-0436-3>
- Connolly, D., & Gilchrist, G. (2020). Prevalence and correlates of substance use among transgender adults: A systematic review. *Addictive Behaviors*, 111.
<https://doi.org/10.1016/j.addbeh.2020.106544>

- Côté, P., & Blais, M. (2021). “The least loved, that’s what I was”: A qualitative analysis of the pathways to homelessness by LGBTQ+ youth. *Journal of Gay & Lesbian Social Services*, 33(2), 137–156. <https://doi.org/10.1080/10538720.2020.1850388>
- Cree, V., Jain, S., & Hillen, D. P. (2019). Evaluating effectiveness in social work: Sharing dilemmas in practice. *European Journal of Social Work*, 22(4), 599–610. <https://doi.org/10.1080/13691457.2018.1441136>
- Crissman, H., & Stroumsa, D. (2020). Gynecologic care considerations for transmasculine people: Transgender and non-binary people face discrimination and stigma, along with other barriers, in accessing health care. *Contemporary OB/GYN*, 65(8), 20–24. <https://www.contemporaryobgyn.net/view/gynecologic-care-considerations-for-transmasculine-people>
- Cronley, C., & Evans, R. (2017). Studies of resiliency among youth experiencing homelessness: A systematic review. *Journal of Human Behavior in the Social Environment*, 27(4), 291–310. <https://doi.org/10.1080/10911359.2017.1282912>
- Cronley, C., Murphy, E. R., & Petrovich, J. C. (2020). Homelessness from a holistic paradigm: Bridging gaps in curriculum through supplemental education opportunities. *Journal of Social Work Education*, 56(51), S16–S27. <https://doi.org/10.1080/10437797.2020.1723762>
- Crothers, C. (2020). Social change in New Zealand: Preliminary investigation of the last two decades of social background characteristics. *New Zealand Sociology*, 35(1), 203–244. <https://doi.org/10.3316/219570951933081>

- Currie, L. B., Patterson, M. L., Moniruzzaman, A., McCandless, L. C., & Somers, J. M. (2018). Continuity of care among people experiencing homelessness and mental illness: Does community follow-up reduce rehospitalization? *Health Services Research, 53*(5), 3400–3415. <https://doi.org/10.1111/1475-6773.12992>
- de Lauretis, T. (1991). Queer theory: Lesbian and gay sexualities. *Differences, 3*(2).
- Denton, J. M., & Cain, L. K. (2020). The impact of the gender binary on two transitioning trans men in campus housing. *Journal of College & University Student Housing, 46*(3), 60–77.
https://www.researchgate.net/publication/342408386_The_impact_of_the_gender_binary_on_two_transitioning_trans_men_in_campus_housing
- Donaldson, L. P., Streeter, C. L., Larkin, H., Briar-Lawson, K., Meyer-Adams, N., Lupfer, K., Elder, J., & Grimshaw, A. (2020). The SOAR model as an effective mechanism for university-community partnerships to end homelessness. *Journal of Social Work Education, 56*(S1), S99–S110.
<https://doi.org/10.1080/10437797.2020.1741481>
- Douglass, K. M., Polcari, A., Najjar, N., Kronenfeld, J., & Deshpande, A. R. (2018). Health care for the homeless transgender community: Psychiatric services and transition care at a student-run clinic. *Journal of Health Care for the Poor and Underserved, 29*(3), 940–948. <https://doi.org/10.1353/hpu.2018.0070>
- Drabble, L. A., Wootton, A. R., Veldhuis, C. B., Riggle, E. D. B., Rostosky, S. S., & Lannutti, P. J. (2021). Perceived psychosocial impacts of legalized same-sex

marriage: A scoping review of sexual minority adults' experiences. *PloS ONE*, 16(5), e0249125. <https://doi.org/10.1371/journal.pone.0249125>

Draine, J., Salzer, M. S., Culhane, D. P., & Hadley, T. R. (2002). Role of social disadvantage in crime, joblessness, and homelessness among persons with serious mental illness. *Psychiatric Services*, 53(5), 565–573.

<https://doi.org/10.1176/appi.ps.53.5.565>

Drakeford, L. (2018). Correctional policy and attempted suicide among transgender individuals. *Journal of Correctional Health Care*, 24(2), 171–182.

<https://doi.org/10.1177/1078345818764110>

Dray, K. K., Smith, V. R. E., Kostecki, T. P., Sabat, I. E., & Thomson, C. R. (2020).

Moving beyond the gender binary: Examining workplace perceptions of nonbinary and transgender employees. *Gender, Work & Organization*, 27, 1181–1191. <https://doi.org/10.1111/gwao.12455>

Durbin, A., Nisenbaum, R., Kopp, B., O'Campo, P., Hwang, S. W., & Stergiopoulos, V.

(2019). Are resilience and perceived stress related to social support and housing stability among homeless adults with mental illness? *Health and Social Care in the Community*, 27(6), 1053–1062. <https://doi.org/10.1111/hsc.12722>

Durso, L. E., Gates, G. J., Palette Fund., True Colors Fund., & Williams Institute. (2012).

Serving our youth: Findings from a national survey of services providers working with lesbian, gay, bisexual and transgender youth who are homeless or at risk of becoming homeless. Palette Fund.

- Ecker, J., Aubry, T., & Sylvestre, J. (2019). A review of the literature of LGBTQ adults who experience homelessness. *Journal of Homosexuality*, 66(3), 297–323.
<https://doi.org/10.1080/00918369.2017.1413277>
- Eisenberg, M. E., Kelly, E. D., McRee, A.-L., Brady, S. S., & Barnes, A. J. (2019). Homelessness experiences and gender identity in a population-based sample of adolescents. *Preventive Medicine Reports*, 16.
<https://doi.org/10.1016/j.pmedr.2019.100986>
- Elliott, V. (2018). Thinking about the coding process in qualitative data analysis. *The Qualitative Report*, 23(11), 2850–2861. <https://doi.org/10.46743/2160-3715/2018.3560>
- Elo, S., Kääriäinen, M., Kanste, O., Pölkki, T., Utriainen, K., & Kyngäs, H. (2014). Qualitative content analysis: A focus on trustworthiness. *Sage Open*.
<https://doi.org/10.1177/2158244014522633>
- Erickson, F. (2011). Chapter 3: A history of qualitative inquiry in social and educational research. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (4th ed.). Sage Publications.
- Erol, A., & Cuklanz, L. (2020). Queer theory and feminist methods: A review. *Investigaciones Feministas*, 11(2), 211–220. <https://doi.org/10.5209/infe.66476>
- Eskridge Jr., W. N. (2021). Marriage equality's lessons for social movements and constitutional change. *William & Mary Review*, 62(5), 1449.
<https://scholarship.law.wm.edu/wmlr/vol62/iss5/2>

- Estrella, M. J., Kirsh, B., Kontos, P., Grigorovich, A., Colantonio, A., Chan, V., & Nalder, E. J. (2021). Critical characteristics of housing and housing supports for individuals with concurrent traumatic brain injury and mental health and/or substance use challenges: A qualitative Study. *International Journal of Environmental Research and Public Health*, 18(22), 12211.
<https://doi.org/10.3390/ijerph182212211>
- Evans, W. N., Sullivan, J. X., & Wallskog, M. (2016). The impact of homelessness prevention programs on homelessness. *Science*, 353(6300), 694–699.
<https://doi.org/10.1126/science.aag0833>
- Evens, E., Lanham, M., Santi, K., Cooke, J., Ridgeway, K., Morales, G., Parker, C., Brennan, C., de Bruin, M., Desrosiers, P. C., Diaz, X., Drago, M., McLean, R., Mendizabal, M., Davis, D., Hershov, R. B., & Dayton, R. (2019). Experiences of gender-based violence among female sex workers, men who have sex with men, and transgender women in Latin America and the Caribbean: A qualitative study to inform HIV programming. *BMC International Health & Human Rights*, 19(9), 1–14. <https://doi.org/10.1186/s12914-019-0187-5>
- Fenley, V. M. (2020). Digging deeper: Considering the marginalizing experience of homelessness in developing program performance objectives. *Public Performance & Management Review*, 43(5), 1078–1099.
<https://doi.org/10.1080/15309576.2020.1778045>
- Ferguson, K. M., & Maccio, E. M. (2015). Promising programs for lesbian, gay, bisexual, transgender, and queer/questioning runaway and homeless youth. *Journal of*

Social Service Research, 41(5), 659–683.

