2017

Chronically Homeless Transgender Women Obtaining Social Services From Outreach Workers

Larry Jack Cameron
Walden University

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Larry Cameron

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. Andrew Garland-Forshee, Committee Chairperson, Human Services Faculty
Dr. Andrew Carpenter, Committee Member, Human Services Faculty
Dr. Lillian Chenoweth, University Reviewer, Human Services Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2017

Abstract

Chronically Homeless Transgender Women Obtaining Social Services From Outreach Workers

by

Larry J. Cameron

MSW, University of Central Florida, 2013

BAS, Daytona State College, 2010

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Social Work

Walden University

August 2017

Abstract

In the United States, homelessness is often connected to traumatic events such as domestic violence, job loss, or post incarceration experiences, frequently resulting in substance use disorders, medical issues, and related mental illnesses. Although researchers have considered how homelessness and social service interventions affect sexual and gender minority youth, they have not adequately studied the causes and effects of homelessness among transgender women. The purpose of this interpretive phenomenological study was to bridge this gap in knowledge by exploring the experiences of chronically homeless transgender women. The research question focused on the lived experiences of chronically homeless transgender women who try to obtain social services from outreach workers. A purposive sample of 8 chronically homeless transgender women from the southeastern United States completed individual face-to-face interviews. Using phenomenological strategies, the narratives were analyzed and interpreted into codes, categories, and themes. Four central themes were identified, including reasons for homelessness, the lived experience of chronic homelessness, experiences related to transgender identity, and involvement with social services. Participants faced barriers with social services agencies and outreach workers, including administrative demand for binary gender classification, blatant ignorance and discrimination, and a lack of trans-positive treatment facilities and shelters. The findings and recommendations from this study may advance positive social change by guiding the efforts of social service agencies and outreach workers to improve the quality of social services for transgender women.

Chronically Homeless Transgender Women Obtaining Social Services From Outreach Workers

by

Larry J. Cameron

MSW, University of Central Florida, 2013

BAS, Daytona State College, 2010

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Social Work

Walden University

August 2017

Acknowledgments

I would like to personally thank the homeless transgender women who participated in this dissertation. Their direct experience allowed me the opportunity to share their stories to ultimately stimulate social change.

I have a lot of gratitude and respect for the faculty and staff in the School of Social Work and Human Services at Walden University. The knowledge and skills that I acquired through this institution have been beneficial in becoming a scholar-practitioner. I particularly would like to thank the members of my dissertation committee: Dr. Andrew Garland-Forshee, Dr. Andrew Carpenter, and Dr. Lillian Chenoweth. I greatly appreciate their support, dedication, and constructive criticism that allowed me to learn and grow from this experience.

My mother, Jill C. Cameron, and grandmother, Doris A. Cameron, have always been supportive of my educational endeavors. My mother taught me how to acknowledge the strengths of an individual rather than their deficits. Mom, thank you for being there with me in every aspect of my education and encouraging me to never give up.

Table of Contents

List of Tables

Chapter 1: Introduction to the Study

Introduction

The phenomenon of homelessness among transgender women was the focus of this study. Homelessness is one pressing issue that society should address because of its negative implications—not just to the homeless, but also to the people and communities around them (Maness & Khan, 2014). In order to understand this potentially devastating issue, the views and experiences of the homeless must be sought out and studied. The focus of this study was chronically homeless transgender women who are trying to gain access to social services from outreach workers. Homeless transgender women experience additional challenges other than those related to having no home because of gender-related societal stigma and discrimination (Baumgartner & Williams, 2014). Exploring the lives and experiences of homeless transgender women is especially pressing because of the complexity and uniqueness of their situation. I analyzed their experiences to gain a more comprehensive understanding of homeless transgender women's issues, challenges, and needs. This examination of the lives of chronically homeless transgender women will benefit society by means of providing relevant information that may enlighten others regarding the possible struggles and problems of this population. The result of this study may be the basis for identification and development of interventions to help these homeless people in improving themselves, which will influence the betterment of their community and society.

In this chapter, I discuss the background of homeless and transgender women as part of the American society as well analyze the background, the problem, and the

purpose of the study. It is essential to discuss research questions in alignment with the problem and purpose of the study. The conceptual framework that was the basis or foundation for the development of this study is also identified and discussed in this chapter. In line with the problem and purpose, the nature of the study is discussed. Key terms and the definitions are included in this chapter as well. Moreover, assumptions, scope and delimitations, and limitations are discussed. The chapter also includes the significance of the study. I will conclude the chapter with a summary.

Background

Homelessness, which is the state of having no habitation for a short period or repetitive instances and prolonged period, is often connected to traumatic events such as being released from incarceration, domestic violence, physical and sexual assault, rape, job loss, and housing eviction (O'Toole et al., 2007). Other contributing factors include substance use disorders, medical issues, and mental illnesses (O'Toole et al., 2007). Individuals who experience homelessness are at a greater risk of being hospitalized, typically only live to be 42 to 52 years of age, and have a mortality rate higher than that of the general population (Maness & Khan, 2014). Approximately two thirds of the homeless people in the United States are single individuals who live without families (Maness & Khan, 2014; National Alliance to End Homelessness, 2015).

The U.S. government has estimated the total homeless population to be 662,651 persons; this number includes 216,197 families, 362,163 individuals, and 84,291 of whom are identified as chronically homeless (National Alliance to End Homelessness, 2015). A chronically homeless individual is defined as someone who is sleeping in places

not meant for human habitation (e.g., in cars, parks, sidewalks, condemned buildings, or emergency homeless shelters) for more than 1 week or for repeated occasions (Henwood, Matejkowski, Stefancic, & Lukens, 2014; U.S Department of Housing and Urban Development, 2013). Thirty-three percent of homeless individuals are youths under the age of 24 (National Coalition for the Homeless, 2014). Forty percent of about 57,000 veterans are chronically homeless (National Coalition for the Homeless, 2014), and at least 30% of homeless individuals whom centers and outreach organizations help are members of the lesbian, gay, bisexual, and transgender (LGBT) population (National Coalition for the Homeless, 2014).

Transgender is an umbrella term for a wide variety of gender roles and expressions that includes transsexuals, intersexed, cross-dressers, and drag queens or kings (Bauer & Hammond, 2015; Erickson-Schroth, 2013; Istar Lev, 2010; Pinto & Moleiro, 2015). A transgender woman is someone who is biologically male at birth, but is socially and individually identified as a female (Collazo, Austin, & Craig, 2013; Sevelius, 2013). Transgender women experience a host of psychosocial stressors, including stigma, discrimination, trauma, and transphobia, which can lead to homelessness (Mizock & Mueser, 2014; Riggle & Mohr, 2015; Spicer, 2010). Homeless transgender women also tend to experience rejection from family and society (Spicer, Schwartz, & Barber, 2010); as a result, members of this population experience a high rate of housing instability. The federal government does not address the subpopulations of chronically homeless adults that identify as LGBT, especially transgender women (Yu, 2010).

Currently, researchers have only made inferences based on previous LGBT general population studies to account for those who are transgender (Mokonogho, Mittal, & Quitangon, 2010). Due to social oppression and discrimination (Singh, Hayes, & Watson, 2011), transgender individuals experience significant psychosocial stressors (Hoffman, 2014). Researchers have suggested that transgender individuals have high tendencies of developing issues related to social skills, physical health, and mental health, which increase their risks of being homeless (Alegria, 2011; Bariola, Lyons, Pitts, Badcock, & Couch, 2015; Socías et al., 2014). Transgender individuals encounter multiple barriers, including the lack of social acceptance, limited employment opportunities, and poor healthcare services (Singh et al., 2011).

Social service workers who provide outreach services to the homeless (i.e., food banks, homeless shelters, hot meal programs, and healthcare services; Biederman & Nichols, 2014; Tsai, Mares, & Rosenheck, 2014) often do not possess the skills or knowledge to understand the needs of transgender women (Collazo et al., 2013; Sevelius, 2013). Similarly, homeless outreach services providers often do not know the specific needs of the chronically homeless transgender female population (Baumgartner & Williams, 2014; Fletcher, Kisler, & Reback, 2014). Chronically homeless transgender women comprise a subpopulation that comes with a unique set of challenges that are considerably different from that of the generalized homeless population (Mozino et al., 2015). Examples of these challenges are discrimination, risks for substance abuse, lack of social support, and marginal employment opportunities (Fletcher et al., 2014; Mozino et al., 2015). Homeless outreach workers may therefore not be familiar with the sensitivity

and vulnerability present when working with chronically homeless transgender women (Baumgartner & Williams, 2014). In general, homeless outreach workers face challenges attempting to engage, building rapport, and establishing trust with the chronically homeless population (Kryda & Compton, 2009; Tsai, Kasprow, Kane, & Rosenheck, 2014). There is a gap in the quality of services that homeless transgender women receive as compared to other dominant (nonminority) social groups.

Problem Statement

The general problem of the study was that homeless transgender adults have access to fewer social services, which may result in more severe outcomes as compared to the general population of homeless people. The specific problem was that the lived experiences of chronically homeless transgender women, who are trying to obtain services from outreach workers, remain unknown. Past researchers have suggested that transgender individuals have multiple risk factors that can contribute to homelessness (McIntyre, Daley, Rutherford, & Ross, 2011). Many transgender individuals experience socioeconomic hardships that include low income, unemployment, unstable housing, and mental and physical health conditions (Mizock & Mueser, 2014). Transgender women report earning less than $1,000 per month and are often not able to afford rent, utilities, medications, and medical procedures (Reback, Shoptaw, & Downing, 2012). In the transgender community, the male-to-female transgender population has a higher prevalence of unstable housing and low monthly income compared to that of the female-to-male transgender population (Hotton, Garofalo, Kuhns, & Johnson, 2013; Mizuno, Frazier, Huang, & Skarbinski, 2015; Reback et al., 2012). This may be because of the

higher levels of vulnerability among transgender women, who experience early exposure to unstable housing because of high rates of rejection from family and other people in their community (Fletcher et al., 2014).

Based on the literature from the fields of community mental health, family psychology, public health, poverty, ortho-psychotherapy, AIDS care, and gay and lesbian mental health, researchers have addressed chronically homeless transgender women obtaining services from outreach workers (Mizuno et al., 2015; Spicer et al., 2010); however, some scholars have shown that the homeless transgender population is being excluded from shelter services due to their gender expression and identity (Spicer et al., 2010). In addition, researchers studying the transgender population have reported that this population is often denied basic human services due to transphobic or discriminatory frontline staff (Shepard, 2013; Stotzer, Silverschanz, & Wilson, 2013; Tompkins, Shields, Hillman, & White, 2015). There are greater numbers of studies on homeless transgender youth than for homeless transgender adults (Gattis, 2013; Keuroghlian, Shtasel, & Bassuk, 2014; Yu, 2010), leading to a paucity of literature in this area.

Purpose of the Study

The purpose of this qualitative phenomenological study was to understand the lived experiences of chronically homeless transgender women obtaining services from outreach workers. I analyzed the data for this study using interpretive phenomenological analysis (IPA; Smith, Flowers, & Larkin, 2009). IPA is a data analysis approach that studies the individual insights of a given phenomenon to gain an in-depth understanding of their lived experiences (Smith et al., 2009). I obtained the qualitative data from in-

depth interviews conducted with eight chronically homeless transgender women. I asked the participants a set of semistructured descriptive interview questions. The use of in-depth interviews was useful in gaining some preliminary insight into the lived experiences of chronically homeless transgender women obtaining services from outreach workers.

Research Question

The research question of the study was, "What are the lived experiences of chronically homeless transgender women who try to obtain social services from outreach workers?"

Conceptual Framework

The conceptual framework for this study was Link and Phelan's (2001) conceptualization of stigma. This concept is comprised of four components that define stigma: (a) people distinguish and label human differences, (b) dominant cultural groups label individuals with undesirable attributes, (c) labeled individuals are categorized from the nonstigmatized, and (d) stigmatized individuals experience status loss. Link and Phelan argued that these four components are key factors that may influence life circumstances such as psychological well-being, employment, housing, and total quality of life. This conceptual framework has no specific justification related to providing a reason for thinking that the individuals in this study share common lived experiences. Instead, researchers use this framework to understand the lived experiences of chronically homeless transgender women obtaining services from outreach workers as supported by the four components of stigma. The unifying factors or common aspects in the lived

experiences of individuals, if any, emerged as themes relevant to the framework of the study in addressing the research question about the lived experiences of chronically homeless transgender women who try to obtain social services from outreach workers.

This conceptual framework was useful in understanding the lived experiences of chronically homeless transgender women obtaining services from outreach workers. In applying this conceptual framework to this qualitative research study, it provided the foundation for advocacy of this marginalized population. The four components of the conceptualization of stigma assisted in the development of semistructured interview questions to address the lived experience of chronically homeless transgender women obtaining social services from outreach workers.

Nature of the Study

In this qualitative phenomenological study, I used face-to-face interviews to collect data from participants. The purpose of using face-to-face interviews is to capture the experiences, thoughts, stories, and emotions from the participants (Smith et al., 2009). I conducted semistructured interviews at a LGBT community center in Florida, which provided a safe place for chronically homeless transgender women to share their lived experiences. The qualitative approach was important to help understand the specific experiences and the issues that chronically homeless transgender women encounter with outreach workers.

According to researchers, the sample size for qualitative studies is based on data saturation, which is the point in data collection when there is no significantly new information gained from the addition of another data set or new participant (Walker,

2012). For a qualitative study, about six to 25 participants are enough to reach data saturation (Walker, 2012). For this study, there were eight participants. The present study included eight chronically homeless transgender women. Participants met the following criteria: (a) matching the U.S. Department of Housing and Urban Development's (2013) definition of chronically homeless, (b) being between the ages of 30 and 60, and (c) self-identifying as a transgender woman.

I recruited participants for this study using flyers that were posted at multiple social service locations in Central Florida using snowball sampling, also referred to as chain referral sampling (Emerson, 2015; Patton, 2015; Sadler, Lee, Lim, & Fullerton, 2010). Snowball sampling facilitated increased access to the chronically homeless transgender population by meeting participants at homeless service locations in Florida. I incorporated the exponential discriminative snowball sampling technique that placed criterion restrictions on the referrals made from each of the participants (Emerson, 2015; Patton, 2015; Sadler et al., 2010). I analyzed data using IPA.

Definitions

Chronic homelessness: Chronic homelessness refers to the act of sleeping in places not meant for human habitation (e.g., in cars, parks, sidewalks, condemned buildings, or emergency homeless shelters) for more than 1 week or for repeated occasions (Henwood et al., 2014; U.S. Department of Housing and Urban Development, 2013).

Gender discrimination: This refers to experiencing negative social behavior from another member of society because of one's gender or sexual orientation (Singh et al.,

2011; Spicer et al., 2010). Because of discrimination, transgender individuals experience significant psychosocial stressors (Hoffman, 2014).

Homelessness: Homelessness refers to having no permanent location of habitation that is meant for human beings (Henwood et al., 2014). Homelessness among transgender women may also take the form of rejection from family and society (Spicer et al., 2010).

Outreach workers: These workers are social service workers who provide outreach services to the homeless (i.e., food banks, homeless shelters, hot meal programs, and healthcare services; Biederman & Nichols, 2014; Tsai et al., 2014).

Social services: Social services for the homeless may include food banks, homeless shelters, hot meal programs, and healthcare services (Biederman & Nichols, 2014; Tsai et al., 2014).

Transgender: Transgender is a general term that describes a wide variety of gender roles and expressions, including transsexual, intersex, cross-dressers, and drag queens or kings (Bauer & Hammond, 2015; Pinto & Moleiro, 2015). Transgender individuals may express their sexual orientation as heterosexual, bisexual, or lesbian (Erickson-Schroth, 2013; Istar Lev, 2010).

Transgender women: A transgender woman is an individual who transitioned from male to female or is biologically male at birth but socially and individually identifies as a female (Collazo et al., 2013; Sevelius, 2013).

Assumptions

There are several aspects of the study that have to be assumed as true to complete the examination of the subjects. The main assumption in this study was that participants

would provide accurate and honest responses about their lived experiences about the phenomenon of obtaining services from outreach workers. In relation to this main assumption, another assumption was that the participants would provide answers based on their best recollection of their experiences that are relevant to the interview questions and the context of the study. To this end, the participants received reminders to answer the questions as truthfully as possible. Moreover, I assumed that the self-identification of participants as transgender and homeless people is authentic; hence, they are to express their gender identity as chronically homeless females. I assumed that different participants have different experiences and perspectives; thus, there may be differences in the responses of the participants. Finally, another assumption of the study was that I would be able to uncover themes and patterns in the lived experiences of the participants.

Scope and Delimitations

The scope of the study involved the exploration of lived experiences of homeless transgender women who are obtaining services from outreach workers. It also included the interpretation of these lived experiences within the context of the purpose of the study. The scope of the study also involved the exploration of the lived experiences of participants within the context of the research questions of the study.

The study did not include participants from populations other than the target population and sampling frame of the study. Specifically, the study did not cover lived experiences of other homeless individuals of a different gender and those individuals who identify as transgender other than chronically homeless transgender women seeking services. Acquisition of social services from social workers other than those who are

offering outreach services to the homeless were not included in this study because it was not aligned with the purpose and research questions of the study.

Limitations

One of the limitations of the study was that the findings and conclusion that addressed the research questions were only from lived experiences of eight chronically homeless transgender women from Florida. Nevertheless, having small sample sizes is common for qualitative studies because it is enough to attain data saturation provided that the few samples provided have characteristics that are aligned with the requirements of the purpose and research questions of the study (Mason, 2010; Patton, 2002). Moreover, I designed the criteria for inclusion in the study to ensure that participants have experiences that will make them knowledgeable and able to provide the information that is needed to address the research questions and purpose of the study. This is important because the main source of data was interviews with these individuals; therefore, I screened participants to make sure that they had the relevant live experiences to provide credible answers to the research questions of the study.

Another limitation of the study was that I have personal biases and opinions regarding the phenomenon and problem of focus in this study. To minimize researcher bias, I acknowledged any expectations and personal opinions regarding the outcome of the study to be cautious of these biases, especially when interpreting and analyzing the results of the study. Finally, a limitation of the study was that results from the analysis of the lived experiences of transgender women cannot be generalized. Nevertheless, the

methodology used is discussed in detail so that replication of the study to another group of individuals may be easy and possible for future researchers in related fields.

Significance

The significance of gaining insight of the lived experiences of chronically homeless transgender women will assist outreach workers in reducing social and cultural barriers towards this marginalized population. The impact of this study could inform community-based homeless service providers to develop policies to address the needs of the chronically homeless transgender women. This qualitative research study is distinctive because it will address chronically homeless transgender women, who are rarely studied. Most social service workers who provide outreach services to the homeless do not possess the skills or knowledge to understand the particular needs of transgender women (Collazo et al., 2013; Sevelius, 2013). The findings from this study can assist outreach workers in creating a gender appropriate and culturally competent engagement process for the chronically homeless transgender women. Information from this qualitative research study could magnify the growing need for advocacy, social justice, and transgender specific homeless services. The study could serve as a preliminary foundation to develop strategies to improve homeless services for the transgender population.

Summary

Homelessness is a pressing issue in the United States. The problem of the study was that the lived experiences of chronically homeless transgender women are unknown, especially when considered as members of the homeless adult transgender group who are

trying to obtain services from outreach workers. The purpose of this qualitative phenomenological study was therefore to understand the lived experiences of chronically homeless transgender women obtaining services from outreach workers. To address this problem, the research question for this study addressed the experiences of chronically homeless transgender women who try to obtain social services from outreach workers. As for the conceptual framework, I used Link and Phelan's (2001) conceptualization of stigma with four components that define stigma: (a) people distinguish and label human differences, (b) dominant cultural group label individuals with undesirable attributes, (c) labeled individuals are categorized from the nonstigmatized, and (d) stigmatized individuals experience status loss. From the detailed discussion of the problem and its background, Chapter 2 contains the details of relevant literature regarding the gap and phenomenon of focus.

Chapter 2: Literature Review

Introduction

Researchers studying the transgender population have reported that this population is often denied basic human services at social service agencies due to frontline staff being transphobic or discriminatory (Shepard, 2013; Stotzer et al., 2013; Tompkins et al., 2015). This population experiences extreme difficulty in obtaining stable shelter services because of their gender expression and identity (Shepard, 2013; Spicer et al., 2010). Researchers have revealed that transgendered individuals who seek stable shelter services would also benefit from specialized community-based mental health services instead of receiving similar services for other sexual minority groups and heterosexuals (Shepard, 2013; Spicer et al., 2010).