<https://doi.org/10.1080/01488376.2015.1058879>

Fletcher, J. B., Kisler, K. A., & Reback, C. J. (2014). Housing status and HIV risk behaviors among transgender women in Los Angeles. *Archives of Sexual Behavior*, 43(8), 1651–1661. <https://doi.org/10.1007/s10508-014-0368-1>

Fletcher, J. B., & Reback, C. J. (2017). Mental health disorders among homeless, substance-dependent men who have sex with men. *Drug & Alcohol Review*, 36(4), 555–559. <https://doi.org/10.1111/dar.12446>

Fleury, M.-J., Grenier, G., Sabetti, J., Bertrand, K., Clément, M., & Brochu, S. (2021). Met and unmet needs of homeless individuals at different stages of housing reintegration: A mixed-method investigation. *PloS One*, 16(1), e0245088. <https://doi.org/10.1371/journal.pone.0245088>

Floyd, M. J., Martin, O., & Eckloff, K. J. (2020). A qualitative study of transgender individuals' experiences of healthcare including radiology. *Radiology*, 29(2), e38–e44. <https://doi.org/10.1016/j.radi.2019.10.008>

Forge, N., Lewinson, T., Garner, B. M., Braxton, C., Greenwald, L., & Maley, O. (2018). “Humbling experiences”: A photovoice project with sexual and gender-expansive youth experiencing homelessness. *Journal of Community Psychology*, 46(6), 806–822. <https://doi.org/10.1002/jcop.21974>

Foucault, M. (1978). *The history of sexuality: Volume one*. Vintage Books.

Fowler, P. J., Marcal, K. E., Zhang, J., Day, O., & Landsverk, J. (2019). Defining homelessness in the transition to adulthood for policy and prevention. *Journal of*

Child and Family Services, 28(11), 3051–3061. <http://dx.doi.org/10.1007/s10826-019-01480-y>

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. <https://doi.org/10.3390/ijerph16152677>

Freese, R., Ott, M. Q., Rood, B. A., Reisner, S. L., & Pantalone, D. W. (2018). Distinct coping profiles are associated with mental health differences in transgender and gender nonconforming adults. *Journal of Clinical Psychology*, 74(1), 136. <https://doi.org/10.1002/jclp.22490>

Fung, R., Gallibois, C., Coutain, A., & Wright, S. (2020). Learning by change: Investigating transgender care education amongst family medicine, endocrinology, psychiatry and urology residents. *Canadian Medical Education Journal*, 11(4), e19–e28. <https://doi.org/10.36834/cmej.53009>

Gabrielian, S., Hellemann, G., Koosis, E. R., Green, M. F., & Young, A. S. (2021). Do cognition and other person-level characteristics determine housing outcomes among homeless-experienced adults with serious mental illness? *Psychiatric Rehabilitation Journal*, 44(2), 176–185. <http://dx.doi.org/10.1037/prj0000457>

Gaither, S. E. (2018). The multiplicity of belonging: Pushing identity research beyond binary thinking. *Self and Identity*, 17(4), 443–454. <https://doi.org/10.1080/15298868.2017.1412343>

Gamble, R. M., Taylor, S. S., Huggins, A. D., & Ehrenfeld, J. M. (2020). Trans-specific Geriatric Health Assessment (TGHA): An inclusive clinical guideline for the

- geriatric transgender patient in a primary care setting. *Maturitas*, 132, 70–75.
<https://doi.org/10.1016/j.maturitas.2019.12.005>
- García, I., & Kim, K. (2020). “I felt safe”: The role of the rapid rehousing program in supporting the security of families experiencing homelessness in Salt Lake County, Utah. *International Journal of Environmental Research and Public Health*, 17(4840), 1–15. <https://doi.org/10.3390/ijerph17134840>
- Garrett, M. B. (2018). Working with transgender individuals in case management practice. *Professional Case Management*, 23(1), 19–24.
<http://doi.org/10.1097/NCM.0000000000000251>
- Glick, J. L., Lopez, A., Pollock, M., & Theall, K. P. (2019). “Housing insecurity seems to almost go hand in hand with being trans”: Housing stress among transgender and gender non-conforming individuals in New Orleans. *Journal of Urban Health*, 96(5), 751–759. <https://doi.org/10.1007/s11524-019-00384-y>
- Goffman, I. (1959). *The presentation of self in everyday life*. Anchor.
- Gorfido, A. (2020). Homelessness and helplessness: How the United States has failed those with severe and persistent mental illness. *Journal of Law & Health*, 34(1), 107–129. <https://pubmed.ncbi.nlm.nih.gov/33449457/>
- Green, H. J. (2015). *Lived experiences of attorneys who represent transgender clients in prison placement (1645)*. [Doctoral dissertation, Walden University].
ScholarWorks. <https://scholarworks.waldenu.edu/dissertations/1645>
- Greene, C. (2019). Food, shelter, hope: Examining the possibilities of agricultural tiny home communities for the homeless. *Georgetown Journal on Poverty Law &*

Policy, 27(1), 3–31.

<https://link.gale.com/apps/doc/A611932542/LT?u=minn4020&sid=ebSCO&xid=9d86c41c>

Greenfield, B., Alessi, E. J., Manning, D., Dato, C., & Dank, M. (2020). Learning to endure: A qualitative examination of the protective factors of homeless transgender and gender expansive youth engaged in survival sex. *International Journal of Transgender Health*, 22(3), 316–329.

<https://doi.org/10.1080/26895269.020.1838387>

Greenwood, R. M., & Manning, R. M. (2017). Mastery matters: Consumer choice, psychiatric symptoms and problematic substance use among adults with histories of homelessness. *Health & Social Care in the Community*, 25(3), 1050–1060.

<https://doi.org/10.1111/hsc.12405>

Griffith, D. A., Morris, E. S., & Thakar, V. (2016). Spatial autocorrelation and qualitative sampling: The case of snowball type sampling designs. *Annals of the American Association of Geographers*, 106(4), 773–787.

<https://doi.org/10.1080/24694452.2016.1164580>

Grimes, A. (2020). Perspectives on an earn-a-bike intervention on transportation, health and self-esteem among men experiencing homelessness. *Journal of Transport & Health*, 18(100904), 1–11. <https://doi.org/10.1016/j.jth.2020.100904>

Guest, G., Namey, E., & Chen, M. (2020). A simple method to assess and report thematic saturation in qualitative research. *PLoS ONE*, 15(5), 1–17.

<https://doi.org/10.1371/journal.pone.0232076>

- Gutierrez Harris, M., & Bitonte, R. A. (2020). Homelessness: A new social security listing. *Journal of Legal Medicine*, 40, 25.
<https://doi.org/10.1080/01947648.2020.1833661>
- Habarth, J. M., Makhouljian, S. C., Nelson, J. C., Todd, C. D., & Trafalis, S. (2020). Beyond simple differences: Moderators of gender differences in heteronormativity. *Journal of Homosexuality*, 67(6), 740–767.
<https://doi.org/10.1080/00918369.2018.1557955>
- Halperin, D. M. (2003). The normalization of queer theory. *Journal of Homosexuality*, 45(2-4), 339–343. http://dx.doi.org/10.1300/J082v45n02_17
- Harrison, B. F., & Michelson, M. R. (2019). Gender, masculinity threat, and support for transgender rights: An experimental study. *Sex Roles*, 80(1-2), 63–75.
<https://doi.org/10.1007/s11199-018-0916-6>
- Heasley, C. (2021). Heteronormativity and gender issues in education: Representing silent voices through radical re-imagination in empirical research. *Educational Studies*, 57(3), 250–268. <https://doi.org/10.1080/00131946.2021.1892681>
- Henderson, E. R., Jabson, J., Russomanno, J., Paglisotti, T., & Blosnich, J. R. (2019). Housing fog and stress among transgender adults in the United States. *Annals of Epidemiology*, 38, 42–47. <https://doi.org/10.1016/j.annepidem.2019.08.004>
- Hennessy, R. (1993). Queer theory: A review of the ‘differences’ special issue and Wittig’s ‘The Straight Mind’. *Signs: Journal of Women in Culture & Society*, 18(4), 964. <https://doi.org/10.1086/494854>

Henry et al. (2018). *The 2018 Annual Homeless Assessment Report (AHAR)*. The U.S. Department of Housing and Urban Development.