As a whole, the transgender population faces greater stigma and discrimination than heterosexuals as well as the lesbian, gay, and bisexual community (Poteat, German, & Kerrigan, 2013). The specific problem was that even though there is evidence to support the efficacy of social service outreach for homeless youth, and in some instances, transgendered men, transgendered women are not receiving the same quality of services (Hunter, 2008; Keuroghlian et al., 2014; Yu, 2010). No researchers have designed a study to address and understand chronically homeless transgender women's access to social and outreach services. There is a gap on the unique challenges experienced by the homeless transgendered women population that has not been adequately studied, addressed, or identified (Keuroghlian et al., 2014).

In a meta-analysis of the scant literature on homeless LGBT youth, Crossley (2015) found that there is a lack of research focusing on homeless transgender individuals, including transgender women. Two of the articles that Crossley reviewed mentioned LGBT, but in-depth assessment of the articles showed that the focus remained on LGB youth and did not address transgendered individuals. Three articles also mentioned transgender youth in the study's methods section where the population was lumped together under the LGBT umbrella. This demonstrates that there is a greater need for study on the transgendered population, as they do not always fit under the umbrella of the LGB community regarding shelter access and other outreach services (Crossley, 2015).

According to Crossley (2015), existing literature on homelessness among youth was devoted more to the plight of heterosexual youth. This can be seen as problematic, as different authors have claimed that the invisibility of homeless transgendered youth not only exists in the academic literature but also in social service agencies, especially in a dominantly heterosexual society (Crossley, 2015). The findings of the different literature serve as an important backdrop to the problem of the current study, which was that homeless transgendered individuals, particularly transgendered women, usually face difficulties in obtaining homelessness and outreach services (Crossley, 2015). The lack of studies on transgendered individuals, as highlighted by many authors, demonstrates why the current study was necessary. Not only is there limited research on the needs of the homeless transgendered population, the literature specifically indicated that a broader

understanding of the needs of homeless transgendered women nearly does not exist at all (Crossley, 2015).

I closed this gap by exploring the encounters experienced by chronically homeless transgendered women who interact with homeless outreach workers. I used a qualitative, phenomenological approach. Addressing this gap was necessary because by gathering insights from the lived experiences of chronically homeless transgendered women, possible findings may aid outreach workers in reducing social and cultural barriers towards this marginalized population.

The literature review begins with a discussion of Link and Phelan's (2001) conceptualization of stigma as the theoretical framework for the current study. After a section on the theoretical framework, a review of relevant literature is presented, which is subdivided into major categories: homelessness in the United States, LGBT homeless population, transgender homeless population, stigma associated with homelessness, stigma associated with being transgender individuals, comparison of difficulties experienced by heterosexual homeless population, and LGBT homeless population (including the few studies on the experiences of transgender individuals). I close the chapter with a conclusion, highlighting the literature gap that the current study was designed to close.

Literature Search Strategy

I sourced the materials for the literature review from major databases such as EBSCOHost, ScienceDirect, PsychArticles, and Google Scholar. The keywords specifically used to search for materials were *gender discrimination, gender expression,*

gender identity, LGBT, homelessness, homeless individuals, homeless outreach workers, homeless transgender, homeless youth, homeless services, homeless shelters, male-to-female, social services, social stigma, stigma, transgender, and *transgender women*. These keywords generated a selection of studies. I included those considered relevant to the study in the literature review. At least 85% of sources were from 2012 to 2015; older sources were seminal and theoretical works.

Theoretical Framework

Link and Phelan's (2001) conceptualization of stigma as the theoretical framework provided support for the current study. Link and Phelan defined stigma according to the presence as well as the convergence of four interrelated factors. Under the framework, stigma is generated because people can recognize and label human differences. In addition, members of the majority or the dominant cultural group associate the labelled persons with specific negative and undesirable attributes. As such, negatively labelled groups or individuals are categorized into separate groups from those not labelled or stigmatized. Because of the first three components, individuals who are labelled or stigmatized can experience status loss.

According to Link and Phelan's (2001) theory, the process of stigmatizing people as well as management of stigmatization are both dependent on the degree of one's access to or ability to gain social, economic, and political power. Moreover, the authors of this theory argued that indirect forms of oppression can ultimately become direct forms of oppression, examples of which are aggression, harassment, and abuse—if the stigmatized individuals do not accept their labels or assigned inferior status.

Herek (2007) used Link and Phelan's (2001) theory to understand sexual stigma and prejudice. With the use of Link and Phelan's definition of institutional racism, Herek (2007) found that heterosexism can be considered a cultural ideology embedded and integrated into institutional practices that put those belonging to the sexual minority groups at a disadvantage, even if they do not receive individual attacks or experience degrading practices from others. Herek concluded that heterosexism in the society is a legitimizing factor of sexual stigma. Heterosexism perpetuates sexual stigma and the power gaps that stigma has established. Confronting sexual stigma, therefore, requires not only resolving a social problem but also potentially improving a scientific understanding of human behavior.

Cruz (2014) used the same theory in assessing transgender individuals and gender nonconforming people's access to care. According to Cruz, stigma and discrimination that these groups of individuals face also extend to biomedicine and health care provision. Being stigmatized by healthcare providers can affect the group's access to primary care. With the help of the theory, Cruz found that experience, identity, state of transition, and disclosure that one is a transgender individual can all lead to postponement of healthcare services, mainly because of stigma and discrimination.

Weber (2010) also employed Link and Phelan's (2001) theory in his study that focused on parent relationships and family life. According to Weber, parent relationships and family life are important factors behind the health and well-being of growing children and adults. For nonheterosexual minority parents, however, the social stigma they experienced, as well as their children and families, often create stress and tension in

their relationships. As such, families headed by LGBT parents may need special help and attention in parenting and family life. Weber applied Link and Phelan's stigmatization model to improve the practices of nurses of families headed by LGBT parents. According to Weber, if a nurse working with a LGBT patient (who is a parent) leads the nurse to think or believe she knows how the patient lives, what the health concerns of the patient are, and what risk activities the patient must have engaged in, then it could be said that the nurse is being judgmental and carrying out his or her work by relying on stereotypes. Because of the power that the nurse possesses under the circumstances, the nurse can be said to contributing to stigma.

Link and Phelan's (2001) stigmatization model was important to the current study because I addressed phenomenological understandings from participants in the study that examine both stigmatizations of sexual minorities as well as potential areas of discrimination due to the lack of services that transgendered women face when seeking shelter access and community outreach support. It is through the lens of this theory that I addressed these issues to determine how future changes can be made from outreach workers when interacting and servicing this population.

Review of Related Literature

To provide a strong background for the current study, I completed a review of relevant literature, and the findings are presented below. This review begins with the critical examination of studies associated with these major themes: homelessness in the United States, LGBT homeless population, transgender homeless population, stigma associated with homelessness, stigma associated with being transgender individuals, and

comparison of difficulties experienced by heterosexual homeless population and LGBT homeless population. Because the literature on homeless transgender is scant, I reviewed literature that focused on the LGBT population more generally. This gap in research resulting in this decision is highlighted in the gap section. Chapter 2 ends with a strong discussion of the gap in the extant literature, tying together the broader importance of how the gap in the literature supports the need for the current research.

Homelessness in the United States

Homelessness in the United States is a significant concern for many social services personnel. The number of homeless people started to accelerate in the 1980s, in which the U.S. Department of Housing and Urban Development (2009) estimated that more than 500,000 people were homeless. According to the reports published by the U.S. Department of Housing and Urban Development, there were more than 700,000 people in homeless shelters, and more than 4 million people in the United States experience homelessness each year.

Statistics on the state of homelessness in the United States for the year 2015 were presented by the Homelessness Research Institute (2015), which showed that more than half of a million people (578,424) were experiencing homelessness. Even though there was a 2.3% decrease in the homeless population from 2013 to 2014, the sheer number of people without shelter, whether they were sleeping outside or residing in an emergency shelter, is concerning (Homelessness Research Institute, 2015).

According to the Homelessness Research Institute (2015) report, 34 states observed a decrease in overall homelessness from 2013 to 2014, while 17 states

experienced an increase. Most poor people are vulnerable to becoming homeless because they cannot afford housing. Factors such as unemployment, expensive housing costs, and rising living expenses aggravate their situations. Data showed that economic recovery from the Great Recession may not be trickling down to the populations vulnerable to homelessness (Homelessness Research Institute, 2015).

The problem of homelessness in the United States cannot be underestimated. Homelessness is linked to earlier mortality, significant morbidity, and a "substantial cost to families and society with worse health indices associated with longer time spent homeless" (O'Toole et al., 2007, p. 446). According to the statistics provided by the National Coalition for the Homeless (2009), up to 25% of the homeless population in the United States is also suffering from severe mental illness. This is a huge number, compared to the 6% of the overall American population suffering from mental illness. Even if healthcare methods for addressing mental illness exist, being homeless can aggravate their mental health conditions because living on the streets is not conducive or helpful for recovery (National Coalition for Homeless, 2009).

The problem of homelessness has been burgeoning in the United States since the early 1980s, especially among vagrant women and their families. Some researchers have shown that this is a gendered phenomenon (Meanwell, 2012; Rukmana, 2010). Gender disparities exist over the prevalence, trends, and consequences of homelessness. This is a significant problem because it is associated with different negative consequences (Meanwell, 2012; Rukmana, 2010).

Meanwell (2012) designed a literature review to provide a more detailed account of the experiences of homeless individuals, from their daily interactions and activities to the subcultures that they live with and the social relationships and networks they foster while on the street. Meanwell then categorized these experiences into different characteristics of the homeless individuals such as their gender, racial groups, family status, and their sexual orientation. Included in Meanwell's review were the responses and interventions developed to cater to the needs of the homeless individuals and how substantial and helpful these are. Furthermore, Meanwell focused on how the homeless individuals manage the stigma and discrimination they suffer from to survive.

While all homeless individuals have to contend with abysmal living conditions, poor hygiene, unsafe foods, and malnutrition, women can have better access than men to shelters because service providers believe women are at higher risk of being violated and sexually abused and, therefore, need the shelters more (Meanwell, 2012). Women also engage in illegal sexual activities in order to survive the harshness of being homeless (Meanwell, 2012); therefore, in order to survive the stigma associated with homelessness, homeless individuals often need to dissociate themselves form other homeless persons and even the social service agencies designed to help them. Preservation of self-pride is common among homeless individuals. I included this study in the current literature review because it provided an extensive analysis of the homeless population and highlighted how it can be a gendered phenomenon, even though it did not dwell on the homeless LGBT, especially the transgender population (Meanwell, 2012).

Rukmana (2010) highlighted some of the main gender based issues as faced by homeless people in Miami Dade County in Florida. The author's focus was on homeless people and their issues for the last 20 years. A lesser focus was provided to the residential origins of the homeless people. Rukmana investigated the origins of the homeless people and then investigated the socioeconomic, housing, and demographic factors associated with the origins of the homeless people. Results indicated that the phenomenon of homelessness could be considered a gendered one.

Compared to homeless women, homeless men are more exposed to social as well as environmental risks (Rukmana, 2010). Through census tracts, hotspot analysis, and statistical analysis, Rukmana revealed that homeless women are concentrated both in northern as well as southern areas while men are found more in the northern parts of the country having highest poverty. Moreover, important factors that have contributed more to the homelessness are housing factors and housing crowding (Rukmana, 2010). Comparatively, researchers have shown that among all sexual groups, LGBT individuals are more likely to experience homelessness than their heterosexual counterparts. Since the present study was designed to focus on the issues of the transgendered women population and the data on this specific population is lacking, the state of LGBT homeless population from the findings of various studies are presented (Begun, 2015; Bidell, 2014; Bruce, Stall, Fata, & Campbell, 2014; Lolai, 2015) in the next section.

Stigma Associated With Homelessness

As the purpose of the current study is to explore the encounters experienced by chronically homeless transgender women that engage homeless outreach workers, there is

a need to assess the concept of homelessness in the nation and why homeless people, especially transgender individuals, can face several difficulties when accessing housing and other social services.

Homeless people face a deviant social stigma (Belcher & DeForge, 2012; Knecht & Martinez, 2012; Rayburn & Guittar, 2013). Moreover, they are the special targets of laws such as loitering or panhandling (Rayburn & Guittar, 2013). This population is naturally ostracized, and homeless individuals face bias and discrimination unless people come into close contact and spend time with them (Knecht & Martinez, 2012).

Belcher and DeForge (2012) examined the issue of stigmatization associated with homelessness and described how this issue can be linked to capitalism. Through a review of the literature, results indicated that society is much more focused on the individual when attributing blame on why they end up being homeless. A homeless person is considered someone who made bad decisions in life, and is therefore blamed for living on the streets instead of focusing on the larger possible antecedent social and economic forces (Belcher & DeForge, 2012). Examples of these forces can be unemployment, limited affordable housing, and poor kinship relationships (Belcher & DeForge, 2012). As such, apart from the hardships associated with being homeless, homeless individuals are subjected to social stigma, which often occurs because of unequal social, economic, and political power in the society. Homeless people are stereotyped and discriminated against (Belcher & DeForge, 2012). Capitalism has a large role to play because a capitalist society tends to value people according to their productivity and usefulness, as well as contribution to the economy; homeless people are stereotyped as no longer useful

because they do not have active income (Belcher & DeForge, 2012).

Knecht and Martinez (2012) evaluated which service-learning courses can change students' perceptions and attitudes toward homeless individuals. The stigma against homeless people is prevalent and affects the service utilization rates of homeless people and their well-being. Knecht and Martinez designed an experiment wherein they asked students in service-learning courses to spend a day with a homeless person; the researchers then evaluated whether the stereotypes students held of the population changed. Knecht and Martinez designed their study to determine whether the venerable contact hypothesis is true. Results indicated that after a day spent with homeless people, students showed changes in their attitudes and perceptions of homeless people. Some of them held fewer stereotypes after the experiment and exhibited a more nuanced perspective and understanding of the causes of consequences of homelessness. The findings suggested that homeless people face significant discrimination from the society (Knecht & Martinez, 2012).

Paradoxically, people who believe they are caring about homeless by aiding them and describing them positively may aggravate the stigma of homelessness, because they imply that homeless people are responsible for their state and need proper management and control by others to survive (Schneider & Remillard, 2013). Schneider and Remillard looked at the stigma experienced by homeless individuals and whether people who deem themselves as having caring attitudes toward homeless individuals are indeed contributing to the reduction of stigma linked with homelessness. Drawing on a Foucauldian theoretical framework, Schneider and Remillard analyzed conversations

about the phenomenon of homelessness gathered in focus groups with members of the general public. The data showed that there are two ways that participants described themselves as being caring to homeless people (Schneider & Remillard, 2013). The first way is that participants described actions in which they specifically provided aid to homeless people. The second way is to take care in describing homeless people as being just like them. These descriptions and statements, however, merely reinforced the negativity that society pins on people who are homeless (Schneider & Remillard, 2013).

Homeless people face stigma from housing service providers and volunteers as well (Chant et al., 2014; Rogers, 2015; Smith, 2015; Toolis & Hammack, 2015). The homeless face discrimination in accessing healthcare in general (DeBoer et al., 2015; Johnstone, Jetten, Dingle, Parsell, & Walter, 2015; Kantayya, Hawkins, & Koon, 2015; Skosireva et al., 2014). Homeless people often commonly experience mental illness and drug addiction, which can serve as a major problem in the community (Barry, 2014).

According to Kantayya et al. (2015), homelessness is a serious public health concern because it is also associated with a myriad of physical health problems, including acute and chronic medical conditions. Homeless people are especially vulnerable to having mental health issues and substance abuse problems; however, being homeless imposes several barriers to receiving quality and effective patient care specifically tailored to their needs (Kantayya et al., 2015). Healthcare providers are called to be more sensitive by incorporating different delivery systems of care, ensuring continuity, and applying sensitive case management practices.

The homeless know that their status is considered negative, and there is a stigma

attached to it (Donley & Jackson, 2014). As such, most are likely to engage in coping strategies that can negatively affect their access to healthcare and housing services. Moreover, despite not having any place to go home to, homeless men want to appear clean and presentable as the rest of community (Donley & Jackson, 2014). Donley and Jackson evaluated how homeless men in Sanford, Florida encountered stigma because of the status and explored the techniques used by the population to cope with the stigma and appear "normal" in the eyes of the domiciled population. Findings revealed that homeless men know that their status is considered negative, and there is a stigma attached to it. This is why, despite not having any place to go home to, homeless men try to stay away from services designed to meet the housing and healthcare needs of the homeless (Donley & Jackson, 2014). Even if they lack the resources to look presentable, they look for ways in the city to look clean and blend in with the people around them.

Rayburn and Guittar (2013) also evaluated how homeless individuals deal with the stigma associated with their circumstances and retain their character, affecting how they access services for the homeless. Through 20 ethnographic interviews, two focus groups, and observations of homeless individuals located in one of the cities in the Southeastern part of the United States from 2007 to 2009, results revealed that most homeless individuals employ certain tactics to deal with stigma. Most reported that they have to deal with disapproving or negative labels because they are living on the streets whenever they interact with others. Homeless adults use methods comparable to the methods used by other marginalized groups when being discriminated or stigmatized (Rayburn & Guittar, 2013). In particular, they reported changing their outward

appearance, the way they speak, the way they stand or walk, and even how they dress. Most make sure to look clean and be informed of new fashion trends, while at the same time avoid being associated with being homeless by not accessing the services offered to them (Rayburn & Guittar, 2013).

Moreover, because homelessness is associated with feelings of instability and identity loss, they need to reconstruct constantly and renegotiate their identities (Roche, 2015). Roche evaluated how homeless men struggled to attain ontological worth and looked at the specific social and individual processes they undergo to achieve this. After gathering data from interviewing eight homeless men, results indicated that homelessness is associated with feelings of instability and identity loss. As such, the participants needed to reconstruct constantly and renegotiate their identities. Results revealed that homeless individuals play an active role in managing their identities as a form of coping mechanism against the instability of homelessness (Roche, 2015).

Williams and Stickley (2011) focused on the main experiences of the homeless people. How the homeless people refer to the issues that they face for being homeless and how they feel about being homeless are the main themes of the study. The researchers interviewed eight homeless people to gain the required information (Williams & Stickley, 2011). Results of the study revealed that there are four main themes of the experiences faced by the homeless. These include family breakdown, rejection as well as stigma, identity breakdown, and hope and illicit substances. In the case of identities, researchers have reported that negative effects exist on the homeless people's identities, and there is a need to reshape these identities. Their sense of identity is negatively affected on the

personal as well as social level. When one tends to find shelter and home for the homeless, extra care and warmth are the basic needs for the restoration of identity (Williams & Stickley, 2011). The findings of the study have shown that homeless people are in critical need of help, especially in restoring their sense of identity and dignity. The information gained from the experiences of these people can be used by the mental healthcare nurses to address the issues that lead to mental illnesses in these people, particularly since the social and personal identities of these people are reshaped along with social contacts (Williams & Stickley, 2011).

In this section of the study, I showed that many homeless people not only lost their homes under their unfortunate circumstances but also stood to lose their identities. Most homeless people can become more entrenched in their identity as homeless, losing themselves in the process. Merely providing them with shelters and employment may not change their situations. The findings of the study are relevant for the current study because they showed the struggles of homeless people and how access to social services is more than important for them to retain a positive sense of themselves.

LGBT and Homelessness

Numerous researchers have suggested that sexual minorities comprise a vast majority of the homeless population (Begun, 2015; Bidell, 2014; Bruce et al., 2014; Choi, Wilson, Shelton, & Gates, 2015). In particular, 20% of homeless individuals were found to be gay or lesbian, 7% to be bisexual, 2% to be transgender female, and 1% to be transgender male. In addition, 2% were still questioning their identity and 1% claimed that they were gender queer. Among LGBTQ availing of homelessness services,

individuals of color were disproportionately represented (Choi et al., 2015). Around 31% of LGBTQ accessing these services were African American, 14% were Hispanic, 1% were Native American, and 1% were Asian Pacific Islander (Choi et al., 2015). LGBT individuals, particularly the youth, end up homeless due to harassment at home because of their sexual orientation, which has more significant impact on their well-being psychologically (Lolai, 2015). Begun (2015) claimed that transgender individuals are twice as likely to be homeless compared to other individuals, with most asserting that being homeless was directly a result of the coming out as transgender individuals.

LGBT Homeless Youth

For homeless LBGT youth, finishing high school can cause more distress than dropping out (Bidell, 2014). Bidell explored how the current state of their home affects the lives of LGBT. Bidell found that conditions within their homes shaped their psychological distress and their learning experiences during high school. Gathering data from 89 LGBT homeless youth, results indicated that 39.3% of the population did not graduate from high school. In addition, most of the individuals surveyed did not obtain support from school staff or attended schools with strong gay support organizations such as the Gay-Straight Alliance. Results showed that those who graduated from high schools and experienced harassment at home because of their sexual orientation suffered higher levels of psychological distress. Unlike harassment received at home, harassment experienced at school was not statistically related to psychological distress. The findings of the study depicted that LGBT youth become homeless because harassment at home due to their sexual orientation has a significant impact on their well-being

psychologically (Bidell, 2014).

Bruce et al. (2014) found that sexual minority youth are more likely to become homeless. In turn, becoming homeless places sexual or gender minority youth at a greater risk of suffering mental health and substance abuse symptoms compared to LGBT youth who are not homeless or homeless heterosexual youth. Bruce et al. designed a study to assess the determinants behind this gap between homeless heterosexual and homeless LGBT youth using the minority stress theory. Under this theory, physical and mental health disparities experienced by the sexually minority population are said to be generated by trying to live and survive in heterosexist social environments where the stigma and discrimination against sexual minorities are prevalent and high (Bruce et al., 2014). Gathering data from 200 young men who have sex with men belonging to various racial backgrounds, Bruce et al. found that the experience and internalization of the stigma associated with sexual orientation can lead to depression and substance use when they were kicked out of their homes. All these were factors behind depressive symptoms and daily marijuana use (Bruce et al., 2014).

Lolai (2015) highlighted the different reasons behind homelessness among LGBT and the challenges and risks they face every day they stay out of their homes and on the streets, as well as the huge relief that these individuals as well as the social system can experience if child support for homeless LGBT youth would be practiced. At present, however, no such recourse is being explored to aid the LGBT homeless youth (Lolai, 2015).

This section of the literature review showed that even if homeless people vary in

age, race, gender, and ethnicity, it is a largely a gendered experience, with males experiencing more chronic homelessness and homeless women often being accompanied by children (Meanwell, 2012; Rukmana, 2010). Even the interventions for the homeless individuals, such as the provision of shelters and social services, depend largely on gendered social expectations (Meanwell, 2012). In particular, sexual minority groups such as lesbians, gays, bisexuals, and transgender individuals are more likely to end up being sent out from their homes or leave their homes because their families do not support their sexual orientation (Bruce et al., 2014; Lolai, 2015).

Homeless Services Access and Effects

Communities across the United States respond to the problem of homelessness by putting various programs into place, such as emergency shelters, transitional jousting options, and even permanent shelters (Homelessness Research Institute, 2015). In this section, I will discuss these services' effectiveness, barriers, and the stigma associated with accessing these services, particularly among the LGBTQ population.

Effectiveness. Housing interventions for the general homeless population are found to be helpful, even if there are certain limitations (Seidman et al., 2014; Wallerstein, 2014). Some organizations provide the specific homeless population with integrated programs in health, mental health/substance use, case management, employment assistance, as well as housing services (Love, 2014). Love also separated programs specifically for the LGBTQ homeless, which were considered promising (Ferguson & Maccio, 2015).

Ferguson and Maccio (2015) designed a qualitative study to determine what programs or interventions for homeless individuals in the United States can be the most promising for meeting the needs of homeless LGBTQ individuals. After gathering data from 24 administrative staff and service providers across 19 nonprofit organizations catering to homeless LGBTQ through telephone interviews, results showed themes on the best programs for homeless LGBTQ, and indicated that organization must address specific service gaps. Results indicated that most organizations provided the specific homeless population with integrated programs in health, mental health/substance use, case management, and employment assistance, as well as housing services (Ferguson & Maccio, 2015). There were also separate programs specifically for the LGBTQ homeless individuals, which these researchers considered promising (Ferguson & Maccio, 2015).

Effective programs were those that had these five features: evidence-based practices, utilization of trauma informed approach, offering of safe and stable housing, existence of peer support from the LGBTQ community, and offering of the chance to engage in reciprocal learning (i.e., LGBTQ learning from heterosexual community and vice versa; Ferguson & Maccio, 2015; Love, 2014). Other scholars have shown, however, that these services are not used as expected because of the many barriers associated with them (Durso & Gates, 2012; Ha, Narendorf, Santa Maria, & Bezette-Flores, 2015).

Barriers to access. Ha et al. (2015) evaluated the factors that facilitate the use of shelters by homeless young adults as well as the barriers that prevent them from making use of these specialized services for them. The cited researchers claimed that rates of shelter use among the homeless youth are not as high as expected and consistently lower

compared to other services being provided to the homeless, particularly on the West Coast. Some scholars have examined the barriers to shelter use, but not the facilitating factors. As such, the cited researchers explored both barriers and facilitators to shelter use among youths residing in a large city located in the Southwest region. Through focus groups with 49 homeless youths with ages 18 to 24, results showed that stigma and pride are both attitudinal barriers to the use of shelters (Ha et al., 2015).

Other obstacles included access barriers, which are problems with transportation and location. An insufficient number of shelter services is also another access problem (Ha et al., 2015). Facilitators of shelter use can be seen as supportive peers, and act in capacity to connect homeless individuals to other services. These findings showed what may affect access to shelters for homeless youth. This can be a strong backdrop the facilitators and barriers to obtaining homelessness services of transgender women (Ha et al., 2015). Use of health services of chronically homeless individuals also largely depends on whether they have health insurance coverage, which most homeless individuals do not have (Linton & Shafer, 2014).

Shelton (2015) revealed that there are specific barriers that LGBT homeless people face in accessing these homeless services. Shelton claimed that arrival of transgender and gender nonconforming youth within systems such as youth shelters can be problematic because of ill-prepared program staff and inadequate existing systems. Shelton interviewed 27 unstably housed transgendered individuals from ages 18 to 25 on their experiences accessing shelters. Results indicated that all participants have experienced being prior involved in a youth shelter program. Even though these programs

met their basic needs such as food and lodging, these shelter programs were not able to provide them with a sense of residential stability. Shelton found that inadequate residential stability could be attributed to institutional barriers. These barriers were the direct result of cisnormative program structures, which refer to the programs that consider the assumption that all, or almost all, individuals are identify with their biological sex (Shelton, 2015). While all homeless people in unstable shelters have difficulties, the barriers for transgendered people are said to be insurmountable (Shelton, 2015). Employment requirements, length-of-stay requirements, age restrictions, dormitory rules, as well as rules on sex segregation all make the experiences of transgendered individuals in shelters very challenging. Transgendered individuals often express their worry about their safety and inability to meet most of the requirements as a result (Shelton, 2015).

The findings of Shelton (2015) were refuted by Durso and Gates (2012). According to Durso and Gates, there are no barriers for LGBT to access homeless services. The authors presented the joint report prepared by major LGBT institutions, such as the Palette Fund, True Colors Fund, and the Williams Institute. A total of 381 respondents representing their agencies completed the survey. The data showed that up to 40% of homeless in the study belonged to the LGBT population. The data may not be very accurate, however, as some individuals would not self-identity as LGBT when accessing the services of these agencies. A majority of the respondents (68%) claimed that their LGBT clientele had suffered harassment at home and family rejection, mainly because of their sexual orientation. The respondents also claimed that majority of their

LGBT clients received services offered to all homeless youth. However, the lack of funding served as a critical barrier to effectively reducing the rate of LGBT homelessness (Durso & Gates, 2012).

Researchers have provided suggestions of how to reduce these barriers, especially for sexual minority groups. It is important to note that while the majority of the studies within the LGBT population focused on youth, adults are misrepresented and not acknowledged within the literature. As an example, Keuroghlian et al. (2014) suggested that youth-serving organizations should train their staff on the unique needs of LGBTQ youth and to avoid discriminatory activities. They also suggested that staff receive training on how to screen possible clientele's sexual orientation, behavior, and identity. According to Keuroghlian et al., LGBT youth are disproportionately represented within the homeless youth population. This has not been completed within the LGBT adult community. Moreover, those who experienced homelessness are more prone to having mental health and substance abuse problems. As such, knowing and understanding of who the homeless are and their struggles would lead to the offering of more suitable services, such as HIV risk management or posttraumatic stress disorder treatments. Tompkins et al. (2015) claimed that education alone may not be sufficient to change attitudes.

Tompkins et al. (2015) evaluated the possible methods to lessen the stigma towards the transgender community and the associated negative effects of such discriminatory perception. The effectiveness of communicating to the transgender participants through personalized communication that avoided transgender stigmas was

evaluated. The researchers concluded that education alone might not be sufficient to change attitudes. Associating transgenderism with a psychopathology may even aggravate stigma. Therefore, education must be combined with opportunities to have contact with transgender individuals as necessary. This information revealed how outreach workers can communicate effectively to chronically homeless transgender women (Tompkins et al., 2015).

Stigma linked to services. Some homeless individuals would rather not access homeless services themselves even if they need these. Those who were brave enough to identify as homeless were also likely to try to access shelters and homeless services. Those who did not identify as homeless because of the possible stigma will try to look for other recourses instead of accessing shelter or housing services (Winetrobe, 2014). Winetrobe examined how homeless individuals self-identify as being homeless and how this affects their perceptions of homeless services. Researchers expected that those who self-identify as being homeless among other homeless individuals were few because of the attached stigma.

There is a possibility that identifying as being homeless is inversely related to use of homeless social services (Winetrobe, 2014). The researchers recruited homeless individuals from two drop-in centers located in Los Angeles and found that 51% identified themselves as homeless. They found that those who have used or injected drugs in their lifetimes were 70% more likely to claim that they were homeless. More Blacks than Whites were likely to identify as homeless. In particularly Blacks were 58% as likely as their White counterparts to admit that they were or are homeless. Those who are

worried about being known as homeless would not access these services for fear of the stigma associated with homelessness (Winetrobe, 2014).

Another weakness associated with housing programs is that even though some provided the homeless adults with housing, these programs are not effective in helping the homeless achieve social integration. Tsai et al. (2012) examined whether clients who received housing also improved their chances of social integration. Gathering data from 550 chronically homeless adults suffering from mental illness who were part of the 11-site Collaborative Initiative to Help End Chronic Homelessness, results indicated that even though homeless people were able to access some housing services, they were still socially isolated. The findings showed that regardless of access, homeless people still feel stigmatized.

Roche and Keith (2014) found that transgender sex workers cannot access the healthcare services they need because of the stigmatization they experience at the hands of the nurses. Because of this stigmatization, transgender individuals, particularly sex workers, experience poorer health outcomes and increased vulnerability to diseases. Nurses, with their frequent face-to-face interactions with clients, have the power to shape the health of their patients and even the patients' access to appropriate healthcare. The results showed that nurses have stigmatizing thoughts and beliefs against transgender individuals, which can affect how they provide healthcare. Results also indicated that even though nurses have complicated reasons for bias and prejudice, nurses should have the empathy, sensitivity, and compassion for the specific patient population (Roche & Keith, 2014).

The literature showed that being stigmatized as having mental health disorders only serve to elevate the risk for psychological distress among transgender individuals, among other sexual and gender minority populations. Yang, Manning, van Den Berg, and Operario (2015) specifically evaluated psychological distress experienced by transgender women in particular, as a result of being exposed to transgender-related stigma. The cited researchers asserted that stigma only leads to higher risk for depression and anxiety among transgender women. Gathering data from 191 adult transgender women around the San Francisco Bay Area, findings revealed that higher levels of exposure to stigmatization because of their gender identity causes higher levels of depression and anxiety. There were no age or racial ethnicity disparities in the results. Moreover, Yang et al. claimed that effective counseling services for transgender women significantly lack resources to fight against the effects of transgender-related stigma.

Difficulties of Heterosexual Homeless and Transgendered Homeless

The transgendered homeless populations face more problems in accessing social services compared to the heterosexual homeless population. Transgendered individuals experience extensive discrimination in accessing health services in the United States (Kattari, Walls, Whitfield, & Langenderfer-Magruder, 2015; Kline, 2014; Roller, Sedlak, & Draucker, 2015; Salisbury & Dentato, 2015; Shires & Jaffee, 2015). The review revealed that the rates of transgendered homelessness are on the rise; however, social support services are not enough and not fully equipped to deal with the range of issues this population faces. Findings also revealed that transgendered homeless individuals

have needs that are different from heterosexual homeless individuals (Abramovich, 2012).

Kattari et al. (2015) revealed that transgendered individuals constantly face discrimination when accessing medical services, with as many as 19% reporting that they cannot access the healthcare services they needed because of their gender expression and identity. Apart from the risk of not getting the services they needed, transgendered individuals also reported that when the healthcare providers are treating them, some medical personnel may disrespect them, be insensitive to them because of insufficient competent knowledge, and demonstrate a lack of understanding of their medical needs. Some transgender individuals claimed that they fear for their safety when accessing medical care. Transgender individuals who belong to a racial minority group face higher levels of discrimination compared to their White counterparts. The findings revealed that this population can face constant and more severe discrimination when accessing services in the emergency rooms—from the doctors themselves and even from ambulance staff or emergency medical technicians—due to their sexual identities (Kattari et al., 2015). Roller et al. (2015) supported the same findings.

Roller et al. (2015) evaluated how transgendered females engage in healthcare and found that they experience certain healthcare disparities, compromising their health further instead of being treated and meeting their medical needs. Through a grounded theory study involving interviews with 25 transgender females, Roller et al. found that to access healthcare, transgender females have to engage in a series of steps to get around

the system, which involves needing to move forward, doing due diligence, looking for loopholes, and accepting what is given.

From a broader perspective, Abramovich (2012) claimed that lesbian, gay, bisexual, transgender, and queer individuals are overrepresented in the homeless population of Canada. Through a literature review of the studies focused on LGBTQ homelessness, findings revealed that the distinctive needs of this population are lessened, and they face barriers to support (Abramovich, 2012). These findings are important because they show how individual shelter and service providers could best meet the needs of the specific homeless population (Abramovich, 2012). The rates of transgendered homelessness are on the rise; however, social support services are not fully equipped to deal with the range of issues this population faces (Abramovich, 2012; Fletcher et al., 2014). Findings also revealed that homeless transgendered individuals have needs that are different from heterosexual homeless individuals, but there are no specialized shelters meeting the needs of this population (Abramovich, 2012). Although the study took place in Canada, the findings can still be informative for the current purpose of this study and the demonstration of the lack of services for this population.

LGBT homeless individuals have higher rates of psychopathology compared to their heterosexual counterparts (Cochran, Stewart, Ginzler, & Cauce, 2002). Cochran et al. differentiated the physical and mental health difficulties between LGBT homeless individuals and heterosexual individuals. Gathering data from 84 LGBT homeless individuals and 84 heterosexual homeless individuals, Cochran et al. found that LGBT individuals were victimized more, abused drugs more, and engaged more in sexually

risky behavior compared to heterosexual homeless counterparts. Moreover, homeless LGBT also have higher rates of psychopathology. This early study is necessary and relevant for the current review because Cochran et al. found that homeless individuals who identified themselves as belonging to a sexual minority group were bound to experience more difficulties and negative outcomes compared to heterosexual individuals. Cochran et al. showed that a homeless LGBT individuals' belonging to a sexual minority group not only face the challenges to survive amid high rates of vulnerability to be harmed while out on the streets but also the stigma and discrimination attached to being a sexual minority. While being homeless is associated with multiple risk factors, most of these factors are also aggravated by identifying with the LGBT community (Cochran et al., 2002).

In general, homeless sexual minority individuals fared worse than their heterosexual counterparts in all aspects of their lives, including having access to quality homelessness services (Fredriksen-Goldsen, Hoy-Ellis, Goldsen, Emlet, & Hooyman, 2014; Gattis, 2013; Judge, 2015; Yu, 2010). Gattis (2013) compared homeless sexual minority individuals and heterosexual homeless individuals concerning their family and educational lives. Gattis also examined how different homeless sexual minority persons are from heterosexual homeless persons when it comes to their mental health, substance use, and sexual risk behaviors. Gattis also examined the levels of stigma and discrimination homeless sexual minority individuals experienced in contrast to homeless heterosexuals. The author concluded that homeless sexual minorities and heterosexual homeless individuals differ in all factors examined except for the variable of school

belongingness. In general, homeless sexual minority individuals fared worse than their heterosexual counterparts. The findings led to the conclusion that being a sexual minority can compound the difficulties already faced by homeless people (Gattis, 2013).

Being a sexual minority (LGB) or specifically a transgender compounds individuals' problems of being homeless and difficulties in accessing homeless services (Begun, 2015). Transgendered individuals, who are more likely to appear the least visually-conforming, are going to experience homelessness more frequently while finding it more difficult to access homeless shelters (Begun, 2015). When they were able to access homeless shelters, they are the ones more likely to experience abuse and unsafe conditions (Begun, 2015).

Negative Experiences of Sexual Minority/Transgender Individuals

According to Walch, Ngamake, Francisco, Stitt, and Shingler (2012), even though more studies have devoted to studying stigma directed at homosexual individuals, stigma directed at transgender individuals is also a reality in a heterosexist culture. This is because those who depart from these norms and roles may suffer from sexual stigma within a culture that normalizes heterosexuality and emphasizes binary gender classification and roles. Some of the studies that explored transphobia (Nadal, Skolnik, & Wong, 2012; Walch et al., 2012) and stigma (Booth, 2015; Gleason, 2014; Klein & Ross, 2014; Lyons et al., 2015; Manning, 2015; McCann & Sharek, 2015; Mizock & Mueser, 2014; Roche & Keith, 2014; Yang et al., 2015) are discussed here.

Transphobia is an intense dislike or prejudice of transgendered individuals. Transphobia is widespread and can be manifested in various ways, such as hate crimes,

harassment, verbal abuse, physical abuse, and more. Transgendered individuals frequently experience overt and subtle forms of discrimination at the systemic, institutional, and interpersonal levels (Nadal et al., 2012). Transgendered individuals have to deal with labor market discrimination from the recruitment process to the firing practices of companies. Very few transgender individuals experience career advancement opportunities equal to their heterosexual counterparts (Nadal et al., 2012) due to transphobia in action in the workplace. As such, transgendered individuals experience negative consequences regarding their mental health and socioeconomic status. Engagement in the sex market as a source of living is only one of these manifestations (Nadal et al., 2012).

According to Norton and Herek (2013), societal attitudes toward transgendered individuals are largely dependent on their attitudes toward other sexual minority groups of gays, lesbians, and bisexuals. Because transgender identities go against prevailing understanding about gender and sex, heterosexual individuals may have prejudices against transgender individuals because of lack of contact. They are also likely to evaluate them through political conservatism and religious affiliations of the heterosexuals. Similarly, Choi et al. (2015) found that society looks at transgendered individuals differently and negatively.

Reed, Franks, and Scherr (2015) claimed that transgender individuals are often prejudiced or stigmatized as having mental illness; as a result, they can face widespread discrimination. Looking at the discrimination specifically faced by transgender individuals in the workplace, Reed et al. randomly asked 111 human resources (HR)

participants to evaluate transgender applicants, categorized into one of four hypothetical job interview vignettes. The transgender individuals were either categorized as cisgender (nontransgender) or transgender and grouped according to their sex, whether male or female. The HR participants evaluated how they perceived the applicant's mental health status and whether they would provide a hiring recommendation based on their perceptions. Results revealed that perceived applicant's mental health status can be influential of hiring recommendations. Moreover, findings revealed that precisely because of the negative perceptions of transgender individuals' mental health status, there are recommendation deficits for female-to-men trans-men. Such prejudices occur among male-to-female trans-women, but at a lesser rate (Reed et al., 2015).

Stigma. Stigma from the general community against transgender individuals as having mental illness sometimes extend to the healthcare system, affecting the healthcare they seek (Booth, 2015; Gleason, 2014; Klein & Ross, 2014; Lyons et al., 2015; Manning, 2015; McCann & Sharek, 2015; Mizock & Mueser, 2014; Roche & Keith, 2014; Yang et al., 2015). Newman-Valentine and Duma (2014) purported that transgendered women experience the effects of power imbalance within a heteronormative healthcare system. The healthcare system is designed mainly for heterosexual men and women's needs, and trans-inclusive healthcare system is not yet a reality (Booth, 2015; Klein & Ross, 2014; Lyons et al., 2015). This is why transgender individuals often experience great challenges when accessing healthcare for their medical needs. Through an interpretative phenomenological analysis, results suggested that automatic heteronormative healthcare practices make it difficult for transgender women

to get the services they require. The findings led to the conclusion that most healthcare professionals lack the knowledge and the right attitude in dealing with transgender issues. The results also led the researchers to highlight the need for transgender inclusion in medical curriculum and practices (Booth, 2015).