<https://www.huduser.gov/portal/sites/default/files/pdf/2017-AHAR-Part-2.pdf>

Henwood, B. F., Matejkowski, J., Stefancic, A., & Lukens, J. M. (2014). Quality of life after housing first for adults with serious mental illness who have experienced chronic homelessness. *Psychiatry Research*, 220(1), 549–555.

<https://doi.org/10.1016/j.psychres.2014.07.072>

Heubner, D. M., Rebchook, G. M., & Kegeles, S. M. (2004). Experiences of harassment, discrimination, and physical violence among young gay and bisexual men.

American Journal of Public Health, 94(7), 1200–1203.

<https://doi.org/10.2105/AJPH.94.7.1200>

Heywood, P. (2018). Making difference: Queer activism and anthropological theory.

Current Anthropology, 59(3), 314–331. <https://doi.org/10.1086/697946>

Hobster, K., & McLuskey, J. (2020). Transgender patients' experiences of health care.

British Journal of Nursing, 29(22), 1348–1353. <https://doi.org/>

[10.12968/bjon.2020.29.22.1348](https://doi.org/10.12968/bjon.2020.29.22.1348)

Hoffman, B. (2014). An overview of depression among transgender women. *Depression*

Research & Treatment, 2014, 1–9. <https://doi.org/10.1155/2014/394283>

Holt, N. R., Hope, D. A., Mocarski, R., Meyer, H., King, R., & Woodruff, N. (2020). The provider perspective on behavioral health care for transgender and gender nonconforming individuals in the Central Great Plains: A qualitative study of

approaches and needs. *American Journal of Orthopsychiatry*, 90(1), 136–146.

<http://dx.doi.org/10.1037/ort0000406>

Hsu, H. T., Rice, E., Dworak, S., Wilson, J., Semborski, S., Vayanos, P., & Morton, M. (2019). Understanding wait times in Rapid Re-Housing among homeless youth: A competing risk survival analysis. *The Journal of Primary Prevention*, 40(5), 529–544. <https://doi.org/10.1007/s10935-019-00562-3>

Hyslop, C. (2018). Why can't we all just get along: How the U.S. and Netherland governments respond to social issues and change—the transgender community. *Indiana International & Comparative Law Review*, 28(1), 31–62.

<https://doi.org/10.18060/7909.0055>

Jacob, S. A., & Furgeson, S. P. (2012). Writing interview protocols and conducting interviews: Tips for students new to the field of qualitative research. *The Qualitative Report*, 17(42), 1–10.

<http://nsuworks.nova.edu/cgi/viewcontent.cgi?article=1718&context=tqr>

Jackson, A., Callea, B., Stampar, N., Sanders, A., De Los Rios, A., & Pierce, J. (2020). Exploring tiny homes as an affordable housing strategy to ameliorate homelessness: A case study of the Dwellings in Tallahassee, FL. *International Journal of Environment Research and Public Health*, 17(2), 661.

<https://doi.org/10.3390/ijerph17020661>

Jaffee, K. D., Shires, D. A., & Stroumsa, D. (2016). Discrimination and delayed health care among transgender women and men: Implications for improving medical

education and health care delivery. *Med Care*, 54(11), 1010–1016.

<https://doi.org/10.1097/MLR.0000000000000583>

Jamali, A. P., & Méndez, T. (2019). “Know whence you came”: Psychoanalytic theory, queer theory, and the mixed-race experience. *Psychoanalytic Social Work*, 26(1), 69–83. <https://doi.org/10.1080/15228878.2019.1590214>

Johnston, T. R., & Meyer, H. (2017). LGBT-specific housing in the USA. *Housing, Care & Support*, 20(2), 121–127. <https://doi.org/10.1108/hcs-07-2017-0016>

Kahlke, R. M. (2014). Generic qualitative approaches: Pitfalls and benefits of methodological mixology. *International Journal of Qualitative Methods*, 13(1), 37–52. <https://doi.org/10.1177/160940691401300119>

Kahlke, R. M. (2018). Reflection/commentary on a part article: “Generic qualitative approaches: An update”: *The International Journal of Qualitative Methods*, 17(1), 160940691878819. <https://doi.org/10.1177/1609406918788193>

Karagiozis, N. (2018). The complexities of the researcher’s role in qualitative research: The power of reflexivity. *International Journal of Interdisciplinary Educational Studies*, 13(1), 19–31. <https://doi.org/10.18848/2327-011X/CGP/v13i01/19-31>

Kattari, S. K., Bakko, M., Langenderfer-Magruder, L., & Holloway, B. T. (2021). Transgender and nonbinary experiences of victimization in health care. *Journal of Interpersonal Violence*, 36(23/24), NP13054-NP13076.

<https://doi.org/10.1177/0886260520905091>

Kattari, S. K., Whitfield, D. L., Walls, N. E., Langenderfer-Magruder, L., & Ramos, D. (2016). Policing gender through housing and employment discrimination:

Comparison of discrimination experiences of transgender and cisgender LGBTQ individuals. *Journal of the Society for Social Work & Research*, 7(3), 427–447.

<https://doi.org/10.86/686920>

Kcomt, L., Evans-Polce, R. J., Boyd, C. J., & McCabe, S. E. (2020). Association of transphobic discrimination and alcohol misuse among transgender adults: Results from the U.S. Transgender Survey. *Drug and Alcohol Dependence*, 215, 1–9.

<https://doi.org/10.1016/j.drugalcdep.2020.108223>

Keizur, E. M., Goldbeck, C., Vavala, G., Romero-Espinoza, A., Ocasio, M., Fournier, J., Lee, S., Abdalian, S., Rotheram, M. J., & Klausner, J. D. (2020). Safety and effectiveness of same-day Chlamydia trachomatis and Neisseria gonorrhoeae screening and treatment among gay, bisexual, transgender, and homeless youth in Los Angeles, California, and New Orleans, Louisiana. *Sexually Transmitted Diseases*, 47(1), 19–23. <https://doi.org/10.1097/OLQ.0000000000001088>

Kerman, N., Aubry, T., Adair, C. E., Distasio, J., Latimer, E., Somers, J., & Stergiopoulos, V. (2020). Effectiveness of Housing First for homeless adults with mental illness who frequently use emergency departments in a multisite randomized controlled trial. *Administration and Policy in Mental Health*, 47(4), 515–525. <https://doi.org/10.1007/s10488-020-01008-3>

Kerman, N., & Sylvestre, J. (2020a). Service use and recovery among currently and formerly homeless adults with mental illness. *International Journal of Social Psychiatry*, 66(4), 389–396. <https://doi.org/10.1177/0020764020913324>

- Kerman, N., & Sylvestre, J. (2020b). Surviving versus living: Capabilities and service use among adults with mental health problems and histories of homelessness. *Health and Social Care in the Community*, 28(2), 414–422.
<https://doi.org/10.1111/hsc.12873>
- Keuroghlian, A. S., Reisner, S. L., White, J. M., & Weiss, R. D. (2015). Substance use and treatment of substance use disorders in a community sample of transgender adults. *Drug and Alcohol Dependence*, 152(1), 139–146.
<https://doi.org/10.1016/j.drugalcdep.2015.01.008>
- Keuroghlian, A. S., Shtasel, D., & Bassuk, E. L. (2014). Out on the street: A public health and policy agenda for lesbian, gay, bisexual, and transgender youth who are homeless. *American Journal of Orthopsychiatry*, 84(1), 66–72.
<https://doi.org/10.1037/h0098852>
- Khatmi, N., Michels, D., Rojas Castro, D., & Roux, P. (2021). Interaction and conflict between outreach workers and research officers in implementing collaborative action research in the field of harm reduction: A qualitative study. *Harm Reduction Journal*, 18(101), 1–8. <https://doi.org/10.1186/s12954-021-00551-y>
- Kidd, S. A., Greco, S., & McKenzie, K. (2021). Global climate implications for homelessness: A scoping review. *Journal of Urban Health*, 98(3), 385–393.
<https://doi.org/10.1007/s11524-020-00483-1>
- Kidd, S. A., Thistle, J., Beaulieu, T., O’Grady, B., & Gaetz, S. (2019). A national study of Indigenous youth homelessness in Canada. *Public Health*, 176, 163–171.
<https://doi.org/10.1016/j.puhe.2018.06.012>