Begun (2015) claimed that transgender individuals are twice as likely to be homeless as compared to other individuals, with most asserting that being homeless was directly a result of the coming out as transgender individuals. Begun examined the relationship between homelessness prevalence and visual conformity—the extent to which others would assume an individual is cisgender, or someone whose gender matches the sex assigned to them at birth. Gathering data from the 2011 National Transgender Discrimination Survey (Grant, Mottet, & Tannis, 2011; *n*=6454), which was distributed to participating organizations, social media, and online to respondents in the United States, Puerto Rico, and Guam, results showed that transgender individuals experienced homelessness at some point in their lives. More importantly, findings revealed that those who are more likely to appear the least visually-conforming are going to experience homelessness the more frequently and would find it more difficult to access homeless shelters. When they access homeless shelters, they are the ones more likely to experience abuse and unsafe conditions (Begun, 2015).

Mizock and Mueser (2014) claimed that stigmatization faced by transgender individuals led them to experience elevated symptoms and risks of depression and anxiety. As a result, suicidal tendencies among transgender individuals are high. Transgendered individuals with a history of mental illness may even face more

stigmatization, or double stigma. The findings indicated that employment can lead to higher levels of stigma, both internal and external (Mizock & Muesser, 2014). Transgendered individuals at the workplace face discriminatory practices. To cope with mental problems, transgendered individuals claimed that they used psychiatric medication and reported the medication as an effective method for coping with mental conditions. However, those who mainly used outpatient mental health services experienced lower levels of coping.

In their second study, Mizock and Mueser (2014) used a grounded theory analysis among 45 of the participants from the first study and specifically evaluated the coping strategies they use for dealing with transphobia. Results revealed that transgender individuals deal with transphobia or stigmatization through different methods, targeting individual, interpersonal, and systemic factors. Examples of these strategies include gender normative, self-affirmative, emotional regulation, and cognitive reframing. Some individuals also engage in social-relational, preventive-preparative, and disengagement coping. To combat systemic transphobia, transgender individuals engage in resource access coping, spiritual coping, and political empowerment coping (Mizock & Muesser, 2014)

Ali, Fleisher, and Erickson (2015) evaluated how psychiatrists react toward transgender individuals through the Genderism and Transphobia Scale, which measures feelings, thoughts, and behaviors of people against transgender individuals. Gathering data from 142 faculty members and residents employed by the Department of Psychiatry at the University of Manitoba, the findings revealed that among psychiatrists and

psychiatry residents, there are less negative attitudes toward transgender individuals. This particular group of healthcare providers understands that the transgender individuals have unique healthcare needs. They also called for medical treatments to be given to transgender individuals without experiencing stigma or the need to undergo attitudinal compromise.

The section showed that transgender individuals experience all sorts of stigma in a heterosexist society, even from healthcare professionals. The need for the group to have better access to social and healthcare services is highlighted.

Homelessness, Incarceration, and LGBT

There is a significant relationship between being homeless and incarceration among LGBT homeless individuals (Nyamathi et al., 2014). Nyamathi et al. claimed that LGBT homeless adults can face a variety of difficulties in life. These researchers specifically evaluated whether these groups of homeless people are also at higher risk of being incarcerated. Gathering base data from a longitudinal study carried out between October 2009 and March 2012 in California, results showed that there is a significant relationship between being homeless and incarcerated among LGBT homeless individuals. The study may not have been focused on the transgendered population per se, but the results demonstrated that homelessness is a gendered phenomenon, with sexual minorities facing more challenges than the heterosexual homeless population.

Stigmatization issues do not end as the LGBT individuals continue to age. LGBT seniors still face stigmas in residential care settings (Bariola et al., 2015; Neville, Adams,

Bellamy, Boyd, & George, 2015; Sullivan, 2014; Villar, Serrat, Faba, & Celdran, 2015), which carries over to difficulties experienced in the golden years.

Transgendered Homelessness and Shelter Experiences

There are very few studies that have evaluated the homelessness and shelter experiences of transgender. Homelessness compounds the problems of being transgender, making their shelter experiences worth exploring. In one of the few studies that explored their shelter experiences, Mottet and Ohie (2006) claimed that a safe environment for homeless transgendered individuals is one where relevant medical information and referrals are accessible. However, few shelters offer these direct services and referrals (Mottet & Ohie, 2006).

Mottet and Ohie (2006) conducted a meta-analysis of the literature on the homeless transgender individuals' experiences with homelessness and acquiring shelters. These researchers claimed that because the majority of homeless shelters in the United States are segregated by sex, with homeless individuals placed in shelters based on assumptions with regard their gender, transgendered individuals can face difficulties accessing adequate and safe shelter. Because they express a gender that deviates from their birth sex, they may experience significant placement issues. The shelters that transgendered individuals would be able to obtain are rife with dangers. For instance, transgender people in homeless shelters can suffer from inadequate protections for their privacy or people who would disrespect their autonomy to define their gender identity (Mottet & Ohie, 2006).

More resources, especially from local service providers, are necessary to be the

caring community that the homeless transgender requires (Shelton & Winkelstein, 2014). Shelton and Winkelstein claimed that even though LGBT only make up at most 7% of the general population, up to 40% of them have experienced or are experiencing homelessness. Moreover, being homeless compounds the problems they face as a sexual minority and vice versa; being a sexual minority aggravates the problems normally associated with being homeless (Shelton & Winkelstein, 2014). In particular, they face higher levels of face-to-face harassment, victimization, stigma, discrimination, and rejection compared to heterosexual homeless youth. They face these constant dilemmas from their families, schools, workplaces, and other social settings. Through the presentation of personal stories from the researchers, the article showed that more resources, especially from local service providers, are necessary to be the caring community that homeless transgendered individuals require. In addition, they claimed that libraries and librarians can have bigger roles in helping transgendered individuals who are homeless as well as those at-risk of becoming homeless.

Challenges Associated With Being a Homeless Transgendered Woman

Homeless transgendered women face more challenges among other homeless individuals. For one, they are more prone to using more illegal drugs compared to transgender women who are not homeless (Fletcher et al., 2014). Fletcher et al. claimed that transgender women experience greater health disparities. At the same time, even with their greater health needs, they garner lower levels of social support from the family and peers compared to biological women, gay men, and bisexuals. In addition, transgender women inject themselves with unsafe needles and misuse hormone treatments (Fletcher

et al., 2014).

Fletcher et al. (2014) also found that transgender women engage higher rates of sex work to earn. The situation is even aggravated when it comes to homeless transgender women. Homeless transgender women may find it nearly impossible to secure employment and, at the same time, face housing discrimination. They are likely to experience disproportionately high levels of hardships. Most transgendered women suffer increased levels of emotional and psychological injuries because of the high levels of transphobia in their society (Fletcher et al., 2014).

Fletcher et al. (2014) designed their study to understand specifically how housing status affects transgender women's use of drugs and engagement in sexually-risky activities. Through statistical analysis, Fletcher et al. found that the HIV prevalence rate among transgender women is as high as 24%. Moreover, even though the researchers found no significant relationship between HIV prevalence and housing status, homeless or marginally housed transgender women were also more likely to have HIV. Although all participants, regardless of their housing status, engaged in casual sex, homeless transgendered women were significantly more likely to engage in unprotected sexual activity with a main partner but not with casual partners.

The findings of Fletcher et al. (2014) were supported by Santos et al. (2014). Santos et al. evaluated alcohol and substance use among transgender women in San Francisco and explored whether these link to the prevalence of being inflicted with human immunodeficiency virus infection among the population. The researchers looked at whether trans-women or male-to-female transgendered people disproportionately

represent the HIV population because of their alcohol and substance use. Results showed that there is a significant relationship between using alcohol and illegal substances and testing positively for HIV. Results indicated that 58% of trans-women used alcohol, while 43.3% engaged in substance abuse, particularly of marijuana, methamphetamine, crack cocaine, and club drugs (Santos et al., 2014). In addition, transgender women end up engaging in illegal acts and in prison because of the stereotypes and stigma (Gazzola & Morisson, 2014; Nadal, Davidoff, & Fujii-Doe, 2014). Nadal et al. claimed that transgender women, especially the homeless, face widespread systemic, institutional, and interpersonal discrimination. This is why most transgendered women view the sex industry as their only chance for earning income.

Conclusion and Discussion of Gap

The review of the related literature showed that transgender individuals, as one of the sexual minority groups, experience a lot of discrimination and stigma. Homeless people also face a lot of discrimination and stigma. Transgender homeless individuals, therefore, experience significantly more challenges than other homeless groups.

Not only do transgender individuals have to face more discrimination, but they also have more difficulties in accessing the health and social services they need, which is problematic. Crossley (2015) claimed that the invisibility of homeless transgender youth does not only exist in the academic literature but also in social service agencies, especially in a dominantly heterosexual society. The findings served as an important backdrop to the problem of the current study, which was that homeless transgender individuals, particularly transgender women, face difficulties in obtaining homelessness

services and continuous contact with outreach services. In particular, transgender women are not receiving appropriate services they may need from outreach workers (Hunter, 2008; Keuroghlian et al., 2014; Yu, 2010).

In the literature review, I highlighted the main issues faced by the homeless people on the street; homeless people not only need adequate housing, but they also need to resolve issues such as a lost sense of self and stigmatization. Broken and shattered homeless people can benefit from the homeless services, such as housing, mental health services, and more. However, accessing these services is not easy, especially for homeless people belonging to a sexual minority group, which is an area that needs to be addressed through the support of outreach workers and strong community programs.

The literature review showed the struggles of being a sexual minority and being homeless at the same time. Studies revealed that being homeless compounded the problems they face as a sexual minority and vice versa; being a sexual minority aggravates the problems normally associated with being homeless, especially when it comes to accessing the much needed services. However, very few focused on the plight of transgender individuals mainly when they interact with outreach officers. Studies on transgender women's interactions with outreach officers do not even exist.

Even though outreach workers can provide a great helping and healing hand to restore mental health of the homeless people along with restoration of social and persona identities, limited studies evaluated how effective they are when providing these services to transgender women. There is a lack of empirical studies done concerning chronically

homeless transgender women's access to social and outreach services, which is why the current study is needed.

In this review, I demonstrated that homelessness and unmet medical and psychiatric needs are complex and significant problems faced by the transgendered individuals. Homeless transgendered individuals are usually faced with exclusion from shelter systems because of their gender nonconformity. They are often turned away from both all-women and all-men shelters, which make them more vulnerable to violence and other risks present in the streets, exacerbating the already many difficulties they experience as transgender individuals. Accessing healthcare services may be especially difficult because of their gender minority status and their homeless status. Those in the healthcare system also lack training and education to handle the unique needs of this population.

With the current study of exploring the encounters experienced by chronically homeless transgender women that engage homeless outreach workers, findings may reveal to outreach workers what they should continue doing and what they should avoid. The findings may lead to the reduction of social and cultural barriers towards this marginalized population.

The current study is significant because the findings may be of assistance to community-based homeless service providers when crafting policies to respond to the needs of the chronically homeless transgender women. Currently, most outreach workers do not possess the skills or knowledge to understand the particular needs of

transgendered women and can even have their biases against the population as shown by the literature.

By carrying out this study, findings can assist outreach workers in creating a gender appropriate and culturally competent engagement process for the chronically homeless transgender women. Insights from this qualitative research study may also highlight the great need for advocacy, social justice, and transgender specific homeless services. The next section will include a detailed discussion of the method to achieve the purpose of the study.

Chapter 3: Research Method

Introduction

The general problem of the study was that homeless transgender adults have access to fewer social services, which may result in more severe outcomes as compared to the general population of homeless people. The specific problem was that the lived experiences of chronically homeless transgender women who are trying to obtain services from outreach workers remain unknown. To address this problem, the purpose of this qualitative phenomenological study was to understand the lived experiences of chronically homeless transgender women obtaining services from outreach workers. As mentioned, I used a qualitative phenomenological design to address the problem and purpose of the study.

In this chapter, I provide the details of the methodology and research design. In the first part of the chapter, I include discussion of the role of the researcher in the participant selection, data collection, and analysis of the study. This chapter also includes the details of the population, sample, and sample size. In addition, the details of the materials or instruments used are included. Furthermore, I include procedures for recruitment, participation, and data collection, as well as the analysis plan. The chapter includes details of the procedures for addressing the ethical issues.

Research Questions

The purpose of this study was to understand the lived experiences of chronically homeless transgender women obtaining services from outreach workers. The specific research design for this study was IPA, which is a methodology that scholars use for

analyzing qualitative experiential data (Pringle, Drummond, McLafferty, & Hendry, 2011). To address the purpose of the study using IPA, there was one central research question: "What are the lived experiences of chronically homeless transgender women who try to obtain social services from outreach workers?"

Research Methodology

I used a qualitative methodology to address the purpose of the study. Using a qualitative methodology enabled me to gain a fuller understanding of experiences and perceptions of individuals or a group of individuals within the context of culture, history, socioeconomic status, and community or organizational dynamics (Leedy & Ormond, 2010; Polit & Beck, 2010; Silverman, 2011). Moreover, the qualitative methodology may be used when a study has a need for the analysis and exploration of the different aspects of a phenomenon, which, in the case of this study, is homeless transgender women's pursuance or acquisition of social services from outreach workers. This description made qualitative methodology appropriate for the current study.

Qualitative methodology is appropriate and useful for this kind of study because it can help in answering the research questions that require data on the lived experiences of individuals. Moreover, using this methodology allows the study's readers to access rich data needed for deeper analysis of the data, especially when data gathering is performed through interviews (Moretti et al., 2011). In this qualitative study, I analyzed participants' answers based on their experiences and perceptions to generate meaning from the data (Marshall & Rossman, 2006). Moreover, qualitative researchers attempt to describe and understand the manner in which people dedicate meaning to their behavior (Patton,

2002). Unlike quantitative methods, researchers use qualitative methodological research to facilitate the in-depth exploration of a particular phenomenon within its uncontrolled environment (Mitchell & Jolley, 2012). Because the description of qualitative methodology aligned with the purpose and research questions of the study, this methodology was appropriate for the study.

Research Design

The research design for this study was phenomenology, which was appropriate for this study because the focus of analysis was on the performance of an in-depth exploration of the lived experiences of participants, as aligned with purpose and research questions of the current study (Moustakas, 1994). Moreover, when using phenomenological approach, the researcher can investigate the experiences of the participants to provide evidence for a structured analysis and gain meaningful insights (Moustakas, 1994). Moreover, the purpose of phenomenology is to understand a particular social and psychological phenomenon from the perspective of the people involved in the context of the said phenomenon (Groenewald, 2004). Hence, I chose phenomenology for this study because of the alignment of the purpose of phenomenology to the purpose and research questions of the study. Moreover, phenomenological research design can allow researchers to gain a deeper understanding of participants' perceptions of a phenomenon through the experiences of participants (Moustakas, 1994); thus, it is appropriate for this study.

I considered other qualitative research designs for this study; however, these other options were inappropriate for this study because of the lack of alignment between the

purpose of the other research designs (e.g., grounded theory and narrative research) and the problem, purpose, and research questions for the current study (Clandinin, 2006; Glaser, 1992; Urquhart, Lehmann, & Myers, 2010; Wiles, Crow, & Pain, 2011). I was not concerned with (a) generation of theory, which is needed in a grounded theory design (Glaser, 1992; Urquhart et al., 2010) or (b) chronological or storied event as data, which is used in narrative studies (Clandinin, 2006; Wiles et al., 2011). On the other hand, as established in the previous paragraphs, the phenomenological research design was appropriate for this study because the purpose and research questions for this study focused on the in-depth exploration of lived experiences of a social group, which was homeless transgender women availing of social services from outreach workers (Moustakas, 1994).

Role of the Researcher

I served as the central research instrument for data gathering and analysis (Carlson, 2010; Silverman, 2011). As an instrument of data gathering (e.g., interviewer), I was the interviewer during the discussions with homeless transgender women regarding their experiences about the phenomenon of focus, which is their acquisition of social services from outreach workers. I was also responsible for generating interpretations and analysis of the lived experiences of these participants based on data gathered from the interviews.

Because of the nature of human beings, I was vulnerable and had the potential to err and to be affected by my personal biases. To avoid any potential bias for being the interviewer or when gathering data, I was guided by the interview protocol. The

interview protocol contained the questions that I asked of the participants during the interviews. Moreover, before collecting any data for the study, I identified and enumerated my personal expectations, point of view, and possible biases about possible findings of the study, so that I was aware and cautious of this information while performing data gathering and analysis.

I did not belong to the target population of the study. Hence, there were no experiences in the past wherein I have experienced being transgender or homeless. More specifically, I did not have a comprehensive understanding of the issues associated with life as a transgender or homeless person. I assumed that homeless transgender women can access services to provide them aid but did not know the extent or scope of access that this group of people has. In terms of results, I expected to find that some participants would not answer questions truthfully, possibly because of a lack of trust, as I was a stranger to them. A desire to shield one's self from stigma may also have played a role in any dishonesty or unwillingness of potential participant to join in the study.

As another means of ensuring that I remained unbiased during data gathering and analysis, I used bracketing and maintained the concept of intellectual honesty to maintain the authenticity of the research (Friga & Chapas, 2008). Bracketing was necessary to help maintain the focus of the research and not interject personal opinions into the research process, specifically the data collection and analysis (Tufford & Newman, 2012). In the bracketing process, a researcher must acknowledge any relevant experiences in the past, attitude, and beliefs, while trying to set these experiences and attitude or beliefs aside for the entire duration of the study to keep the objective of the study (Tufford & Newman,

2012). For this study, I performed bracketing through identifying my previous experience, attitudes, and beliefs in relation to the topic of the study in order to have a list of reference as to what must be avoided or set aside as a means of preventing my personal bias to influence my data gathering and analysis. Furthermore, with the interview guide, I conducted the semistructured interviews in a guided manner to be aligned with the problem and purpose while being flexible with asking the necessary questions to gain more relevant information for the study. Ensuring intellectual honesty, which requires the researcher to avoid allowing personal beliefs to interfere with data collection and analysis all throughout the study duration, was the goal (Friga & Chapas, 2008). Moreover, no information was purposefully omitted or altered, which I certified through member checking (Carlson, 2010; Lincoln & Guba, 1985), wherein I shared transcripts and initial interpretations with participants to ask for their feedback regarding the accuracy of transcription and interpretation.

Methodology

The target population for the study included homeless transgender women. This chosen population was the target population for the study because they are the ones who have the relevant knowledge or experiences that are the basis for providing the necessary perceptions in order to address the problem and purpose of the study within the context of the phenomenon being investigated. From this target population, I chose a sample based on the following inclusion criteria: (a) belonging to U.S. Department of Housing and Urban Development's (2013) definition of chronically homeless, (b) being aged 30 to 60,

and (c) self-identifying as a transgender woman. I excluded those with psychological or physical disorders.

Researchers have shown that the sample size for qualitative studies ranges from six to 25 participants as being sufficient to achieve data saturation (Beck, 2009; Mason, 2010). For this purpose, I aimed to sample seven to 10 participants who matched the inclusion and exclusion criteria for the study as the sample size for the current study. To determine data saturation, I gathered data from six participants. From the seventh to the 10th participant, I added the data gathered to determine if the new data set added a significant amount of useful data or themes generated from the first six interviews. Upon reaching the 10th interview, there should be an insignificant difference in the number of useful data and themes to be able to say that data saturation is reached.

I selected participants using purposive sampling, which is the selection of samples based on a specific set of characteristics needed for the study (Glesne & Peshkin, 1992). Participants selected purposefully are said to be more willing to participate and are more likely to contribute to the richness of the data for a given study (Barratt, Choi, & Li, 2011). Specifically, I recruited participants using snowball sampling, which is a variation of purposive sampling (Emerson, 2015; Patton, 2015; Sadler et al., 2010).

The snowball sampling strategy involves the use of participants who are already involved in the study to recruit additional participants through the use of their social networks (Emerson, 2015; Patton, 2015; Sadler et al., 2010). To gather an initial set of participants, I used flyers posted at multiple social service locations in Central Florida. I used snowball sampling, which is also referred to as chain referral sampling (Emerson,

2015; Patton, 2015; Sadler et al., 2010). Moreover, I used an exponential discriminative snowball sampling technique. Patton (2015) described exponential discriminative snowball sampling as the first participant who was recruited for the sample size to develop multiple referrals. I reviewed each new referral to determine if the participant met the participant criteria and answered the semistructured interview questions adequately (Patton, 2015).

All potential participants who expressed interest in the study were asked to contact me to determine if they satisfied the inclusion criteria without possessing any characteristics for exclusion, and all those who met the criteria for participation and were willing to participate in the study signed the consent forms. Those who signed the consent forms indicated their email addresses and other contact information for the discussion of the schedule of data gathering (e.g., interviews).

Instrumentation

The main instrument used for this study was a semistructured interview guide or protocol, which contained the guide questions for the interviews. According to Seidman (2013), a typical in-depth interview is composed of three phases, and the interviewer has specific tasks for each phase. In the first phase, the researcher focuses on putting the experiences of respondents in the context of the study by asking questions that are helpful in gathering as much information as possible regarding the respondent's relation to the topic of study. During the second phase, the researcher focuses on reconstructing respondents' experiences with an emphasis on the solid details of the current experience of respondents in the topic area of the research (Seidman, 2013). In the third phase, the

researcher focuses on asking respondents to use the meaning of their experiences, reflects on them, and tries to discover the process by which the respondents develop logic about the experiences they have and how their experiences are significant to other areas of their lives (Seidman, 2013).

Using a semistructured interview facilitated flexibility in the manner of interviewing, which means that I could ask follow-up questions provided that they aligned with and were relevant to the questions in the interview guide. I developed an interview guidebook that used Link and Phelan's (2001) conceptualization of stigma to create questions that were descriptive, evaluative, narrative, circular, and probing to elicit participants' responses (Smith et al., 2009). In-depth qualitative interviews were my primary research tool for data collection. I developed an interview guide consisting of semistructured in-depth interview questions (Rubin & Rubin, 2012). I used semistructured interview questions to answer the main research question (Rubin & Rubin, 2012). The format of question sets included open-ended, probing, and follow-up questions (Rubin & Rubin, 2012).

Using open-ended questions allows the participants to respond to the questions by elaborating their answers, disagreeing with the questions, or examining new issues (Rubin & Rubin, 2012). In using this strategy, I had the flexibility to be able to ask questions in different order, reword questions, and skip questions that may not be relevant to the individual participant based on previous responses (Rubin & Rubin, 2012). These questions were selected to ascertain detailed information of the lived experiences of chronically homeless transgender women who are attempting to obtain services from

outreach workers (Rubin & Rubin, 2012). This allowed this marginalized population an opportunity to speak, think, and be heard (Smith et al., 2009).

A panel of experts in the field of qualitative research reviewed the questions in the interview guide. These experts were my dissertation committee. The committee reviewed the validity of the content of the interview guide regarding the content of the questions included in the protocol. The committee also reviewed the validity of the questions based on the manner by which the interview questions were written, worded, and framed. Moreover, the committee reviewed the correctness of the structure or wording of the questions. The committee also reviewed the appropriateness of the questions to address the research questions of the study. Based on the expert review, I modified the interview questions accordingly.

Procedures for Recruitment, Participation, and Data Collection

The target population for the study included homeless transgender women. This chosen population was the target population for the study because they are the ones who have the relevant knowledge or experiences that are the basis for providing the necessary perceptions in order to address the problem and purpose of the study within the context of the phenomenon being investigated. From this target population, I chose a sample via the help of a professional facility. I asked the facility for help via an informational letter of invite (see Appendix A). Once they agreed to participate, I distributed a flyer to help recruit potential participants (see Appendix B). Once potential participants were contacted, they signed a consent form before they could participate in the study. Once the

participants signed the form, the interviews began (see Appendix C for the interview protocol).

There was at least one interview session for each participant. Participants are transient; I therefore anticipated that it may be difficult to have follow-up interview with all of them. Nevertheless, I conducted follow-up interviews with as many participants as possible. At the scheduled date of the interview for the different participants, I met with the participant in a predetermined area in a public library. This location was chosen because of its public accessibility while ensuring a neutral and quiet atmosphere. Moreover, this interview location provided a quiet and comfortable location for both the interviewer and interviewee. Before starting the actual interview, I greeted the participants and give a brief description of what would happen during the interview so that the participant had an idea of what to expect. I also briefly reviewed the contents of the informed consent to ensure that each participant recalled its major contents.

Each interview was audio-recorded, which was made known to the participants through the informed consent form. Each of the research questions had at least one corresponding interview question in the interview guide. I used an interview guide during the interviews, which contained individual and topic-based questions to address the research questions of the study. Using this flexible framework facilitated the exploration of the topic at hand by asking questions in whatever order seems appropriate for each participant. Each interview lasted for about 90 minutes, but varied depending on the flow of conversation between myself and the participants. If possible, I also conducted follow-up interviews of available participants for approximately 45 minutes each.

Data Analysis Plan

To analyze the data gathered from transgender women, I used IPA, which is a methodology for analysis for qualitative, experiential research that has been gaining momentum and popularity over the past 10 to 15 years (Pringle et al., 2011). Moreover, according to Pringle et al., IPA acknowledges the importance of the researcher and analysis in understanding the data on experiences gathered from the participants. When using IPA, the principles of interpretive phenomenology, especially when applied to research, must be observed (Pringle et al., 2011; Yardley, 2000). According to Yardley, there are four principles of interpretive phenomenology: (a) sensitivity to context, (b) commitment and rigor, (c) transparency and coherence, and (d) impact and importance. According to Shaw (2010), interpretative phenomenology is inductive in nature. Rejection of the hypothesis is done for open-ended questions. Moreover, interpretive phenomenology has an idiographic principle. The method also upholds the principle that individuals actively interpret their experiences and their world (Shaw, 2010). It is an approach that highlights the significance of individual accounts as the findings of IPA are firmly rooted in the evidence from the words of participants (Pringle et al., 2011; Smith et al., 2009).

After completing the interviews, to begin data analysis, I listened to audio records and reread transcripts of the interviews, marking passages that were significant about the lived experiences of homeless transgender women who are obtaining service from outreach workers. Once the themes were identified, I reread passages within each category to examine interrelationships. In summation, I managed, analyzed, and

interpreted all data. The management and analysis of data included the following: (a) organizing the data, (b) immersion into the data, (c) generating categories and themes, (d) coding the data, (e) developing interpretations, (f) examining and searching for alternative meanings, and (g) presenting the findings of the research study.

To ensure the credibility of the data collected, I performed member checking for verification of the accuracy of transcripts as reviewed by participants themselves (Lincoln & Guba, 1985). Ensuring that the transcripts are accurate, based on a review of participants, is especially important. I validated the findings of this study with the respondents. Moreover, all the data collected were kept in their original form to prevent distortion. For transferability, the focus was on ensuring that the study may apply to other chronically homeless transgendered women in different parts of the country from the group used by the researcher of the original study (Lincoln & Guba, 1985). I attained transferability by providing in-depth and detailed descriptions of the phenomena under investigation to allow readers to have a proper understanding of it. Finally, to ensure dependability, the research methods, context, and participant information was given in detail. This will assist future researchers with repeating the work and assessing the extent to which appropriate research practices have been followed.

Ethical Procedures

To acquire approval for conducting the qualitative data gathering for this study, an ethics application was submitted to the university. To get the approval from the university's Institutional Review Board (IRB), there was a need for the explanation of the research objective, question and process, and consent of the participants. Upon obtaining

the required approval, I conducted the interviews. The IRB approval number for this study is 10-11-16-0416834.

Confidentiality is an important issue that must be addressed when human participants are used in research. I assured the participants that their identity would be kept confidential with deletion of any identifying information and the use of pseudonyms in place of any identifying information that were deleted. All data were reported either in the aggregate or using these pseudonyms. The information on how to keep identifiable information confidential was relayed to the participants through the informed consent.

All data related to the study—including consent forms, identifying information, the recorded interviews, and the interview transcripts—were kept in a private office, inside a locked, waterproof, and fireproof safe. All electronic files were password-protected on my personal computer inside my private office. I was the only one who could access these data and records; however, the committee may be allowed to view these records if they request it. The files will be kept in a private safe in my home office for 5 years after the study concludes, and then they will be destroyed. The data will be destroyed through burning, breaking, or shredding all physical documentation, and through permanent deletion for any data existing on any computer devices.

Participation in the study was entirely voluntary, and participants were provided with informed consent material before beginning. This information was included in the informed consent. Prospective participants were provided with a list of services and resources that they can access for assistance. There were no other benefits for participating in the study. For participants who had difficulty in adjustment, recalling the

experience may have been challenging; hence, they were reminded that they could decide not to answer anything that may make them feel upset or uncomfortable. Specifically, even if participants had already consented to participate, they retained the option to discontinue their participation in the study at any time without incurring any consequences on their part.

Summary

In summary, I used a qualitative phenomenological research design to address the purpose of the study, which was to understand the lived experiences of chronically homeless transgender women obtaining services from outreach workers. The target population was homeless transgender women. I recruited the sample through snowball sampling, while ensuring that they satisfied the following criteria: (a) belong to U.S. Department of Housing and Urban Development's (2013) definition of chronically homeless, (b) are aged 30-60, and (c) self-identify as a transgender woman. I gathered data through interviews. IPA was the basis for data analysis for the study. In Chapter 4, I will discuss the results from implementing this study.

Chapter 4: Results

The purpose of this qualitative phenomenological study was to understand the lived experiences of chronically homeless transgender women obtaining services from outreach workers. The following research question guided the study: "What are the lived experiences of chronically homeless transgender women who try to obtain social services from outreach workers?"

Chapter 4 includes a description of the setting in which the data were collected, followed by a description of participants' relevant demographic characteristics. Next, I will proceed with a discussion of the data collection method used in this study and a discussion of the data analysis method that I used, followed by a description of the measures that were taken to ensure the trustworthiness of the study's results. These materials lead into a presentation of the study's results, which I summarize and provide conclusions to.

Setting

I met with each participant in a private room at a public library. I chose this setting as a means of ensuring privacy. I also wanted to provide participants with the security of a public place in order to increase the likelihood that they would feel comfortable enough to be candid and open in their responses to the interview questions. No changes in personnel, budget cuts, or other trauma occurred that might have influenced the results of the study.

Demographics

The participants were eight chronically homeless transgender women who were obtaining outreach services from social workers. A transgender woman is an individual who transitioned from male to female or was biologically male at birth but socially and individually identifies as a female (Collazo et al., 2013; Sevelius, 2013). Chronic homelessness refers to the act of sleeping in places not meant for human habitation (e.g., in cars, parks, sidewalks, condemned buildings, or emergency homeless shelters) for more than 1 week or on repeated occasions (Henwood et al., 2014; U.S. Department of Housing and Urban Development, 2013). Social services for the homeless may include food banks, homeless shelters, hot meal programs, and healthcare services (Biederman & Nichols, 2014; Tsai et al., 2014). All participants were aged 30 to 60, were free of psychological and physical disorders, and had not recently experienced a negative interaction with an outreach worker. Table 1 depicts additional demographic information for each of the study participants.

Table 1

Demographic Characteristics of Study Participants

Participant	Age	Ethnicity	Highest level of education attained	Situation at time of interview
1	39	Caucasian	2 years of university	Living with different friends
2	32	Caucasian	B.S. in electrical engineering	Renting a room
3	42	Caucasian	Professional diploma	Homeless
4	33	Caucasian	High school diploma	Living in an abandoned building
5	53	African American	Ninth grade	Living in a rooming house
6	59	Caucasian	High school diploma	Living in a condemned building
7	42	Caucasian	Associate of Arts	Living in a homeless camp
8	55	Hispanic	High school diploma	Living in her truck

Data Collection

I conducted one-on-one, face-to-face, semistructured interviews with eight chronically homeless transgender women. I conducted the semistructured interviews in a public library, and the average interview duration was approximately 40 minutes. The format of inquiry included open-ended, probing, and follow-up questions. I audio-recorded each interview with the participants' informed consent. There were no deviations from the data collection method described in Chapter 3, and I encountered no unusual circumstances during data collection.

Data Analysis

To analyze the data gathered from transgender women, I used IPA, which is a method of analysis for qualitative, experiential research (Smith et al., 2009). I observed the four principles of IPA: (a) sensitivity to context, (b) commitment and rigor, (c) transparency and coherence, and (d) impact and importance. To begin data analysis, I listened to audio recordings and reread transcripts of the interviews, marking passages that were significant about the lived experiences of homeless transgender women who were obtaining services from outreach workers. Once the themes had been identified, I reread passages within each category to examine interrelationships. During this process, I managed, analyzed, and interpreted all data. The management and analysis of data included the following: (a) organizing the data, (b) immersion into the data, (c) generating categories and themes, (d) coding the data, (e) developing interpretations, (f) examining and searching for alternative meanings, and (g) presenting the findings of the research study.

Trustworthiness

To ensure the credibility of the data collected, I performed member checking for verification of the accuracy of transcripts. The participants reviewed the transcripts themselves, either by e-mail or in person, according to each participant's availability and convenience. Findings of this study have been validated with the respondents. Moreover, all the data collected have been kept in their original form to prevent distortion. For transferability, the focus has been on ensuring that the study design may apply to other chronically homeless transgendered women in different parts of the country from the

group I used in the original study. I achieved transferability by providing in-depth and detailed descriptions of the phenomena under investigation to allow readers to have a proper understanding of it. Finally, to ensure dependability, the research methods, context, and participant information have been given in detail. This will assist future researchers with repeating the work and assessing the extent to which appropriate research practices have been followed.

Results

Four major themes emerged from the analysis of data related to the lived experiences of chronically homeless transgender women who are obtaining social services from outreach workers. The four major themes included (a) reasons for homelessness, (b) lived experiences of chronic homelessness, (c) experiences related to transgender identity, and (d) experiences with social services.

Reasons for Homelessness

A vital contextual element of the lived experiences of chronically homeless transgender women who try to obtain social services from outreach workers was found to be the cause of their chronic homelessness. For three participants, homelessness was related to prejudice against trans-persons. Participant 2 had relied on friends and acquaintances for shelter, but hospitality had repeatedly been withdrawn because of her hosts' discomfort with her gender, as when, "I was sharing a living situation with someone but ended up unwelcome. Sometimes [due] to gender-related things." Participant 6 had lost her home when her wife refused to tolerate her expressions of her gender identity: "My first experience with the homeless was back in 1990s, when my

wife, at the time, discovered I was wearing her clothing and lipstick. She immediately filed for divorce and obtained full custody of my children." Participant 8 also attributed her first experience of homelessness to another person's transphobia:

> Originally, I was living in Arizona with my daughter at her place. My daughter's home went into foreclosure and she went to live with her boyfriend. Boyfriend was highly transphobic and did not want me to live at his home with my daughter.

Two participants reported that they became homeless to escape sexual exploitation and abuse. After leaving her daughter's home, Participant 8 had the following experience:

> I became friends with a man that I met at one of the flea markets. He offered to rent me one of his rooms for $200 a month. I went in and paid him the $200 a month to live there. However, he started acting sexually aggressive and wanted me to perform oral sex on him. As soon as he started this with me I made up my mind to leave his home. I'd rather live in my truck or stay in a motel room half of the month [than] be treated like a slave.

Participant 5 suffered from sexual exploitation and abuse for a year, until she chose homelessness to escape:

> Originally, I was living with a man. I was more or less a live-in piece of pussy. He would physically put his hands on me, punch me, and degrade me. This would occur if I did not provide him with oral sex or anal sex. I was constantly being tortured and controlled. I put up with it and withstood this for a year, because I didn't know where else to go.

Unemployment was a cause of homelessness for one participant; Participant 3 agreed that unemployment kept her from escaping homelessness, and added, "Employment's a big deal." Unemployment was also one of the factors that had caused her to become homeless, along with the failure of her marriage:

> I got laid off in November of 2015, nothing to do with being transgender, because I wasn't out publicly at that point. I really, I guess, technically became homeless ... What would that have been? That would have been September was when I moved out. I used to live in Palm Bay, but I was married, and my wife and I separated. We were still living together for a while, but she made it very clear that that wasn't going to continue being an option. I was lucky enough to have friends that took me in.

For Participant 2, unemployment was related to her history of substance abuse: "Especially with a history of substance abuse, even if you have a degree, it can be hard to be able to just instantly get a job. My work history is really spotty." Participant 7 also reported that substance abuse had contributed to her chronic homelessness:

> I was heavily involved with shooting opiates. I never used to shoot up, but I only used to take Hydrocodeine pills orally once in a while, but then the addiction spiraled out of control and I could not function or perform day to day tasks without it. I was so caught up that I was doing anything to make enough money for my next fix.

Three participants reported that they had become homeless due to others' discomfort with their transgender identity. Two participants reported that they had

become homeless in order to escape sexual exploitation and/or physical abuse. For another participant, unemployment and the failure of her marriage contributed to her homelessness. Unemployment resulting from substance abuse caused one other participant to become homeless. I present these factors as context for the lived experiences of the participants and as causes for participants' vulnerability to the lived experiences of chronic homelessness discussed in the next section.

Lived Experiences of Chronic Homelessness

Subthemes that arose from the analysis of data related to lived experiences of chronic homelessness included current situation, history of homelessness, places to stay, threats, and earning money. The data related to the participants' current situation are summarized in Table 2.

Table 2

Living Situations of Study Participants at Time of Interview

Participant	Living situation at time of interview
1	Living with different friends
2	Renting a room
3	Homeless
4	Living in an abandoned building
5	Living in a rooming house
6	Living in a condemned building
7	Living in a homeless camp
8	Living in her truck

History of homelessness. Participants' descriptions of their histories of homelessness emphasized the precarious and even dangerous conditions under which they lived. Participant 6 described the loss of control she experienced in relation to her

living situations, the transitory nature of her circumstances, and the basic comforts and amenities she had to do without:

> In the early 2000s, I was living in a shed at my brother's house. I didn't have running water or electric inside the shed. My brother's home went into foreclosure in 2005. From 2005 to 2011, I'd been moving from homeless campsites throughout Volusia County. From 2012...I'd been living in a condemned building in Daytona. I do not leave trash inside the room I am living in. I do not try to attract attention to myself. I mainly stay there after I get [off] from work.

Participant 7 emphasized the isolation she had experienced, as well as describing the characteristic instability of her living arrangements:

> With no support system or friends to offer any stability, I felt lost and scared, not knowing where to go or what to do. After being housed and fed and given stability and peace of mind for 8 months, I was now without these things that I [had] grown accustomed to...After leaving the Center for Drug Free living, I found myself homeless, living on the streets of Orlando. My immediate family would not speak to me due to my lengthy drug history and disclosing of my gender to my parents. I was wandering the streets of Orlando, sleeping behind buildings on Orange Blossom Trail and started moving towards downtown Orlando because it seemed like the safer place to be...Downtown Orlando had a variety of condemned, seasonal, and closed commercial buildings that I could choose from and change my place of stay...This past month, though, I've been living behind Walmart in DeLand. There's a homeless camp established there in

> the woods, about six of us stay there. This is not a stable living arrangement due to the constant police raids and confiscation of our few belongings.

For Participant 4, homelessness had been alarmingly recurrent; she stated that she had been homeless "about four times within the last 2 years." When asked to describe her experience of homelessness, Participant 1 thought immediately of a violent incident she had witnessed, describing it as representative of the chaotic and threatening conditions under which she lived:

> The first night in Venice Beach I saw a guy get stabbed about one inch from his heart. I had to clean the wound for him, help clean the wound. Then watch him run away 10 minutes later because if the cops came and questioned him he had a warrant and would have to go to jail. That was my introduction to West L.A. street life.

Places to stay. Finding places to stay was a necessary survival skill for participants, and their descriptions of the places they found give further insight into their lived experiences of chronic homelessness. Participant 1 became so habituated to homelessness that the inevitable discomforts associated with weather and a lack of basic comforts hardly registered with her. She appeared to be more concerned with being able to sleep in than with where she was sleeping:

> I had a really good parking lot for a while, that was like a construction site, but I was tucked behind shit that nobody would see me. Sometimes the parking lot would start filling up with the workers for the morning before I'd even have to get up. Then I'd get up and walk away while they were still parking their cars. They

> didn't seem to care that I was there. I also, though, was in such a way that to get into where I was in the parking lot, you would have to move metal fucking fences, which would wake me up and shit like that.

When accommodations were agreeable, homelessness could even be "awesome," as Participant 1 went on to say:

> The couch is where I would sleep. Then 3 days of the week we'd be deep in the forests of Oregon throwing outdoor rave events with these huge speakers that [a friend] would be the DJ at, and then four days a week we'd be hanging out in Portland, Oregon sleeping in the van just finding pot and I was writing. That was an awesome 3-month summer. Yeah. That was a lot of fun.