- Kindsiko, E., & Poltimae, H. (2019). The poor and embarrassing cousin to the gentrified quantitative academics: What determines sample size in qualitative interview-based organization studies? *Forum: Qualitative Social Research*, 20(3), 1–24. <https://doi.org/10.17169/fqs-20.3.3200>
- Kirby, E. R., Kenny, K. E., Broom, A. F., Oliffe, J. L., Lewis, S., Wyld, D. K., Yates, P. M., Parker, R. B., & Lwin, Z. (2020). Responses to a cancer diagnosis: A qualitative patient-centered interview study. *Supportive Care in Cancer*, 28(1), 229–238. <https://doi.org/10.1007/s00520-019-04796-z>
- King, C., Fisher, C., Johnson, J., Chun, A., Bangsberg, D., & Carder, P. (2020). Community-derived recommendations for healthcare systems and medical students to support people who are houseless in Portland, Oregon: A mixed-methods study. *BMC Public Health*, 20(1), 1337. <https://doi.org/10.1186/s12889-020-09444-4>
- Klein, A. Mountz, S., & Bartle, E. (2018a). Factors associated with discrimination in social-service settings among a sample of transgender and gender-nonconforming adults. *Journal of the Society for Social Work and Research*, 9(3), 431–448. <https://doi.org/10.1086/699538>
- Klein, D. A., Paradise, S. L., & Goodwin, E. T. (2018b). Caring for transgender and gender-diverse persons: What clinicians should know. *American Family Physician*, 98(11), 645–658. <https://www.aafp.org/afp/2018/1201/afp20181201p645.pdf>

- Knutson, D., Koch, J. M., & Goldbach, C. (2019). Recommended terminology, pronouns, and documentation for work with transgender and non-binary populations. *Practice Innovations*, 4(4), 214–224. <http://dx.doi.org/10.1037/pri0000098>
- Kornbluh, M. (2015). Combatting challenges to establishing trustworthiness in qualitative research. *Qualitative Research in Psychology*, 12(4), 397–414. <https://doi.org/10.1080/14780887.2015.1021941>
- Korstjens, I., & Moser, A. (2018). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice*, 24(1), 120–124. <https://doi.org/10.1080/13814788.2017.1375092>
- Krokoszinski, L., & Hosser, D. (2016). Emotion regulation during deception: An EEG study of imprisoned fraudsters. *Journal of Criminal Psychology*, 6(2), 76–88. <https://doi.org/10.1108/JCP-02-2016-0005>
- Lane, J. (2020). Using queer phenomenology to disrupt heteronormativity and deconstruct homosexuality. *Journal of Homosexuality*, 68(13), 1–20. <https://doi.org/10.1080/00918369.2020.1733353>
- Langowski, J., Berman, W. L., Holloway, R., & McGinn, C. (2018). Transcending prejudice: Gender identity and expression-based discrimination in the metro Boston rental housing market. *Yale Journal of Law and Feminism*, 29(2), 321. <https://advance.lexis.com/api/document?collection=analytical-materials&id=urn:contentItem:5T03-TP60-00CT-W01S-00000-00&context=1516831>

- Lasio, D., Serri, F., Ibba, I., & De Oliveira, J. M. (2019). Hegemony and heteronormativity: Homonormative discourses of LGBTQ activists about lesbian and gay parenting. *Journal of Homosexuality*, 66(8), 1058–1081.
<https://doi.org/10.1080/00918369.2018.1493252>
- Ledesma, E., & Ford, C. L. (2020). Health implications of housing placements for incarcerated transgender women. *American Journal of Public Health*, 110(5), 650–654. <https://doi.org/10.2105/AJPH.2020.305565>
- Lee, D. (2021). Is need enough? The determinants of intergovernmental grants to local homeless programs. *Journal of Urban Affairs*, 43(7), 995–1009.
<https://doi.org/10.1080/07352166.2019.1638267>
- Leppel, K. (2021). Transgender men and women in 2015: Employed, unemployed, or not in the labor force. *Journal of Homosexuality*, 68(2), 203–229.
<https://doi.org/10.1080/00918369.2019.1648081>
- Liao, H., & Hitchcock, J. (2018). Reported credibility techniques in higher education evaluation studies that use qualitative methods: A research synthesis. *Evaluation and Program Planning*, 68, 157–165.
<https://doi.org/10.1016/j.evalprogplan.2018.03.005>
- Lincoln, Y. S., Lynham, S. A., & Guba, E. G. (2017). Paradigmatic controversies, contradictions, and emerging confluences, revisited. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research*. Sage Publications.
- Lowder, E. M., Desmarais, S. L., Neupert, S. D., & Truelove, M. A. (2017). SSI/SSDI Outreach, Access, and Recovery (SOAR): Disability application outcomes among

homeless adults. *Psychiatric Services (Washington, D.C.)*, 68(11), 1189–1192.

<https://doi.org/10.1176/appi.ps.201600568>

Lucas, D. S. (2017). The impact of federal homelessness funding on homelessness.

Southern Economic Journal, 84(2), 548–576. <https://doi.org/10.1002/soej.12231>

Luong, L., Lachaud, J., Kouyoumdjian, F. G., Hwang, S. W., & Meija-Lancheros, C.

(2021). The impact of a Housing First intervention and health-related risk factors on incarceration among people with experiences of homelessness and mental illness in Canada. *Canadian Journal of Public Health*, 112(2), 270–279.

<https://doi.org/10.17269/s41997-020-00433-z>

Luctkar-Flude, M., Tyerman, J., Ziegler, E., Carroll, B., Shortall, C., Chumbley, L., &

Tregunno, D. (2020). Developing a sexual orientation and gender identity nursing education toolkit. *Journal of Continuing Education in Nursing*, 51(9), 412–419.

<https://doi.org/10.3928/00220124-20200812-06>

Macri, D., & Wolfe, K. (2019). My preferred pronoun is she: Understanding transgender

identity and oral health care needs. *Canadian Journal of Dental Hygiene*, 53(2),

110–117. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7533811/>

Maes Nino, C., Godoy, M., McCullough, S., Retzlaff, B., Wiebe, A., & Wurcherer, L.

(2016). *The Winnipeg census 2015: Final report*. Winnipeg, Canada: Social Planning Council of Winnipeg.

Maksut, J. L., Sanchez, T. H., Wiginton, J. M., Schelm, A. I., Logie, C. H., Zlotorzynska,

M., Lyons, C. E., & Baral, S. D. (2020). Gender identity and sexual behavior stigmas, severe psychological distress, and suicidality in an online sample of

transgender women in the United States. *Annals of Epidemiology*, 52, 15–22.

<https://doi.org/10.1016/j.annepidem.2020.07.020>

Malterud, K., Dirk Siersma, V., & Dorrit Guassora, A. (2016). Sample size in qualitative interview studies: Guided by information power. *Qualitative Health Research*, 26(13), 1753–1760. <https://doi.org/10.1177/1049732315617444>

Marcus, B., Weigelt, O., Hergert, J., Gurt, J., & Gelleri, P. (2017). The use of snowball sampling for multi source organizational research: Some cause for concern. *Personnel Psychology*, 70(3), 635–673. <https://doi.org/10.1111/peps.12169>

Marine, S. B., Wagner, R., & Nicolazzo, Z. (2019). Student affairs professionals' roles in advancing gender inclusive housing: Discourses of dominance and resistance. *Journal of Diversity in Higher Education*, 12(3), 219–229.

<https://doi.org/10.1037/dhe0000103>

Martín-Castillo, D., Jiménez-Barbero, J. A., Pastor-Bravo, M. M., Sánchez-Muñoz, M. Fernández-Espín, M. E., & García-Arenas, J. J. (2020). School victimization in transgender people: A systematic review. *Children and Youth Services Review*, 119. <https://doi.org/10.1016/j.childyouth.2020.105480>

Martin Mamen, J. M., James, N., Adra, K. S., & Chacko, C. (2021). Psychological distress and resilience among transgenders. *Indian Journal of Positive Psychology*, 12(1), 24–28.

http://www.iahrw.com/index.php/home/journal_detail/19#list

- Matsuno, E. (2019). Nonbinary-affirming psychological interventions. *Cognitive and Behavioral Practice, 26*(4) 617–628.
<http://dx.doi.org/10.1016/j.cbpra.2018.09.003>
- Matsuoka, A., Sorenson, J., Graham, T. M., & Ferreira, J. (2020). No pets allowed: A trans-species social justice perspective to address housing issues for older adults and companion animals. *Aotearoa New Zealand Social Work, 32*(4), 55.
<https://doi.org/10.11157/anzswj-vol32iss4id793>
- Matsuzaka, S. (2018). Transgressing gender norms in addiction treatment: Transgender rights to access within gender-segregated facilities. *Journal of Ethnicity in Substance Abuse, 17*(4), 420–433.
<http://dx.doi.org/10.1080/15332640.2016.1264338>
- Matthews, P., Poyner, C., & Kjellgren, R. (2019). Lesbian, gay, bisexual, transgender and queer experiences of homelessness and identity: Insecurity and home(o)normativity. *International Journal of Housing Policy, 19*(2), 232–253.
<https://doi.org/10.1080/19491247.2018.1519341>
- McCann, E., & Brown, M. J. (2021). Homeless experiences and support needs of transgender people: A systematic review of the international evidence. *Journal of Nursing Management, 29*(1), 85–94. <https://doi.org/10.1111/jonm.13163>
- McInnes, S., Peters, K., Bonney, A., Halcomb, E. (2017). A qualitative study of collaboration in general practice: Understanding the general practice nurse's role. *Journal of Clinical Nursing, 26*(13-14), 1960–1968.
<https://doi.org/10.1111/jocn.13598>

- Mejia-Lancheros, C., Lachaud, J., Woodhall-Melnik, J., O'Campo, P., Hwang, S. W., & Stergiopoulos, V. (2021). Longitudinal interrelationships of mental health discrimination and stigma with housing and well-being outcomes in adults with mental illness and recent experience of homelessness. *Social Science & Medicine*, 268, 113463. <https://doi.org/10.1016/j.socscimed.2020.113463>
- Messinger, A. M., Guadalupe-Diaz, X. L., & Kurdyla, V. (2021). Transgender polyvictimization in the U.S. transgender survey. *Journal of Interpersonal Violence*, 37(19–20), NP18810–NP18836. <https://doi.org/10.1177/088862605211039250>
- Mikdash, M., & Puar, J. K. (2016). Queer theory and permanent war. *GLQ: A Journal of Lesbian & Gay Studies*, 22(2), 215–222. <https://doi.org/10.1215/10642684-3428747>
- Mizock, L., Woodrum, J. R., Sotilleo, E. A., Yuen, N., & Ormerod, A. J. (2017). Coping with transphobia in employment: Strategies used by transgender and gender-diverse people in the United States. *International Journal of Transgenderism*, 18(3), 282–294. <https://doi.org/10.1080/15532739.2017.1304313>
- Molinsky, J. H., & Herbert, C. (2020). Can the nation's housing support a population seeking to age in place? *Generations Journal*, 44(2), 1–10. www.generations.asaging.org
- Moog, D., & Timmons Sund, L. (2021). Clinician and consumer perspectives on gender-affirming voice services. *Journal of Voice*. <https://doi.org/10.1016/j.jvoice.2021.05.009>

- Mosley, J. E., & Smith, S. R. (2018). Human service agencies and the question of impact: Lessons for theory, policy, and practice. *Human Service Organizations: Management, Leadership, & Governance*, 42(2), 113–122.
<https://doi.org/10.1080/23303131.2018.1425953>
- Mottet, L., & Ohle, J. (2006). Transitioning our shelters: Making homeless shelters safe for transgender people. *Journal of Poverty*, 10(2), 77–101.
https://doi.org/10.1300/J134v10n02_05
- Murphy, E. R. (2019). Transportation and homelessness: A systematic review. *Journal of Social Distress and the Homeless*, 28(2), 96–105.
<https://doi.org/10.1080/10530789.2019:1582202>
- Mykyta, L. (2019). Housing crisis, hardship and safety net support: Examining the effects of foreclosure on households and families. *Housing Studies*, 34(5), 827–848.
<https://doi.org/10.1080/02673037.2018.1487040>
- Naderifar, M., Goli, H., & Ghaljaie, F. (2017). Snowball sampling: A purposeful method of sampling in qualitative research. *Strides in Development of Medical Education*, 14(3), 1–4. <https://doi.org/10.5812/sdme.67670>
- National Alliance to End Homelessness. (2020). *Transgender homeless adults & unsheltered homelessness: What the data tell us*.
<https://endhomelessness.org/resource/transgender-homeless-adults-unsheltered-homelessness-what-the-data-tell-us/>
- Ncube, G. (2020). “Human beings have a hard time relating to that which does not resemble them”: Queering normativity in Nnedi Okorafor’s Lagoon. *Scrutiny2*:

Issues in English Studies in Southern Africa, 25(2), 69–81.

<https://doi.org/10.1080/18125441.2020.1826568>

Neal, B. (2018). Homelessness in the mind. *Psychodynamic Practice*, 24(3), 223–234.

<https://doi.org/10.1080/14753634.2018.1493852>

Newcomb, M. E., Hill, R., Buehler, K., Ryan, D. T., Whitton, S. W., & Mustanski, B.

(2020). High burden of mental health problems, substance use, violence, and related psychosocial factors in transgender, non-binary, and gender diverse youth and young adults. *Archives of Sexual Behavior*, 49(2), 645–659.

<https://doi.org/10.1007/s10508-019-01533-9>

Nicholas, J., & Hale, T. W. (2021). Social security administration disability programs and individuals facing homelessness. *Social Security Bulletin*, 81(2), 1–16.

<https://www.ssa.gov/policy/docs/ssb/>

North, C. S., & Pollio, D. E. (2017). Financing cocaine use in a homeless population.

Behavioral Sciences, 7(74), 1–15. <https://doi.org/10.3390/bs7040074>

Obioha, E. E. (2021). Mission unaccomplished: Impediments to affordable housing drive in addressing homelessness in Sub-Saharan Africa. *Social Sciences*, 10(310), 310.

<https://doi.org/10.3390/socsci10080310>

Oliveri, R. C. (2020). Sexual orientation and gender identity discrimination claims under the Fair Housing Act after *Bostock v. Clayton County*. *Kansas Law Review*,

69(3), 409–445. <https://doi.org/10.17161/1808.31570>

- Oudshoorn, A., Dej, E., Parsons, C., & Gaetz, S. (2020). Evolving an evidence-based model for homelessness prevention. *Health and Social Care in the Community*, 28(5), 1754–1763. <https://doi.org/10.1111/hsc.13000>
- Padgett, D. K. (2020). Homelessness, housing instability and mental health: Making the connections. *BJPsych Bulletin*, 44(5), 197–201
<https://doi.org/10.1192/bjb.2020.49>
- Parpouchi, M., Moniruzzaman, A., & Somers, J. M. (2021). The association between experiencing homelessness in childhood or youth and adult housing stability in Housing First. *BMC Psychiatry*, 21(1), 1–14. <https://doi.org/10.1186/s12888-021-03142-0>
- Penn, S., & Baartmans, H. (2018). A phenomenological study on meaningful professional experiences for human service professionals. *Journal of Human Services*, 38(1), 35–44.
<https://link.gale.com/apps/doc/A679900130/AONE?u=anon~d310da48&sid=googleScholar&xid=4b279965>
- Percey, W. H., Kostere, K., & Kostere, S. (2015). Generic qualitative research in psychology. *Qualitative Report*, 20(2), 76–85. <https://doi.org/10.46743/2160-3715/2015.2097>
- Pindi, G. N. (2020). Beyond labels: Envisioning an alliance between African feminism and queer theory for the empowerment of African sexual minorities within and beyond Africa. *Women's Studies in Communication*, 43(2), 106–112.
<https://doi.org/10.1080/07491409.2020.1745585>