As Participant 1 suggested, homeless persons could occasionally find shelter with friends. Living with friends and acquaintances (without having one's name on the mortgage or lease) was the means of finding shelter most commonly cited by participants. Participant 3 had been particularly fortunate in having generous friends who were also transgender women:

> I was lucky enough to have friends that took me in … The first one, most important one obviously, is my girlfriend [name of Friend 1 redacted], who we met in June through the other friend that's helping me, my friend [name of Friend 2 redacted], our friend [Friend 2]. Basically I split my time between her apartment and [Friend 2's] house. I technically officially live with [Friend 2]. I met them through ... They were through the Orlando Transgender Network...When it became clear that my situation where I was at was desperate and I needed to get

> out of where I was living, [Friend 2] offered me to move in with her because she had actually just separated from her wife, and her wife had just moved out. She offered to let me move into her house in [name of neighborhood redacted], and understanding my situation that I didn't currently have a job, she offered to let me move in at least initially rent-free. She's taken care of things like food and everything for me. She's kind of helped me get my own business started because I'm trying to get a business started as a Mary Kay beauty consultant. She's encouraging me to basically try to get myself back on my feet and work for myself instead of fighting all the problems with trying to find a job or whatnot.

Participant 1 reported staying with, “Sometimes, occasionally, friends or people around town.” Participant 2 enjoyed a more stable arrangement, although it also finally proved to be temporary: “A friend [gave] me a room to stay in and I stayed there for a while...I was there about 9 months.” Participant 2 benefitted most from friends and acquaintances when they helped to make her safe in communal living situations where she might otherwise have been victimized, although her need for this protection made her feel like an outsider:

> I did have a couple of times where I'd gotten to know some of the guys who lived there a little bit. I had said that some of the people in the house, I don't know that well, or some of the people that are coming and going. I worry about my safety a little bit and I had some people there be like, "Well, hey, if anybody messes with you, you know what we know? They're going to have to answer to me." Some people did seem to be kind of protective, which that was cool. That made me feel

> a little bit better, but at the same time, sometimes, it also made me feel like a little bit like this thing that had to be protected because I didn't belong.

Threats. When no friends were present to offer protection, chronically homeless transgender women may have been exceptionally vulnerable to attacks. Participant 7 was violently mugged:

> One night, while I was walking back to where I was sleeping for the night at a vacant building, a masked assailant physically attacked me and assaulted me, held a knife to my throat and demanded all my money. This event really shook me up and made me panic. I'd never been robbed, let alone held at knife point.

Participants 4 and 8 reported that their fear of being threatened and assaulted due to their transgender identity prevented them from staying in shelters. Participant 4 stated:

> When it comes to staying in a shelter, in my previous experiences I stayed in a shelter in Georgia. It was the first and last time because I was threatened by the people, and harassed, and it made me very uncomfortable. I usually try to stay away from them.

For Participant 8, the fear of attack was anticipatory, but it was still sufficient to keep her from seeking refuge in shelters: “I wouldn't feel comfortable sleeping in an emergency homeless shelter due to the fear of being assaulted.” Participant 1 gave details about being harassed while seeking social services by a man who objected to her gender, and reported that they later fought:

> There was this one dude, he was a meth dealer between Santa Monica and Venice and he used [the social services location] as a place to get food or to take a nap or

> whatever he needs to do or for him and his friends to meet...Anyway, I think he talked some shit to me at the SMAC [Santa Monica Access Center] the one day and I just turned around and offered him an ass beating. Then, there's a rule there that if you do any violence you can't come there anymore. He knew he couldn't attack me there or he couldn't go there anymore, so I guess he was just waiting to attack me somewhere else...Eventually we fought at a Seven Eleven and I beat his ass pretty bad...I went out front and he was just talking shit. I was just looking at him dirty and growling at him and then he tried to put his cigarette out on my face. I deflected that and was just like, "All right. You just committed assault. Now I can kick your ass legally. This is self-defense now. You took the first strike or whatever." Yeah. He took a swing or two...He was pretty clumsy on his feet. Then he overextended on one punch and I grabbed him and slammed his head to the top of a concrete trash type thing. Then this lady came out and she was like, "I called the cops." I was like, "Thanks, lady." That's all I was asking for from the get-go.

Participant 1 added later that the fight had been even more serious than this initial description had indicated, saying, “After I slammed his head on the thingy, he pulled a knife out.” Participant 1 also added that, even though she had won the fight, “That's actually why I stopped going to the SMAC except for things I really, really needed to get done.”

Earning money. Like finding places to stay and defending against or avoiding attackers, earning money was a necessary survival skill for the chronically homeless

transgender women who participated in this study. Two participants reported that unemployment or disability payments had helped to sustain them. Participant 8 said that she was still receiving benefits:

> I receive $733 a month from Social Security Disability. Sometimes I'll stay in a motel room for 15 days because it's very uncomfortable sleeping out on wore-out truck seats. To make additional money I go to flea markets, buy and sell items weekly. This has helped me pay for my tires on my truck and truck insurance.

Participant 3 reported that her unemployment benefits had run out:

> I was given unemployment. Unfortunately they changed the unemployment laws sometime in the last few years here in Florida, so basically unemployment lasts for 3 months...Then you're done. You can't get anymore, so mine ran out in July.

Two participants succeeded in finding jobs. Participant 6 stated:

> I'm often working at Labor Finders in Daytona. It's nice. I'd be able to find daily work at Labor Finders. I'm mostly working outside, setting up traffic cones and waving flags during road construction. On average, I make about $275 a week.

Participant 2 was fortunate enough to find work with a trans-friendly employer: “What I eventually found was a job at Target, and Target turned out to be wonderful because they would use preferred name and per amount before any documentation was changed.” Participant 1 made a living by busking: “I do musical performance...I would make good money on Hollywood and have fun up there as well.”

Three participants reported that they had engaged in sex work. For Participant 5, this kind of work was almost as steady as traditional employment:

> Almost every day of my adult life, I've been selling my ass to whoever has the cash. Let me tell you something real 100. I get paid up front, because I ain't giving up my shit for free. Because I gots to eat.

Before securing a job at Target, Participant 2 had done sex work online:

> To start paying for my laser [hair-removal treatment], I did cam-girl stuff, so I have a profile online. Let people fetishize me, and take off my clothes and masturbate for them on the Internet, and that got me some money to help me start the laser treatments.

Participant 7 reported, "I would steal from stores, solicit, escort." Participant 1, although she made her living as a street musician, objected to the stigmatization of sex workers and, in the process, offered an unconventional perspective on that occupation:

> I have no problem with prostitution...I think that it should be legalized and regulated to make it more safe...All forms of a job is using your body to do things, even if it's sitting at a desk typing or writing, you're using your body to do something. If it's not exactly what you wanted to do to please yourself, then you're prostituting yourself as an accountant or as a school teacher. Unless you take absolute bliss in every moment of what your job is, all work is a form of prostitution. I don't like the idea of shaming people, shaming sex workers.

Summary of lived experiences of chronic homelessness. Participants gave insight into their lived experiences of chronic homelessness by speaking in terms of their current situations, of their histories of homelessness, of the places where they stayed, of the threats they encountered, and of the ways in which they earned money. Their

descriptions of their histories of homelessness emphasized the instability of their circumstances, their sense of isolation, the discomforts they endured and sometimes took for granted, their lack of control over where they lived, and the precariousness of their residency in any accommodations they managed to secure. Participants reported that they had stayed in parking lots, in the woods, in vehicles, in motels, and—most commonly—with friends. The presentation of findings related to shelter stays is reserved for the discussion of the social services theme, below. Participants had earned money from traditional employment, from disability and unemployment benefits, from busking, and from sex work, including online sex work and traditional prostitution. Three participants reported that they had been threatened and harassed, and a fourth reported that fear of being threatened and assaulted prevented her from staying in shelters. Two of the participants who had been threatened had also been assaulted with knives. One participant who did not report any experiences of assault or harassment but avoided shelters out of fear, and two of the participants who had actually been harassed or assaulted, indicated that prejudice against transgender persons had motivated the aggression and/or caused them to fear future aggression. The following section includes a more detailed discussion of participants' experiences related to their transgender identity.

Experiences Related to Transgender Identity

Participants spoke in terms of old identities and good experiences. Negative experiences have either been discussed under the threats subtheme above, because of their close relationship to the lived experience of chronic homelessness, or are reserved

for discussion under the social services theme below, because they occurred while participants were seeking social services.

Old identities. Participant 1 explained that a transgender person's birth-identity could follow him or her:

> Dead-naming is using the birth name or the previous name of a trans-person before they start identifying full time with their new name...Dead-naming is using the legal identity of someone who hasn't legally changed their name yet or maybe even in the case of Chelsea Manning or Caitlyn Jenner, someone who has legally changed it already, but still continuing to call them by their previous name.

Severing oneself from one's former identity could have practical consequences, as Participant 3 explained:

> As my former self, I have 18 years of experience in the Information Technology industry, 16 of that in helpdesk management. That experience is tied to who I used to be, so for my mental health and well-being it's better for me not to rely on that experience, which means I'm basically starting over looking for a job with no experience whatsoever. If I do rely on that experience, then it's hard to find a job because I'm overqualified for a lot of the jobs, and then I also have to explain to people that my entire work history is under that name, which means I immediately have to out myself as transgender every time I apply for a job.

"Dead-naming" could have negative repercussions for transgender women who were entering conventionally female-gendered occupations:

> Once I get my name changed it still won't completely eliminate that, but that's like ... Even when I signed up for the Mary Kay, I still had to put my legal name down. It's my former name, so if I send emails out to customers or things like that, it's my former name that's still showing until I'm able to get my name legally changed.

Trying to change one's official identity to match one's gender was an involved and expensive process. Needing to earn money to change one's identity and needing to change one's identity to earn money could become a vicious cycle:

> You have to go in front of the judge for the court date to have your name legally changed. Then once you've done that, now you've got to go get your driver's license changed, so whatever the cost for a new driver's license is. Then you've got to go get your social security card changed, whatever the cost for that is. Plus, if you're in my situation, I'm originally from the state of Oklahoma. By Oklahoma law I cannot have my birth certificate changed until I've had gender confirmation surgery, which that's like, $15,000 to get done, and most insurance doesn't cover it. The best thing I can do since I don't have the option to get my birth certificate changed, is get my passport. Once I've had my driver's license and everything changed I can get a passport that shows that I'm a female with my new legal name...All told, basically what my estimate was, you're looking at by the time you change your IDs and everything, you're looking at almost $1,000...When you're unemployed that's a really difficult situation to be in because I would prefer to already have my name changed by the time I start a job.

Participant 1 believed that the comparatively low incidence of trans-persons in the population made positive changes difficult to achieve:

> I think transsexuals occur in like one in 30,000, statistically, so I really think it's such a niche sort of thing that I don't know if specific trans-woman centers need to be that regular, except for maybe in very big cities.

Dead-naming could cause significant distress to trans-persons, however:

> It's like trigger fucking PTSD shit for some people. Just be like, "Well, you know, it's like what's official and blah, blah, blah." If it were easy to fucking change my gender on my birth certificate, I would do that already. If it were easy to legally change my name like that, then I would have done so already. They really often give you this guilt bullshit of like, "Well you know, these options are available to you." It's like without them actually having any fucking knowledge of the steps you need to go through. My birth certificate is out of New Jersey, how difficult it is to change your gender designation on your birth certificate through New Jersey. Then, assuming I even did that, how many multiple different agencies I then have to mail that information into to get to change my driver's license, my Medicaid card, my anything, all my accounts on all my e-mails.

The expense and the difficulties involved could inhibit the transition process itself, particularly for chronically homeless transgender women. Participant 5 stated, "Due to my economic situation, I have yet to be able to fully transition myself. Being able to obtain the necessary documents that is required to change my total identity is very expensive." When transitioning was made more difficult, one's gender was more likely to

cause confusion in others. The inability of others to understand one's gender could lead to significant frustration and discomfort for transgender women:

> People would think that someone who was born male and effeminate must just be a flamboyant gay male and not understanding the distinction between orientation and identity. It's trying to explain that to people and them not getting it. It can be futile. A lot of times I don't bother trying to explain it. If I tried to seek some help, I would be much more comfortable at a women's facility than a men's facility. I've learned not to even bother mentioning the fact that I'm more attracted to females than to males because first people don't understand the distinction between sexual attraction and gender identity. Then, in their minds, I guess that will shut down the conversation because then I guess they assume I'm going to be a sexual predator on their other residents. I don't see how I would be any distinct from a lesbian woman who came into their treatment facility, but I guess just people's perceptions are like that. (Participant 1)

Good experiences. Participants' positive experiences related to transgender identity involved having self-respect or being treated with respect by others. Participant 1 thrived on her self-confidence:

> I am gifted with a great confidence that other people's transphobic thoughts towards me don't really unnerve me the way it unnerves some people. It does give me a little bit of anger, where I'm just like, "Oh. You're a fucking idiot. I get it, like cool. Go fuck yourself." It doesn't really break my confidence in any way. I could see that other people would benefit greater from those sorts of situations,

> but I'm kind of like this angry New Jersey, Philly fucking punch you in the face bitch.

Participant 2's good experiences were related to finding employment in a trans-friendly setting:

> I definitely feel more whole working at Target. My coworkers get to know me as a person. It's not a job where the money comes from me being objectified [as opposed to online sex work, discussed above]. One thing I notice that's really, incredibly interesting, as I've gone along in my transition, started hormones, my breasts have developed, my facial features have softened a little bit as I've gotten more subcutaneous fat accumulating. As I went along in my laser treatments more, what I noticed was people who come into the store to shop, their reactions to me changed. I joke with people, but I can tell a day when I'm passing pretty well because instead of someone being like, "Oh, excuse me. Could you help get that down for me?" They'll just be like, "Hey, Sweetie, I need you to grab this for me." That's like guests coming into the store. I can tell when I'm passing as female because they just assume I'm there to help them instead of asking nicely.

Participant 3 had interviewed for jobs with people who were respectful of her gender:

> Everybody I've interviewed with I've tried to talk to them about that upfront and let them know, "Hey, look. Here's the deal. I'm transgendered. I have not changed my name yet. I will be changing it as soon as I can. How is that gonna effect?" Everyone I've talked to so far has been ... I mean, like the...lady at the hospital over in Brevard was like, "The way I see it it's no different than a woman getting

> married and changing her name. That's all we have to do is take care of the name change once you get it done."

Participant 3 added, however, that she "[hasn't] gotten job offers." Participant 3 also reported that she had been treated with respect in most contexts, although she acknowledged that her experiences might have been unusually positive:

> My experiences in general just being out in public have been very positive compared to most of my friends that I've talked to. I very rarely ever get misgendered. It has happened, but usually there's been reasons for it...I haven't run into anybody who's been really negative about anything like that.

Summary of experiences related to transgender identity. Participants spoke in terms of good experiences and the persistence of old identities. The chronically homeless transgender women who participated in this study encountered significant obstacles in trying to change their assigned identities to match their gender. The obstacles included prohibitive costs and the difficulty of negotiating the bureaucratic and judicial hurdles involved in changing birth certificates, driver's licenses, and names. These obstacles made the transition to a female identity more difficult, and the difficulty of transitioning made employment and social services more difficult to obtain. When participants spoke of their positive experiences, they described feelings of self-confidence and the satisfaction of having their gender respected by others. Negative experiences related to transgender identity are discussed under the threats subtheme above, as they were closely related to the condition of homelessness, or in the following section.

Social Services

Participants reported mixed experiences of social services and of outreach workers; although some outreach workers were remarkably supportive, others were less helpful. For most participants in this study, social services were necessary for survival, such that prejudice and discrimination had to be suffered. Participants described their experiences with social services in terms of services used or declined, barriers to obtaining social services, experiences with outreach workers, strategies, and suggestions for improvement.

Services used or declined. Participants reported that they had used social services as a means of obtaining clothing, food, transportation, shelter, medical services (including HIV testing and substance-abuse treatment), proof of identity, and a mailing address.

Clothing. Participants 5, 6, and 7 reported that they had obtained clothing through social services, with Participant 5 stating, "I did access the clothes closet for clean clothes, which was nice," and Participant 6 mentioning that she would "rummage through the clothing closet" at a social services location. Participants 1 and 8 reported that social services workers had offered them clothing, but that they had declined the offer. Participant 1 stated, "That might have been another thing that was being offered...clothing vouchers or fuel vouchers. [But] I didn't have a vehicle and I had my own clothes." Participant 8 said, "He [a Salvation Army outreach worker] offered to give me clothing...but I declined these items because I have plenty of clothes."

Food. Participants 1, 2, 4, 5, 6, 7, and 8 reported that they had received food through social services, and their accounts suggested that obtaining this service often involved resourcefulness and flexibility. Participant 1 said of social services:

> I will eat their food when it's available. I'm not a huge fan of Food Not Bombs because it's all like vegan food. I like to eat meat. Yeah. If I see a free feed and I've got nothing else to do, I usually go there. Boulder, Colorado is a place that there was like a regular feed that I would usually go to. It would be like even if I was making money or had enough money for my own food sometimes, it's like, "All right, save six bucks on dinner tonight, though" and that's six extra bucks for other shit. When I'm in a town like that, where I know the schedule and it's within walking distance to just go eat the free meal, I'll do that.

Participant 2 stated, “I have gone to Salvation Army for meals.” Participant 4 was uncomfortable discussing her identity with outreach workers in order to obtain food:

> On my own, I've accessed about four places. The home food bank, but when I went there I had to answer questions about my identity in a nonconfidential area. That made me very uncomfortable. Then the other place I've actually went to, which is really nice, was the Bridge of Hope. I went there and got a hot meal for free, which is really nice, especially when you're homeless. I felt really comfortable in that environment.

Participant 5 had found social services that offered free food without the assistance of outreach workers: “Some of the services that I've been accessing since being homeless here in Tampa is, yeah, the Homeless Hub, Helping Homeless. They offer hot

meals weekly...and I found those on my own." Participant 6 reported that she had obtained free food from two sources: "On the weekends, I would sometimes get a hot meal from the Bridge For Hope near the homeless coalition...I also visit the Halifax Urban Ministry Food Bank to get assistance with food." Participant 7 had used one source of free food on a daily basis: "I would visit the Orlando Union Rescue Mission for daily meals." Participant 8 relied on churches:

> I'm pretty familiar with the churches in Edgewater and East Smyrna Beach, Florida. They pass out food monthly. I frequent The Church of Nazarene at least four days out of the week to get a hot meal...I access at least 3 food banks a month and access the hot meal program at least 16 times a month.

Transportation. Participants 1, 6, 7, and 8 reported that outreach workers had offered them bus passes. Participant 1 appreciated this service, stating, "The bus passes are convenient. Yeah. Especially like in L.A., a city where it's hard to get around. There is no trains really or the trains are shitty and round about." Participant 6 said of an outreach worker she had met, "She...gave me a 30-day Votran bus pass." Participant 8 declined a Salvation Army worker's offer of a bus pass: "He offered to give me...bus passes...but I declined these items because...I have my own vehicle." Fuel vouchers were another form of transportation assistance. Participant 1 reported that she had been offered "fuel vouchers that I had no use for...I didn't have a vehicle."

Shelter. All participants reported that they had not stayed in emergency shelters. Participant 1 said, "I just don't use shelters." Participants 3 and 5 reported that they had not needed emergency shelters because they had been able to find other accommodations.

Participant 3 said, “I haven't gone to that state because I haven't felt like I needed to yet. Luckily I've had friends that were willing to help me out.” Participant 5 stated, “I was never offered emergency homeless shelters because I already have a place of my own.” Participant 6 was unable to commute from the nearest shelter to work: “I declined that service at the time it was offered. I did not want to leave the area due to my job.” Participant 7 reported that she had never been offered emergency shelter. Participants 4 and 8 avoided emergency shelters because they regarded them as either unsafe or unaccommodating for trans-persons. Participant 4 said, “I'm aware of the emergency services and of the shelter, but like I said earlier, I don't feel comfortable staying there because there's really nothing for transgender people.” Participant 8 was afraid of being attacked, explaining, “I wouldn't feel comfortable sleeping in an emergency homeless shelter due to the fear of being assaulted.”

None of the participants had made use of transitional housing. For Participant 1, this service was impractical:

> There could have also been placement programs for getting an apartment. I usually don't stay in one place long enough for a program like that...I think Section 8 sometimes takes years for them to place you. There's no point in me applying for that somewhere, if I know I'm not going to be anywhere near that part of the country again, possibly for a few years.

Participant 6 declined transitional housing when it was offered to her. Participant 7 tried to use the service, but the program failed her. Participant 7 described, “Towards the end

of my completion of the drug treatment, the counselors and social workers did try to find me transitional housing. They were unsuccessful in locating housing in the area."

Medical services. Medical services used by participants included psychiatric services, HIV testing, and substance-abuse treatment. Participant 2 had difficulty accessing substance-abuse treatment because of her gender:

> A lot of the residential programs, either there were residential programs for men where I would've had to gone in and been a male or there were residential programs for women that would not accept a trans-person who had not had any of her documentation changed. I ran into that situation a lot...I really didn't feel like I could approach the men's shelters...It would be probably a little bit weird or degrading for me to go into a men's shelter. I thought maybe I would be comfortable doing it if I could have a private room, but they said that you really never ever get any private room at those. The facilities just aren't set up that way...I actually had a social worker at the psychiatric facility who was in my treatment team who was trying to help me. She made some phone calls. Generally what I got back was if you're trans but you haven't had your documentation changed, your only option is to go into a men's shelter. I got that back a lot of times. Nobody really seemed to think it was possible to accommodate me.

When Participant 2 was finally admitted to a residential treatment program, the protocols made her uncomfortable, but staff members were willing to bend the rules:

> I went into, it was a 28-day treatment program, plus there was a 2-day orientation. I was there a month. What was kind of weird about that, I went into it and they

> wanted to be sympathetic to my needs. I think when I went in, they asked me because they have to have someone check you to make sure you're not carrying anything on your person. They asked if I would prefer a female nurse to do that, so that was good. Then they take away whatever you come in with, pretty much. They didn't want to give me my make-up, which that made me really self-conscious because if I can't put even foundation over razor burn, then I know that whoever is looking at me can tell that I have facial hair. At the time, I hadn't had any laser treatment. That was really weird and I did get most of my make-up back after a little bit, talking to the counsellor and stuff... Kind of being denied access to that for the first part of my stay and being told, "Here to work on the insides, not the outside." Of course, but I think to myself that it it's hard to focus on working on my issues around alcoholism and addiction if now I'm worried. People looking at me, what are they thinking? They're looking at my face, they're evaluating my appearance. That distracts me.

Participant 7 underwent substance-abuse treatment out of necessity: “I was court ordered to enter and complete 8 months of mandatory drug treatment through the Orange County Court System.” Participant 4 declined substance-abuse treatment because she did not abuse substances: “They offered substance abuse treatment program, but I am not an alcoholic nor do I take drugs. I don't see how that would have helped me. It was offered.” Participant 3 had used social services to gain access to therapy during her transition:

> The only social service that I've really accessed has been mental health services. When I decided I wanted to look into transitioning and whether or not this was

> something for me to do, I reached out to a friend of mine who had already transitioned and asked them who they went to, which therapist they went and saw. I was referred to Two Spirits Mental Health Services and I started going to them in October of 2014.

Participant 6 was offered medical care through the Veterans Administration:

> I was at the Coalition for Homeless picking up my mail and one of the front line staff members pulled me off to the side and informed me there was an outreach worker from the VA. I was hesitant at first to seek out the outreach worker for assistance. I met with her a couple days later and provided her my DDT-14. She informed me, based on my discharge for military service, I am eligible for VA Healthcare. She took me to the clinic to get me enrolled into services.

Participants 1, 3, 4, and 5 reported that they were offered free HIV screening. Participant 4 declined this service:

> The outreach worker did provide me with the physical address of the Stewart-Marchman HIV screening, but the thing is, that's something that I would like to get done eventually, but it's not important right now to meet my needs.

Participant 3 accepted the offer of free HIV testing: "I did go to the center for the free HIV testing."

Proof of identity. When Participant 1 lost her wallet, outreach workers allowed her to use a social services location as an address so that she could replace her lost identification:

> I didn't have ID, and I needed to get ID to establish a new address in L.A. for them to replace my bankcard...I used SMAC out in California a couple of times. Santa Monica Access Center, which is for any people on the street in that region. It's Western Los Angeles. They help me replace my ID out there, when I had lost my stuff up in Oregon or something...The only reason I even went to them for help replacing all that shit was because I had nowhere else to go to do it.

Mailing address. Participants 1, 4, and 6 reported that they had used a social services location as a mailing address. Participant 6 stated that she only went to a homeless shelter to "pick my mail up." Participant 4 stated, "I went to the homeless coalition. There I obtained a homeless card, mail services." When Participant 1 needed to replace her identification card, "They [the Santa Monica Access Center] helped, let me use their place as my address and then gave me a voucher even to go get a new L.A. ID, using their address."

Barriers to obtaining social services. Chronically homeless transgender women reported that they had encountered barriers when trying to access social services due to their gender or age. Participant 1 noted that many resources for lesbian, gay, bisexual, and transgender (LGBT) persons were age-restricted: "A lot of LGBT resources are for people that are 24 or younger for people on the streets. Since I only started traveling when I was 28, I was already too old to get youth street LGBT assistance." Participant 7 encountered the same difficulty with age restrictions on LGBT services:

> Some of the barriers I've encountered in trying to obtain services is linked directly toward emergency and transgender housing. Officials willing to accept

> transgender people. I did not qualify for the Zebra House because I was not a transgender youth.

Participant 4's difficulty in accessing social services was related to the lack of accommodation for trans-persons:

> One of the major barriers for me is finding shelters that would accommodate me being transgendered. It's a very major hurdle that nobody's really been looking into or helping me... I'm aware of the emergency services and of the shelter, but like I said earlier, I don't feel comfortable staying there because there's really nothing for transgender people.

Participant 3 was simply unable to find the service she needed:

> Biggest barrier is lack of information [on] where assistance is. I'll give you an example. I've been told by several friends that...if you're unemployed like I am, there are programs that will assist you with the money for getting your name changed and your gender marker changed. I've been researching online. I haven't been able to find them.

I will discuss barriers related to outreach workers in the following section.

Experiences with outreach workers. Participants recounted both positive and negative experiences with outreach workers.

***Negative experiences with outreach workers*.** Negative experiences with outreach workers were related to ignorance and prejudice among these workers. Participant 7 believed that she had been discriminated against:

> In DeLand, some of the members of the homeless camp told me about the neighborhood center. When I visited and completed initial intake form, I felt I was not given the same help and support as the other people that were there, homeless and looking for help.

Participant 4 felt that outreach workers had spent more time making a study of her than trying to help her: “I feel like they were trying to help me, but for the most part, they would ask me more about my transitioning process rather than finding me supportive services to improve my situation and get out of my homelessness.” Participant 2 had found that some outreach workers would make assumptions about her gender, rather than question her:

> I would have people going through the forms and, rather than ask a question, they would just look at me and then write the answer. Given how few people, like in intake processes, seem to know much about gender identity, that seems like a really poor strategy. I see that done. A lot of times they'll be maybe questions related to gender and I'll hear them thinking aloud. They'd be like, "Okay, ethnicity, Caucasian, gender, male." I'd have to stop them and be like, "Actually, I'm transgender. I just haven't been able to start transitioning."...Something that I see is intake workers will try to accelerate the process by not asking you as many questions or they think they're helping you by not bugging you, asking you as many questions. Then, they'll make assumptions like that. I wonder sometimes if there's things related to gender that maybe were on intake forms that should've been asked that I'd never gotten asked about.

Participant 6 stated, “I've had a mixed experience in working with outreach workers since I've been homeless. I would say most of them have never met or worked with a transgender person.”

Positive experiences with outreach workers. Positive experiences with outreach workers involved workers who were both helpful and respectful of the participants’ gender. Participant 7 said emphatically:

> The outreach workers at Orlando Union Rescue Mission were mindful and respectful towards me. Talked to me as a human being...I have nothing but positive experiences with the outreach workers from Orange County. It appeared that the counselors and frontline staff were familiar with transgendered people.

Participant 5 felt lucky to have encountered a transgender woman working in an outreach capacity; however, her experiences with other workers had been mixed:

> The worker that helped me though was also a Black transgender woman, which I'm kind of glad that it was the case, because if it was anyone other than her, I wouldn't be comfortable asking questions and finding resources to help myself out...Through all my experiences being homeless and then working out on the streets, with outreach workers it largely depends on their attitude and treatment towards me. That makes all the difference in the world. You can tell if someone wants to really help and go the extra mile. This is the first actual positive experience I've had having, asking for assistance and being assisted by an outreach worker. Also it was very surprising that they were also transgender.

Participant 2 reported positive experiences, but she felt she had been misread:

> They were fine. They were very, not awkward. They were very warm approaching me. I think they probably read me as maybe as a gay male, not as female. I wasn't on hormones at the time, but they didn't seem to treat me any differently that I could notice...A lot of times, especially my treatment team at the psychiatric facility, once someone got to know me they would be really sympathetic to what I was going through and me wanting to get clean and stuff.

Participant 1 said, “Some people are really good and cooperative and understand what you're trying to tell them.” Participant 3 was enthusiastic about her uniformly positive experiences with outreach workers: “So far everybody that I've worked with ... I've talked to people at the ... I did go to the center for the free HIV testing as well, but between Two Spirit and the center everybody's been absolutely great.” Participant 6 appreciated a VA worker’s extraordinary efforts on her behalf: “I felt like the outreach worker from the Veteran's Affairs went out of her way to facilitate my needs.” Participant 8 expressed appreciation for outreach workers as a group:

> The outreach worker did talk with me in a professional manner and appeared like he was willing to help me...I think it's great that people are willing to go to work in a profession to help other people that are struggling with hardships in life.

Strategies. Participants relied on several strategies in order to obtain social services more effectively. Participant 1 recommended preparedness and punctuality:

> Have your ID, have your paperwork, make your appointments on time. A lot of times when appointments get made weeks in advance, then you miss it by a half

> hour, they're like, "Okay. Well four weeks from now is your second chance." Yeah. Take it seriously.

Participant 8 also mentioned the importance of having proof of identity: “I think the most effective item to have in accepting services is having a valid identification. My ID has me identified as being female and the rest of my documents support my transition.” Participant 6 likewise referred to the importance of presenting appropriate documentation, and added that social services should not be exploited: “Try not to abuse or take advantage of the services being offered to me. Always provide the required documents to apply for assistance so the process runs more smoothly and less attention is drawn to myself.” Participant 7 described the necessity of tolerating ignorance and misunderstanding, saying that she placed particular importance on “not getting upset or discouraged in working with people who do not understand my needs or are not overly sensitive towards them.” Participant 2 suggested that a certain amount of incomprehension on the part of others could be avoided if one sought information about service providers beforehand:

> Sometimes if I cold-call a treatment program or something or some service, like while I was at the psychiatric facility, I'm trying to explain the distinction between gender identity and orientation. They're saying, "Oh, we have gay males here, blah, blah, blah, no problem," and they're not really getting it. When there's word of mouth I at least can ask, "So, what actually is staying at this place like," or, "What is getting treatment from them like?" I get an idea of what I would actually be going into.

Suggestions for improvement. Participants made recommendations for improving the quality of social services for trans-persons. Participant 1 was in favor of greater flexibility regarding the identity of trans-persons who were still transitioning:

> I think that they should be less strict about misgendering and using your dead name. I think that if it's that important to them to file paperwork correctly, then to keep two sheets going. Go make your private sheet later, that you keep somewhere else with the dead name information.

Participant 7 saw value in creating services to help trans-persons update their identification documents, and in providing facilities for transgender women:

> I think there needs to be transitional shelter that is supportive to transgender women…[and] agencies expressing the need for legal documentation and changing gender legally to reflect the changes for the person. Also, encouraging community planners to include transgender areas in buildings in the future.

Participant 8 also saw a need for dedicated facilities:

> Honestly, outreach workers should advocate with social service agencies and community leaders to develop transgender community centers that offer similar services that emergency shelters offer. However, the needs of transgender community centers offer support and encouragement from peers who live in the community.

Participant 4 recommended life skills training and help for trans-persons who were trying to update their documents, in addition to dedicated facilities:

> There needs to be shelters for transgender women that teach money management, life skills, stuff like I said. Assistance in obtaining these documents to legally change their gender. There needs to be a whole lot more awareness and understanding.

Participant 6 also advocated for trans-friendly facilities, and added that she would like to see greater sensitivity toward transgender persons reflected in social services procedures:

> There needs to be an LGBT Community Center in Daytona Beach that offers support and assistance to those in my community. More outreach workers need to be more educated with transgender issues and develop a nonthreatening agency intake form...Outreach workers could advocate for an LGBT Community Center that provides monthly group HIV screening and mental health counseling, a place where I could feel safe to go.

Participant 4 agreed with Participant 6 in seeing a need for current services to reflect greater sensitivity to the needs of transgender women:

> There needs to be human services to assist the trans low-income people to obtain the necessary documents to address my gender change. To me, that's what needs to be looked at...Outreach workers need to be educated on members of the transgender community, and understand what our needs are and where we're coming from.

Participant 3 wanted to see a reduction in discrimination and improved access to information about trans-friendly services:

> I would say just making sure that doing whatever they can to make sure that there's no, I guess, preferential treatment or discrimination for transgender people, that we have access to the same services that everyone else would have access to...for example, offices that are providing the services having a list of the other outreach centers and what services are available. Just a quick list with contact information and things like that. For those of us that have Internet access, an easy to use website that lists all the outreach services that are available, would be something. I haven't been able to find that on my own, so I don't even know what services necessarily are available.

Participant 5 proposed education for outreach workers:

> Outreach workers? They can bring more community awareness as port for the transgender community by educating all the social services who will be providing help for us to know about our personal needs, and the things that we have to have in our lives.

Participant 2 said, “I would consider it a basic human right of being grouped with the gender they feel they should be grouped with” and recommended the training of dedicated liaisons as a solution to the logistical challenges of providing sensitivity training to all outreach workers:

> I guess what I've pictured wondering about this in the past, because the logistics of educating every outreach worker about how to help trans people is a formidable problem. It's if there were more transgender liaisons who are affiliated with different kinds of treatment facilities and centers who could advise outreach

workers on how to handle situations. Every place has policy-makers that make decisions regarding gender, but no place seems to have someone who actually has knowledge of gender identity as part of their job requirements.

Summary of social services. Participants described their experiences with social services in terms of services used or declined, barriers to obtaining social services, experiences with outreach workers, strategies, and suggestions for improvement. Services used or declined included clothing, food, transportation, shelter, medical services (including HIV testing and substance-abuse treatment), assistance in obtaining proof of identity, and a mailing address. All participants had used social services to obtain food, but none had used social services to obtain shelter, often due to fears of being harassed or assaulted because of their gender. Two participants had obtained substance-abuse counseling; other medical services used by participants included therapy and HIV testing.

Barriers to obtaining social services were related to gender identity. In addition to the fear of being assaulted in a shelter due to their gender, participants often met with difficulties when outreach workers insisted on using their former masculine names or assigning them to facilities per binary gender classifications. Other negative experiences with outreach workers included discrimination, ignorance of nonbinary gender identities, and incomprehension of transgender identity. When participants had positive experiences with outreach workers, the treatment they received was both respectful of their gender and helpful. Strategies for obtaining social services effectively included presenting all required documents, arriving on time for appointments, concealing information that might have caused confusion (such as the difference between gender and orientation),

and suffering prejudice quietly. Participants suggested that social services could be improved for trans-persons through the creation of dedicated, trans-friendly facilities, through the education of outreach workers, through making identification and gender classification categories more flexible during intake processes, and through providing life skills training for recently transitioned trans-persons who were starting over.

Summary

The purpose of this qualitative phenomenological study was to understand the lived experiences of chronically homeless transgender women obtaining services from outreach workers. The research question that guided the study was, "What are the lived experiences of chronically homeless transgender women who try to obtain social services from outreach workers?" To answer this question, I conducted one-on-one, in-depth, face-to-face, semi-structured interviews with eight chronically homeless transgender women who were seeking social services from outreach workers. Major themes that emerged during the analysis of the resulting data included reasons for homelessness, lived experiences of chronic homelessness, experiences related to transgender identity, and experiences with social services.

The lived experiences of the chronically homeless transgender women who participated in this study were predicated in part upon their reasons for being homeless. Participants had become chronically homeless due to substance abuse, job loss, failed marriages, and discrimination, and also as a means of escaping abusive or exploitative relationships. The lived experience of chronic homelessness was characterized by physical danger, a lack of control over living arrangements, reduced access to comforts

and amenities, isolation, and dependence. Lived experiences related to transgender identity included threats of assault and harassment, but also positive experiences of self-confidence and respectful treatment from others. An experience of particular importance to the participants in this study was the process of changing birth certificates, names, and other forms of identification to reflect their gender expression. This process involved considerable expense and inconvenience, and was therefore particularly difficult for homeless transgender women whose access to resources was limited.

Participants spoke of their experiences with social services in terms of services used or declined, barriers to obtaining services, experiences with outreach workers, strategies, and suggestions for improvement. Services used or declined included clothing, food, transportation, shelter, and medical services (including HIV testing and substance-abuse treatment). All participants had obtained food through social services, but none had obtained shelter, with some declining the offer of shelter due to a fear that they would be harassed or attacked if they were placed in a communal living situation with cisgender men. Participants encountered significant barriers in their dealings with social services agencies and outreach workers, including ignorance of nonbinary gender identities, the administrative demand for binary gender classification, discrimination, and a lack of trans-friendly treatment facilities and shelters. Participants' experiences with outreach workers were positive when the workers were respectful and helpful. The suggestions participants offered for improving the quality of social services for trans-persons included greater flexibility in gender classification, the construction of dedicated trans-friendly facilities, and the education of outreach workers regarding the experiences and needs of

trans-persons. The following chapter includes discussion and interpretation of these results.

Chapter 5: Discussion, Conclusions, and Recommendations

In this study, I sought to address the problem of homeless transgender adults who have access to fewer social services, resulting in more severe outcomes as compared to the general population of homeless people. The problem was that the lived experiences of chronically homeless transgender women, who are trying to obtain services from outreach workers, remained unknown. Past researchers have suggested that transgender individuals have multiple risk factors that can contribute to homelessness, such as experiences of socioeconomic hardships that may include low income, unemployment, unstable housing, and mental and physical health conditions (McIntyre et al., 2011; Mizock & Mueser, 2014).

Researchers have found that in the transgender community, male-to-female transgender individuals have a higher rate of unstable housing and low monthly income when compared to the female-to-male transgender individuals (Hotton et al., 2013; Mizuno et al., 2015; Reback et al., 2012). According to Fletcher et al. (2014), this could be because of the higher levels of vulnerability among transgender women who experience early exposure to unstable housing because of the high rates of rejection endured from family and people in their community. Researchers have shown that the homeless transgender population does not have proper access to shelter services due to their gender identity and expression (Spicer et al., 2010). Previous scholars studying the transgender population have reported that this population is often denied basic human services due to transphobic or discriminatory frontline staff (Shepard, 2013; Stotzer et al., 2013; Tompkins et al., 2015). As there have been more studies on homeless transgender

youth than on homeless transgender adults (Gattis, 2013; Keuroghlian et al., 2014; Yu, 2010), I also sought to address this gap in literature.

The purpose of this qualitative phenomenological study was to investigate the lived experiences of chronically homeless transgender women obtaining services from outreach workers. I obtained the qualitative data from in-depth interviews conducted with eight chronically homeless transgender women between the ages of 30 and 60. Participants were asked semistructured descriptive interview questions to gain preliminary insight into the lived experiences of chronically homeless transgender women obtaining services from outreach workers.

Summary of Findings

The results of the study indicated that the lived experiences of chronically homeless transgender women who try to obtain social services from outreach workers were indeed in line with related literature. This study added to literature by furnishing a deeper understanding into these experiences. The participants had become homeless because of choices or consequences regarding their coming out as a trans-person. These included substance abuse, job loss, failed marriages, stigmatization and discrimination, and means of escaping abusive or exploitative relationships. The participants' experiences with homelessness were characterized by physical danger, a lack of control over living arrangements, reduced access to comforts and amenities, isolation, and dependence.

Experiences relating to transgender identity included threats of assault and harassment, but also positive experiences of self-confidence and respectful treatment

from others. One experience of importance to all participants was the process of changing birth certificates, names, and other forms of identification to reflect their gender expression and the difficulties they faced to do this. This was a vital part of the participants' transition from their biological gender identity to their chosen gender expression that caused distress in circumstances of being homeless.