- Pinto, N., & Moleiro, C. (2015). Gender trajectories: Transsexual people coming to terms with their gender identities. *Professional Psychology: Research and Practice*, 46(1), 12–20. <https://doi.org/10.1037/a0036487>
- Polcin, D. L. (2016). Co-occurring substance abuse and mental health problems among homeless persons: Suggestions for research and practice. *Journal of Social Distress and the Homeless*, 25(1), 1–10.
<https://doi.org/10.1179/1573658X15Y.0000000004>
- Poteat, T., Mayo-Wilson, L. J., Pereira, N., Wright, B. N., Smout, S. A., Sawyer, A. N., Cathers, L., Zimmerman, R. S., Grigsby, S. R., & Benotsch, E. G. (2021). U.S. transgender women’s preferences for microeconomic interventions to address structural determinants of HIV vulnerability: A qualitative assessment. *BMC Public Health*, 21(1394), 1–15. <https://doi.org/10.1186/s12889-021-11471-8>
- Powell, A. J., & Thomas, S. (2021). How the LiveWell Dorset lifestyle behavior change services influences older adults’ physical activity behavior: A generic qualitative study. *Public Health in Practice*, 2, 100164.
<https://doi.org/10.1016/j.puhip.2021.100164>
- Price, C. (2020). Women’s spaces, women’s rights: Feminism and the transgender rights movement. *Marquette Law Review*, 103(4), 1509–1564.
<https://search.ebscohost.com/login.aspx?direct=true&AuthType=shib&db=edsglt&AN=edsgcl.630768134&site=eds-live&scope=site>
- Prunas, A., Bandini, E., Fisher, A. D., Maggi, M., Pace, V., Quagliarella, L., Todarello, O., & Bini, M. (2018). Experiences of discrimination, harassment, and violence in

a sample of Italian transsexuals who have undergone sex-reassignment surgery.

Journal of Interpersonal Violence, 33(14), 2225–2240.

<https://doi.org/10.1177/0886260515624233>

Pryor, J. T., Ta, D., & Hart, J. (2016). Searching for home: Transgender students and experiences with residential housing. *College Student Affairs Journal*, 34(2), 43–60. <https://doi.org/10.1353/csaj.2016.0011>

Quinn, K., Dickson-Gomez, J., Nowicki, K., Johnson, A.K., & Bendixen, A. V. (2018). Supportive housing for chronically homeless individuals: Challenges and opportunities for providers in Chicago, USA. *Health Soc Care Community*, 26, e31–e38. <https://doi.org/10.1111/hsc.12467>

Ramsay, N., Hossain, R., Moore, M., Milo, M., & Brown, A. (2019). Health care while homeless: Barriers, facilitators, and the lived experiences of homeless individuals accessing health care in a Canadian regional municipality. *Qualitative Health Research*, 29(13), 1839–1849. <https://doi.org/10.1177/1049732319829434>

Ray, T. N., & Parkhill, M. R. (2021). Heteronormativity, disgust sensitivity, and hostile attitudes toward gay men: Potential mechanisms to maintain social hierarchies. *Sex Roles*, 84(1/2), 49–60. <https://doi.org/10.1007/s11199-020-01146-w>

Real-Quintanar, T., Robles-Garcia, R., Medina-Mora, M. E., Vazquez-Perez, L., & Romero-Mendoza, M. (2020). Qualitative study of the processes of transgender-men identity development. *Archives of Medical Research*, 51(1), 95–101. <https://doi.org/10.1016/j.arcmed.2020.01.003>

- Redcay, A., Luquet, W., Phillips, L., & Huggin, M. (2020). Legal battles: Transgender inmates' rights. *The Prison Journal*, *100*(5), 662–682.
<https://doi.org/10.1177/0032885520956628>
- Reed, R. (2020). Dignity in transgender lives: A capabilities approach. *Journal of Human Development & Capabilities*, *21*(1), 36–48.
<https://doi.org/10.1080/19452829.2019.1661982>
- Rendon, A., Livingston, M., Suzuki, S., Hill, W., & Walters, S. (2017). What's the agreement between self-reported and biochemical verification of drug use? A look at permanent supportive housing residents. *Addictive Behaviors*, *70*, 90–96.
<https://doi.org/10.1016/j.addbeh.2017.02.011>
- Rettke, H., Pretto, M., Spichiger, E., Frei, I. A., & Spirig, R. (2018). Using reflexive thinking to establish rigor in qualitative research. *Nursing Research*, *67*(6), 490–497. <https://doi.org/10.1097/NNR.0000000000000307>
- Rew, L., Slesnick, N., Johnson, K., Aguilar, R., & Cengiz, A. (2019). Positive attributes and life satisfaction in homeless youth. *Children and Youth Services Review*, *100*, 1–8. <https://doi.org/10.1016/j.childyouth.2019.02.021>
- Reyes, A. (2018). Housing access and governance: The influence and evolution of housing organizations in Mexico City. *Cities*, *74*, 327–333.
<https://doi.org/10.1016/j.cities.2017.12.022>
- Rhoades, H., Rusow, J., A., Bond, D., Lanteigne, A., Fulginiti, A., & Goldbach, J. T. (2018). Homelessness, mental health and suicidality among LGBTQ youth

accessing crisis services. *Child Psychiatry & Human Development*, 49, 643–651.

<https://doi.org/10.1007/s10578-018-0780-1>

Rine, C. M., & LaBarre, C. (2020). Research, practice, and policy strategies to end homelessness. *Health & Social Work*, 45(1), 5–8.

<https://doi.org/10.1093/hsw/hlz041>

Rooney, C., Durso, L. E., & Gruberg, S. (2016). Discrimination against transgender women seeking access to homeless shelters. *Center for American Progress*.

<https://www.americanprogress.org/wp-content/uploads/sites/2/2016/01/HomelessTransgender.pdf>

Rubin, H. J., & Rubin, I. S. (2012). *Qualitative interviewing: The art of hearing data* (3rd ed.). Sage Publications.

Russomanno, J., & Jabson Tree, J. M. (2020). Food insecurity and food pantry use among transgender and gender non-conforming people in the Southeast United States.

BMC Public Health, 20(590), 1–11. <https://doi.org/10.1186/s12889-020-08684-8>

Ryan, C., Heubner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in White and Latino lesbian, gay, and bisexual young adult. *Pediatrics*, 123(1), 346–352. <https://doi.org/10.1542/peds.2007-3524>

Sørli, A. (2019). The right to trans-specific healthcare in Norway.: Understanding the health needs of transgender people. *Medical Law Review*, 27(2), 295–317.

<https://doi.org/10.1093/medlaw/fwy029>

Saberi, M., Wu, H., Amoh-Gyimah, R., Smith, J., & Arunachalam, D. (2017). Measuring housing and transportation affordability: A case study of Melbourne, Australia.

Journal of Transport Geography, 65, 134–146.

<https://doi.org/10.1016/j.jtrangeo.2017.10.007>

Sadiki, L., & Steyn, F. (2021). Destitute and vulnerable: Fear of crime and victimisation among the homeless in urban and rural settings in South Africa. *Strategic Review for Southern Africa*, 43(1), 57–77. <https://doi.org/10.35293/srsa.v43i1.367>

Sakamoto, I., Chin, M., Chapra, A., & Ricciardi, J. (2009). A “normative” homeless woman? Marginalisation, emotional injury, and social support of transwomen experiencing homelessness. *Gay & Lesbian Issues and Psychology Review*, 5(1), 2–19. <https://www.proquest.com/scholarly-journals/normative-homeless-woman-marginalisation/docview/214044130/se-2>

Sanders, A. (2019). Housing plus services: A model that supports the “whole” person. *Journal of the American Society on Aging*, 43(1), 91–95.

<https://search.ebscohost.com/login.aspx?direct=true&AuthType=shib&db=rzh&AN=136062910&site=eds-live&scope=site>.

Sciullo, N. J. (2019). Queer phenomenology in law: A critical theory of orientation. *Pace Law Review*, 39(2), 667–709. <https://doi.org/10.58948/2331-3528.2000>

Schmitz, R. M., & Tyler, K. A. (2018). The complexity of family reactions to identify among homeless and college lesbian, gay, bisexual, transgender, and queer young adults. *Archives of Sexual Behaviors*, 47(4), 1195–1207.

<https://doi.org/10.1007/s10508-017-1014-5>

Scott, H., Bryant, T., & Aquanno, S. (2020). The role of transportation in sustaining and reintegrating formerly homeless clients. *Journal of Poverty*, 24(7), 591–609.

<https://doi.org/10.1080/10875549.2020.1740375>

Seelman, K. L. (2016). Transgender adults' access to college bathrooms and housing and the relationship to suicidality. *Journal of Homosexuality*, 63(10), 1378–1399.

<http://dx.doi.org/10.1080/00918369.2016.1157998>

Sellers, M. D. (2018). Absent inclusion policies: Problems facing homeless transgender youth. *Public Integrity*, 20(6), 625–639.

<https://doi.org/10.1080/10999922.2018.1446629>

Sevelius, J., & Jenness, V. (2017). Challenges and opportunities for gender-affirming healthcare for transgender women in prison. *International Journal of Prison Health*, 13(1), 32–40.

<https://doi.org/10.1108/IJPH-08-2016-0046>

Sha, Y., Dong, W., Tang, W., Zheng, L., Huang, X., Muessig, K. E., & Tucker, J. D.

(2021). Gender minority stress and access to health care services among transgender women and transfeminine people: Results from a cross-sectional study in China. *BMC Infectious Diseases*, 21(1), 1–9.

<https://doi.org/10.1186/s12879-021-06782-5>

Shankar, S., Gogosis, E., Palepu, A., Gadermann, A. M., & Hwang, S. W. (2019). “I

haven't given up and I'm not gonna": A phenomenographic exploration of resilience among individuals experiencing homelessness. *Qualitative Health Research*, 29(13), 1850–1861.

<https://doi.org/10.1177/1049732318798353>

- Shavelson, R. J. (2018). Methodological perspectives: Standardized (summative) or contextualized (formative) evaluation? *Education Policy Analysis Archives*, 26(48), 1–14. <https://doi.org/10.14507/epaa.26.3813>
- Shelton, J., & Bond, L. (2017). ‘It just never worked out’: How transgender and gender expansive youth understood their pathways into homelessness. *Families in Society: Journal of Contemporary Social Services*, 98(4), 284–291. <https://doi.org/10.1606/1044-3894.2017.98.33>
- Shelton, J., Poirier, J. M., Wheeler, C., & Abramovich, A. (2018). Reversing erasure of youth and young adults who are LGBTQ and access homelessness services: Asking about sexual orientation, gender identity, and pronouns. *Child Welfare*, 96(2), 1–28. <https://www.cwla.org/child-welfare-journal/>
- Shufutinsky (2020). Employing use of self for transparency, rigor, trustworthiness, and credibility in qualitative organizational research methods. *Organizational Development Review*, 52(1), 50–58. <https://search.ebscohost.com/login.aspx?direct=true&AuthType=shib&db=bth&AN=142655477&site=eds-live&scope=site>
- Sim, J., Saunders, B., Waterfield, J., & Kingstone, T. (2018). Can sample size in qualitative research be determined a priori? *International Journal of Social Research Methodology*, 21(5), 619–634. <https://doi.org/10.1080/13645579.2018.1354643>
- Singh, R. S., & O’Brien, W. H. (2018). The impact of work stress on sexual minority employees: Could psychological flexibility be a helpful solution? *Stress and*

- Health: *Journal of the International Society for the Investigation of Stress*, 36(1), 59–74. <https://doi.org/10.1002/smi.2913>
- Snow, A., Cerel, J., & Frey, L. (2021). A safe bet? Transgender and gender diverse experiences with inclusive therapists? *American Journal of Orthopsychiatry*, 92(2), 154–158. <http://dx.doi.org/10.1037/ort0000599>
- Spicer, S. S., Schwartz, A., & Barber, M. E. (2010). Special issue on homelessness and the transgender homeless population. *Journal of Gay & Lesbian Mental Health*, 14(4), 267–270. <https://doi.org/10.1080/19359705.2010.509004>
- Stewart, H., Gapp, R., & Harwood, I. (2017). Exploring the alchemy of qualitative management research: Seeking trustworthiness, credibility, and rigor through crystallization. *Qualitative Report*, 22(1), 1–19. <https://doi.org/10.46743/2160-3715/2017.2604>
- Tang, W., Dong, W., & Huang, X. (2021). Addressing unmet health needs among Chinese transgender individuals. *Sexual Health*, 18(2), 195–196. <https://doi.org/10.1071/SH20213>
- Tartakovsky, E., & Walsh, S. D. (2018). Value preferences of social workers. *Social Work*, 63(2), 115–124. <http://doi.org/10.1093/sw/swy007>
- Torres, C. G., Renfrew, M., Kenst, K., Tan-Mcgrory, A., Betancourt, J. R., & López, L. (2015). Improving transgender health by building safe clinical environments that promote existing resilience: Results from a qualitative analysis of providers. *BMC Pediatrics*, 15(1), 187. <https://doi.org/10.1186/s12887-015-0505-6>

- Trambley, L. (2021). The affordable housing crisis: Tiny homes & single-family zoning. *Hastings Law Journal*, 72(3), 919–958. https://hastingslawjournal.org/wp-content/uploads/Trambley_11-Final.pdf
- Troncoso-Pantoja, C., & Amaya-Placencia, A. (2017). Interview: A practical guide for qualitative data collection in health research. *Revista de la Facultad de Medicina*, 65(2), 329–332. <https://doi.org/10.15446/revfacmed.v65n2.60235>
- Tsai, J., Schick, V., Hernandez, B., & Pietrzak, R. H. (2020). Is homelessness a traumatic event? Results from the 2019-2020 National Health and Resilience in Veterans study. *Depression & Anxiety (1091-4269)*, 37(11), 1137–1145. <https://doi.org/10.1002/da.23098>
- U.S. Department of Housing and Urban Development. (2018). *2018 AHAR: Part 1 – PIT Estimates of Homelessness in the U.S.* <https://www.hudexchange.info/resource/5783/2018-ahar-part-1-pit-estimates-of-homelessness-in-the-us/>
- U.S. Department of Housing and Urban Development. (2018). *The 2018 Annual Homeless Assessment Report (AHAR). Part 1: Point-in-time estimates of homelessness.* <https://files.hudexchange.info/resources/documents/2018-AHAR-Part-1.pdf>
- U.S. Department of Housing and Urban Development. (2020). *The 2020 Annual Homeless Assessment Report (AHAR). Part 1: Point-in-time estimates of homelessness.* <https://www.huduser.gov/portal/sites/default/files/pdf/2020-AHAR-Part-1.pdf>

- U.S. Department of Housing and Urban Development. (2021). *Housing discrimination and persons identifying as LGBTQ*.
https://www.hud.gov/program_offices/fair_housing_equal_opp/housing_discrimination_and_persons_identifying_lgbtq
- U.S. Department of Housing and Urban Development. (2022). *Homeless Assistance Programs*. <https://hudexchange.info/homelessness-assistance/>
- Ullah, Z., AlDhaen, E., Naveed, R. T., Ahmad, N., Scholz, M., Hamid, T. A., & Han, H. (2021). Towards making an invisible diversity visible: A study of socially structured barriers for purple collar employees in the workplace. *Sustainability*, 13(9322), 9322. <https://doi.org/10.3390/su13169322>
- Usai, R., Cai, W., & Wassler, P. (2022). A queer perspective on heteronormativity for LGBT travelers. *Journal of Travel Research*, 61(1), 3–15.
<https://doi.org/10.1177/0047287520967763>
- Valentine, S. E. & Shipherd, J. C. (2018). A systematic review of social stress and mental health among transgender and gender non-conforming people in the United States. *Clinical Psychology Review*, 66, 24–38.
<https://doi.org/10.1016/j.cpr.2018.03.003>
- van der Toorn, J., Pliskin, R., & Morgenroth, T. (2020). Not quite over the rainbow: The unrelenting and insidious nature of heteronormative ideology. *Current Opinion in Behavioral Sciences*, 34, 160–165. <https://doi.org/10.1016/j.cobeha.2020.03.001>

- van Rijnsoever, F. J. (2017). (I can't get no) saturation: A simulation and guidelines for sample sizes in qualitative research. *PLoS ONE*, *12*(7), 1–17.
<https://doi.org/10.1371/journal.pone.0181689>
- Verhasselt, M., Cavelier, G., Horoi, M., Dequanter, D., & Rodriguez, A. (2020). Chondrolaryngoplasty for transgender patients: Feasibility of a scar-free approach. *European Archives of Oto-Rhino-Laryngology: Official Journal of the European Federation of Oto-Rhino-Laryngological Societies (EUFOS): Affiliated with the German Society for Oto-Rhino-Laryngology - Head and Neck Surgery*, *277*(8), 2381–2384. <https://doi.org/10.1007/s00405-020-06020-9>
- Vranda, M. N., Ranjith, J., Febna, M., & Sreelakshmi, P. S. (2021). Reintegration of homeless patients with mental illness (HPMI) in the community—challenges faced during COVID-19 pandemic. *Indian Journal of Psychological Medicine*, *43*(3), 257–260. <https://doi.org/10.1177/0253717621999575>
- Waite, S. (2021). Should I stay or should I go? Employment discrimination and workplace harassment against transgender and other minority employees in Canada's federal public service. *Journal of Homosexuality*, *68*(11), 1833–1859.
<https://doi.org/10.1080/00918369.2020.1712140>
- Waling, A., Lyons, A., Alba, B., Minichiello, V., Barrett, C., Hughes, M., Fredriksen-Goldsen, K., & Edmonds, S. (2020). Trans women's perceptions of residential aged care in Australia. *British Journal of Social Work*, *50*(5), 1304–1323.
<https://doi.org/10.1093/bjsw/bcz122>

- Wallace, B., Pauly, B., Perkin, K., & Cross, G. (2019). Where's the housing? Housing and income outcomes of a transitional program to end homelessness. *Journal of Poverty*, 23(2), 161–178. <https://doi.org/10.1080/10875549.2018.1549185>
- Wang, J. Z., Mott, S., Magwood, O., Mathew, C., Mclellan, A., Kpade, V., Gaba, P., Kozloff, N., Pottie, K., & Andermann, A. (2019). The impact of interventions for youth experiencing homelessness on housing, mental health, substance use, and family cohesion: A systematic review. *BMC Public Health*, 19(1), 1528. <https://doi.org/10.1186/s12889-019-7856-0>
- Warner, M. (1991). *Fear of a queer planet: Queer politics and social theory*. University of Minnesota Press.
- Warwick, R. M., Araya, A. C., Shumer, D. E., & Selkie, E. M. (2021). Transgender youths' sexual health and education: A qualitative analysis. *Journal of Pediatric and Adolescent Gynecology*, 35(2), 138–146. <https://doi.org/10.1016/j.jpag.2021.09.011>
- Waters, J. (2015). Snowball sampling: A cautionary tale involving a study of older drug users. *International Journal of Social Research Methodology*, 18(4), 367–380. <http://dx.doi.org/10.1080/13645579.2014.953316>
- Watson, E. (2019). Psychoanalysis and queer theory: Towards an ethics of otherness. *Studies in Gender and Sexuality*, 20(4), 242–244. <https://doi.org/10.1080/15240657.2019.1673978>
- Watt, H. (2020). Social and medical gender transition and acceptance of biological sex. *Christian Bioethics*, 26(3), 243–268. <https://doi.org/10.1093/cb/cbaa015>

- Weinand, J. D., Ehlinger, E. P., Hayon, R. L., & Kvach, E. (2019). Supporting transgender and nonbinary residents. *Transgender Health, 4*(1), 222–225.
<https://doi.org/10.1089/trgh.2018.0074>
- Weller, S. C., Vickers, B., Bernard, H. R., Blackburn, A. M., Borgatti, S., Gravlee, C. C., & Johnson, J. C. (2018). Open-ended interview questions and saturation. *PLoS ONE, 13*(6), 1–18. <https://doi.org/10.1371/journal.pone.0198606>
- Williams, S. P., & Bryant, K. L. (2018). Sexually transmitted infection prevalence among homeless adults in the United States: A systematic literature review. *Sexually Transmitted Diseases, 45*(7), 494–504.
<https://doi.org/10.1097/OLQ.0000000000000780>
- Wolfe, H. L., Biello, K. B., Reisner, S. L., Mimiaga, M. J., Cahill, S. R., & Hughto, J. M. W. (2021). Transgender-related discrimination and substance use, substance use disorder diagnosis and treatment history among transgender adults. *Drug and Alcohol Dependence, 223*, 108711.
<https://doi.org/10.1016/j.drugalcdep.2021.108711>
- Wong, A., Chen, J., Dicipulo, R., Weiss, D., Sleet, D. A., & Francescutti, L. H. (2020). Combatting homelessness in Canada: Applying lessons learned from six tiny villages to the Edmonton Bridge Healing Program. *International Journal of Environmental Research and Public Health, 17*(17), 6279.
<https://doi.org/10.3390/ijerph17176279>

- Wong, W. G., Curran, P., Koetter, P., Hoover, T., Roden, R. C., & Martin, K. (2021). Are pediatric surgery clinics LGBTQ+ inclusive? *Journal of Pediatric Surgery*, 57(1), 104–110. <https://doi.org/10.1016/j.jpedsurg.2021.09.020>
- Yousey, A., & Samudra, R. (2018). Defining homelessness in the rural United States. *Online Journal of Rural Research & Policy*, 13(4). <https://doi.org/10.4148/1936-0487.1094>
- Zanghellini, A. (2020). Antihumanism in queer theory. *Sexualities*, 23(4), 530–548. <https://doi.org/10.1177/1363460719842134>

Appendix A: Interview Guide

Introduction

Thank you for participating in today's study, and I am excited to conduct this session with you. Before beginning, I would like to introduce myself. My name is Monica Discolo, and I am a doctoral student pursuing the Human and Social Services PhD at Walden University, and I am the researcher for this study.

The purpose of this study is to explore the role and lived experiences of the administrator in selecting homeless assignments to address the documented problem of transgender women accessing appropriate and inclusive services due to inadequate housing placements (Garrett, 2018; Johnston & Meyer, 2017).

Research Question

What are the experiences of administrators of homeless residential programs when making housing placement decisions for homeless transgender women at their facilities?

Interview Questions




1. What does your typical workday entail?
2. During the intake process, how do clients indicate their gender and sexuality?
3. What is your experience with making housing placements at your facility?
4. Do you think there are barriers preventing homeless individuals from seeking shelter?
5. Have you worked with a transgender woman? If so, please tell me about your experiences.

6. What policies does your agency have in place for serving transgender clients?
7. Could you tell me about any gender and sexual identity training you have had?
8. How do you feel heteronormativity fits in society today?
9. If a transgender client presented at your shelter, what would impact your decision on what dorm to assign them to?
10. How can organizations provide more inclusive services?

Closing Statement

We have concluded this interview. Thank you for your participation and willingness to share information. Contact me for any follow-up information or concerns that you may have at [email address redacted].

Appendix B: CITI Certificate

		Completion Date 22-Mar-2019 Expiration Date N/A Record ID 31008978
This is to certify that:		
Monica Discolo		
Has completed the following CITI Program course:		
Student's (Curriculum Group) Doctoral Student Researchers (Course Learner Group) 1 - Basic Course (Stage)		Not valid for renewal of certification through CME.
Under requirements set by:		
Walden University		
		
Verify at www.citiprogram.org/verify/?w91d55b29-2f19-49b3-a239-cc8124d9b40a-31008978		

Appendix C: Recruitment Flyer

Researcher seeking to interview administrators of coed homeless shelters, ages 18 to 60, that work and reside in the state of Florida.

This is a new study called “*Administrator Experiences with Placement of Transgender Women in Coed Residential Homeless Facilities*” that could help researchers understand the experiences of administrators of coed homeless facilities when making housing placement decisions for transgender women. For this study, you are invited to describe your professional experiences working with transgender clients.

This study is part of the doctoral study for Monica Discolo, a Ph.D. student at Walden University.

About the study

- One 60-minute interview
- One 10-minute follow-up interview to confirm data
- To protect your privacy, no names will be used in reporting or in the research findings

Volunteers must meet these requirements

- 18 years through 60 years of age
- employed at a homeless residential facility in a management function that serves both men and women
- residents of and work in the state of Florida

To confirm the criteria and apply for participation, email the researcher at [email address redacted].