All participants made use of most social services available except when it came to shelter, due to a fear that they would be harassed or attacked if they were placed in a communal living situation with cisgender men. Participants also encountered many barriers in their experiences with social service agencies and outreach workers, including ignorance of transgenderism, the administrative demand for conventional gender classification, discrimination, and a lack of trans-friendly treatment facilities and shelters. Participants' experiences with outreach workers were only positive when the workers were respectful and helpful.

Emergent Themes

Theme 1: Reasons for homelessness. Participants reported various reasons for becoming homeless. Per three of the participants, the discomfort of others with the participant's transgender identity led to their homelessness. Two participants related that they had become homeless to escape sexual exploitation and/or physical abuse. One participant blamed unemployment and the failure of her marriage for her homelessness. Another participant said that unemployment because of her substance abuse caused her to become homeless. I considered these factors as the context for the lived experiences of

the participants and as causes for participants' vulnerability to the lived experiences of chronic homelessness, as discussed in the next theme.

Theme 2: Lived experiences of chronic homelessness. Subthemes that arose from the analysis of data related to the lived experiences of chronic homelessness included current situation, history of homelessness, places to stay, threats, and earning money.

Participant descriptions of their lived experiences regarding chronic homelessness and gave significant insight in terms of their current situations, their history of homelessness, the places where they stayed, the threats they encountered, and the ways they earned money. All the participants' current situations were that they were still homeless. From the theme of history of homelessness, I observed many different emotions. Some of these were concerned with the instability of their circumstances, their sense of isolation, the discomforts they experienced (as opposed to previous comforts they sometimes took for granted), the lack of control over where they lived, and the precariousness of their residency in any place they stayed. Under the theme of earning money, the participants shared the ways they come about their finances: through traditional employment, from disability and unemployment benefits, from busking, and from sex work, including online sex work and traditional prostitution. Regarding the subtheme of threats, three participants reported being threatened and harassed, a fourth testified about the fear of being threatened and assaulted preventing her from staying in shelters, and two of the participants reported being threatened with knives. All the

accounts made clear how rough the homeless life can be and how being a trans-woman can make the experience even worse.

Theme 3: Experiences related to transgender identity. The subthemes identified under this theme were old identities and good experiences. Negative experiences with social services was also one of the subthemes here. Regarding old identities, the participants spoke about the struggles they faced when trying to transition from their old identities (as men) to a new one (as women). Some of these difficulties included the high costs of paperwork and surgery and the bureaucratic and judicial aspects involved in changing one's birth certificate, driver's license, and name. The participants perceived that transitioning to a female identity made employment and social services more difficult to access. When participants spoke of their positive experiences, they described how self-confidence helped carry them through and the satisfaction of having their gender respected by others.

Theme 4: Experiences with social services. Participants spoke about their experiences with social services in terms of services used or declined, barriers to obtaining social services, experiences with outreach workers, strategies, and suggestions for improvement. Participants had mixed experiences of social services and of outreach workers; they said that although some outreach workers were very supportive, others were less helpful.

Services used or declined. From the accounts collected, participants had good access to clothes, food, shelter and medical services. The only time they did not use these services was when they did not need them or, like in the case of shelter, they did not feel

it was safe and/or accommodating to trans-persons. Participant 4 stated, “I don't feel comfortable staying there because there's really nothing for transgender people.” Participant 8 was afraid of being attacked, stating, “I wouldn't feel comfortable sleeping in an emergency homeless shelter due to the fear of being assaulted.”

Barriers to obtaining social services. Crossley (2015) found that homeless transgendered individuals, particularly transgendered women, usually face difficulties in obtaining homelessness and outreach services. In line with this, the participants reported that they had encountered barriers when trying to access social services due to their gender or age. Participant 1 shared, “A lot of LGBT resources are for people that are 24 or younger for people on the streets.” Participant 3 said that she could not find the services she needed because there was a lack of information on where certain services can be found.

Experiences with outreach workers. Participants reported both positive and negative encounters with outreach workers. Negative experiences were brought about by ignorance or prejudices on the part of outreach workers. These workers would simply not have the necessary sensitivity when it comes to dealing with a transgender person. In Participant 2’s case, outreach workers would make assumptions about her gender rather than question her. Positive experiences with outreach workers involved workers who were helpful and respectful of participants’ gender identity and were more informed about transgenderism.

Participants had to rely on certain strategies to obtain needed social services. Participant 1 said to be prepared and punctual, “have your ID, have your paperwork,

make your appointments on time." Some participants mentioned the importance of having valid identification and relevant documentation to obtain services. Another participant said that tolerating ignorance and misunderstanding regarding the transgender situation made obtaining social services easier.

The participants made some suggestions for improvements to improve the quality of social services for transgender individuals. Some of these were greater flexibility regarding the identity of trans-persons who were still transitioning, the creation of services to help trans-persons update their identification documents, current services needed to reflect greater sensitivity to transgenderism, more educated outreach workers, and the establishment of transgender-friendly facilities and even transgender-dedicated facilities. One participant suggested making information available about where and what services were available.

The findings of the study shed light on a specific demographic of the homeless population. The gap in literature regarding homeless adult transgender persons were certainly addressed in terms of trans-women and their specific experiences of homelessness and social services. Many different needs and concerns were identified that, if addressed, can make a significant difference in the lives of these women.

Interpretation of the Findings

The results of the study confirm what other researchers have suggested regarding the lived experiences of the LGBTQ homeless population. This portion of the homeless society must deal with many different forms of stigmatization and discrimination above and beyond the challenges that the homeless lifestyle presents (Booth, 2015; Crossley,

2015; Gleason, 2014; Klein & Ross, 2014; Lyons et al., 2015; Manning, 2015; McCann & Sharek, 2015; Mizock & Mueser, 2014; Nadal et al., 2012; Roche & Keith, 2014; Walch et al., 2012; Yang et al., 2015). The findings of this study may serve to enhance the understanding of the various social service providers that come into contact with the homeless transgender community. The collected data could initiate positive change with regard to how these service providers and their outreach workers go about approaching the speciffic needs of the homeless transgender individual. The new knowledge may also help make the use of some of the available social services safer for transgender women, possibly leading to more transgender women using these services. When trans-persons start using social services, the process of rehabilitating them from the homeless lifestyle becomes much more achievable.

I conducted this study in line with Link and Phelan's (2001) conceptualization of stigma as the theoretical framework. Under this framework, stigma is generated because people can recognize and label human differences. As seen in the findings, this was the case for the participants; they felt marginalized and discriminated against in certain aspects of their homeless experience.

Sampling did not seem to be a problem, as the sample size for qualitative studies ranges from six to 25 participants and is sufficient to achieve data saturation (Beck, 2009; Mason, 2010). For this purpose, I decided to conduct the study on eight participants who matched the inclusion and exclusion criteria for the study. I also initially decided that in order to determine and ultimately reach data saturation, I would gather data from six participants. From the seventh to the 10th participant, I would add the data gathered to

determine if the new data set adds a significant amount of useful data or themes generated from the first six interviews. In the end, a total of eight participants took part in this study. I used the above-mentioned method to determine if any additional useful data or themes could be identified from the seventh and eighth interviews. I did not identify any extra useful data or themes; thus, data saturation was reached.

The data seemed to be in alignment with existing literature. The findings extend available knowledge regarding the gap in literature regarding trans-women and their experience of homelessness and social service difficulties. I also recorded the proposed suggestions offered by participants in how social services can improve regarding catering for the transgender homeless population. These suggestions can serve to address the individual needs of homeless transgender women and the homeless transgender community as a whole with regard to administrative, social, and emotional support that was lacking in the institutions and individuals that should provide social services. The suggestions also shed some light on the misconception that transgendered persons can be handled the same as gay, lesbian, and bisexual persons.

Another concern was how available and accessible social services were. Transgendered individuals experience extensive discrimination in accessing health services in the United States (Kattari et al., 2015; Kline, 2014; Roller et al., 2015; Salisbury & Dentato, 2015; Shires & Jaffee, 2015). Some of the study's results revealed that social support services are not enough and are not fully equipped to deal with the range of issues this population faces. Participant accounts reflected the same belief regarding social services.

Using phenomenology as the research design for the study was appropriate as its focus of analysis was on the lived experiences of participants. This aligned with the purpose and research questions of the concluded study (Moustakas, 1994). I conducted this study in line with Link and Phelan's (2001) conceptualization of stigma as the theoretical framework. Under this framework, stigma is generated because people can recognize and label human differences.

Limitations of the Study

In qualitative research studies, the opportunity for generalization of findings to other populations or settings becomes a limitation (Yardley, 2000). One of the limitations of the current study was that the findings and conclusion that address the research questions are only be applicable to the lived experiences of eight chronically homeless transgender women in Florida. Thus, the findings from the present study cannot be generalized to address problems that the broader lesbian, gay, bisexual, and queer homeless population may experience.

Sample size could be considered to be a limitation of the study. Mason (2010) and Patton (2002), however, posited that having small sample sizes is common for qualitative studies because it is enough to attain data saturation provided that the few samples have characteristics that are aligned with the requirements of the purpose and research questions of the study (Mason, 2010; Patton, 2002). A larger sample, however, could be obtained if several locations across the country could be visited for data gathering.

Sound procedures were in place with regards to recruitment of participants. The research design as well as methodologies used was also perfectly suited to serve the

study. The findings were valid inside the parameters of the study itself, but would most likely only be similar for participants from the same age group, gender identity, and with the same kind of circumstances.

The only other limitation that may be of some concern is linked to credibility and reliability. There are no straightforward tests that can be applied to achieve perfect reliability and credibility (Patton, 2002). The researcher, therefore, must strive in the interview phase to present data and communicate what the data reveals given the purpose of the study (Patton, 2002).

I used a semi-structured interview approach to facilitate flexibility in the manner of interviewing. This meant that I could ask follow-up questions, provided that they aligned with and were relevant to the questions in the interview guide. I developed an interview guidebook using Link and Phelan's (2001) conceptualization of stigma to create questions that were descriptive, evaluative, narrative, circular, and probing to elicit participants' responses (Smith et al., 2009). In-depth qualitative interviews were the primary research tool for data collection, which proved sufficient for the purpose of the study.

Recommendation for Future Research

There are areas of significance that should be studied further for more data to work with. For increased generalizability, the very same study with the same delimitations, parameters, methodology and research design in various regions of the United States could be undertaken. To increase the generalizability even further, such a study could include trans-women as well as trans-men of the same age group in order to

understand what the struggles of the whole transgender homeless population are. The results of such a study would give a broader understanding of the issues that need to be dealt with in terms of social service centres and outreach worker. These same results would also help to identify required changes that must occur in social service delivery to cater for the needs of this specific population.

The way in which outreach workers approach trans-women will also have to be more informed through new training programs that solicit sympathy and respect towards homeless trans-women. I therefore recommend the conduction of a qualitative study on outreach workers inquiring about their struggles, biases, training, and challenges in working with transgender women. This may shed light on the battles these outreach workers face in their dealings with transgender people and with the homeless population in general.

Additionally, researchers should perform a quantitative study to determine how many trans-women make use of social services. This same study should more specifically record what services are not used and why. From these results, the types of services that are not used—which, from the current study, would seem to be shelter—should be analyzed so as to make the infrastructural and social aspects of available services more user-friendly to trans-women specifically.

On an administrative level, a qualitative study could also be done to identify the challenges faced around changing the identification documents of trans-women and men. This study should focus on interviews conducted with both the transgender population as well as state department officials in order to shed light on how various state department

procedures can be adjusted to accommodate the transition that transgender individuals want to make. A further recommendation would be to conduct research to determine what the effect of a supportive family structure mean to trans-women as opposed to trans-women without such support structures. These findings may aid in the creation of support groups for trans-women and their loved ones where they could be guided into making sense of their situation. Researchers could use such data to prevent trans-men and women from ending up homeless in the first place.

Implications of the Findings

As there were a greater number of studies on homeless transgender youth than what there were for homeless transgender adults (Gattis, 2013; Keuroghlian et al., 2014; Yu, 2010), I began addressing this gap in literature. The potential impact of the finding will be to shed light on what this specific homeless group goes through in their endeavours to obtain social services from outreach workers. The accumulated data can, therefore, be used to facilitate positive change in how social service agencies help and work with transgender women. An enhanced understanding with regard to how these service agencies and their outreach workers go about approaching the speciffic needs of the homeless transgender individual could be derived from the findings. The new knowledge can also help make the use of some of the available social services safer for transgender women. Safer services can possibly lead to more transgender women feeling free to use these services because they are not afraid of stigmatization and discrimination anymore. When trans-women start using social services, the process of rehabilitating them from a homeless lifestyle becomes so much more achievable.

Changing certain aspects of how social services approach homeless transgender women can help reduce the traumatic experience of being homeless while assisting them in what their social service needs are. Administratively social services can help by facilitating a smoother process in accessing services and changing the trans-woman's identification documents. Social service providers can make sure that all services are adjusted to the needs and available to trans-women. And lastly, on an emotional level, social services and their representatives can make sure to treat transgender women with respect and sympathy without discrimination. At the same time, outreach workers can be guided in terms of how to work with transgender women by means of training programs that uses the results of this study, and others like it, for educational purposes to bring about reform in practical strategies. This will cause trans-women to feel more respected and supported. This will unblock the channel of communication whereby the journey towards helping transgender women could become more productive.

Theoretically speaking, I conducted this study under the guidance of the theoretical framework of conceptualization of stigma (Link & Phelan, 2001) which has been used by a significant amount of other researchers in the past and did fit this study well. The methodological style was standard in its approach and did not advance current research methods. Empirically, the study did add to current literature, as it recorded the lived experiences of homeless transgender women trying to obtain social services from outreach workers.

Summary and Conclusion

In conclusion, I used a qualitative phenomenological research design to address the purpose of the study, which was to understand the lived experiences of chronically homeless transgender women obtaining services from outreach workers. The research question that guided the study focused on the lived experiences of chronically homeless transgender women who try to obtain social services from outreach workers.

I expected that the participants would describe various forms of discrimination, stigmatization and marginalization regarding their experience of obtaining social services from outreach worker. This outcome was in line with Link and Phelan's (2001) conceptualization of stigma.

At the hand of available literature, the same expectations were anticipated as most of the literature found that homeless transgender women and men suffered from stigmatization and had difficulty in obtaining social services. Researchers have also suggested that the rate of transgendered homelessness is on the rise; however, social support services are not enough, nor are they fully equipped to deal with the range of issues this population faced (Abramovich, 2012; Fletcher et al., 2014).

The findings addressed the gap in literature that existed prior to the study. The study did this by making available new data regarding the lived experiences of chronically homeless transgender women obtaining social services from outreach worker between the of 30 and 60. As a result of this study, there is a better understanding of the perceived barriers that transgender women face and how social services could approach these problems to better assist these individuals. The findings may be of assistance to

community-based homeless service providers when crafting policies to respond to the vast range of issues that chronically homeless transgender women deal with.

Some of these changes could include the following. Administratively social services can help by facilitating a smoother process in accessing services and changing the transgender persons' identification documents, socially service providers can make sure that all services are available and adjusted to the needs of transgender individuals, and emotionally social services and their representatives can make sure to handle transgender individuals sympathetically and without discrimination. Outreach workers can be guided in terms of how to work with transgender people by means of training programs that uses the results of this study, and others like it, for educational purposes to bring about reform in practical strategies. This will cause transgender persons to feel respected and supported.

I made various recommendations to add to the data, including conducting the same study in other parts of the United States, sampling trans-women as well as trans-men of the same age group to determine what the struggles of the whole homeless transgender population are (making the study more generalizable), and adding questions to the interview guide about rejection from family and friends. A final recommendation included conducting a qualitative study on outreach workers to inquiring about their struggles, biases, training, and challenges in working with transgender women.

Above and beyond the challenges that homelessness brings, homeless transgender women have many obstacles to overcome because of their chosen gender expression. The findings of this study illuminated how these obstacles played a significant role in the

perceived experiences of the participants when trying to obtain social services from outreach workers. The findings of the study could be used to inspire social service policy change for the facilitation of smoother and more effective strategies in social service provision when it comes to the homeless transgender woman. These changes may lead to trans-women that start using social services more boldly because they do not feel stigmatized and discriminated against by outreach workers.

References

Abramovich, I. A. (2012). No safe place to go—LGBTQ youth homelessness in Canada: Reviewing the literature. *Canadian Journal of Family and Youth [Le Journal Canadien de Famille et de la Jeunesse], 4*(1), 29-51. Retrieved from https://journals.library.ualberta.ca/cjfy/index.php/cjfy

Alegria, C. A. (2011). Transgender identity and health care: Implications for psychosocial and physical evaluation. *Journal of the American Academy of Nurse Practitioners*, *23*(4), 175-182. doi:10.1111/j.1745-7599.2010.00595.x

Ali, N., Fleisher, W., & Erickson, J. (2015). Psychiatrists' and psychiatry residents' attitudes toward transgender people. *Academic Psychiatry*, *40*(2), 1-6. doi:10.1007/s40596-015-0308-y

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. doi:10.3138/cjhs.24.1-CO1

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

Bariola, E., Lyons, A., Leonard, W., Pitts, M., Badcock, P., & Couch, M. (2015). Demographic and psychosocial factors associated with psychological distress and resilience among transgender individuals. *American Journal of Public Health, 105*(10), 2108-2116. doi:10.2105/AJPH.2015.302763

Barratt, M., Choi, T. Y., & Li, M. (2011). Qualitative case studies in operations management: Trends, research outcomes, and future research implications. *Journal of Operations Management*, *29*(4), 329-342. doi:10.1016/j.jom.2010.06.002

Barry, E. (2014). *Service delivery pathways and homelessness: Connecting the dots.* Retrieved from https://www.acu.edu.au

Beck, C. T. (2009). Viewing the rich, diverse landscape of qualitative research. *Perioperative Nursing Clinics*, *4*(3), 217-229. doi: 10.1016/j.cpen.2009.05.006

Begun, S. (2015). Conforming for survival: Associations between transgender visual conformity/passing and homelessness experiences. *Journal of Gay and Lesbian Social Services, 28*(1), 54-66. doi:10.1080/10538720.2016.1125821

Belcher, J. R., & DeForge, B. R. (2012). Social stigma and homelessness: The limits of social change. *Journal of Human Behavior in the Social Environment, 22*(8), 929-946. doi:10.1080/10911359.2012.707941

Bidell, M. P. (2014). Ecological factors and psychological distress: Understanding LGBT homeless youth within systemic context. *Journal of Homosexuality, 61*(3), 366-81. doi:10.1080/00918369.2013.842426

Biederman, D. J., & Nichols, T. R. (2014). Homeless women's experiences of service provider encounters. *Journal of Community Health Nursing*, *31*(1), 34-48. doi:10.1080/07370016.2014.868733

Booth, J. (2015). *Exploring intersectional relationships between experiences of racial and GBT (gay, bisexual, transgender) external and internalized discrimination.* Paper presented at Society for Social Work and Research 19th Annual Conference: The Social and Behavioral Importance of Increased Longevity, New Orleans, LA.

Bruce, D., Stall, R., Fata, A., & Campbell, R. T. (2014). Modeling minority stress effects on homelessness and health disparities among young men who have sex with men. *Journal of Urban Health, 91*(3), 568-580. doi:10.1007/s11524-014-9876-5.

Carlson, J. A. (2010). Avoiding traps in member checking. *Qualitative Report*, *15*(5), 1102-1113. Retrieved from http://nsuworks.nova.edu/tqr/vol15/iss5/4

Chant, C., Wang, A., Burns, K. E., dos Santos, C. C., Hwang, S. W., Friedrich, J. O., & Smith, O. M. (2014). Critical illness in homeless persons is poorly studied: A systematic review of the literature. *Intensive Care Medicine, 40*(1), 123-125. doi:10.1007/s00134-013-3124-4

Choi, S. K., Wilson, B. D., Shelton, J., & Gates, G. J. (2015). *Serving our youth 2015: The needs and experiences of lesbian, gay, bisexual, transgender, and questioning youth experiencing homelessness.* Los Angeles, CA: The Williams Institute with True Colors Fund.

Clandinin, D. J. (Ed.). (2006). *Handbook of narrative inquiry: Mapping a methodology*. Thousand Oaks, CA: Sage.

Cochran, B. N., Stewart, A. J., Ginzler, J. A., & Cauce, A. M. (2002). Challenges faced by homeless sexual minorities: Comparison of gay, lesbian, bisexual, and

transgender homeless adolescents with their heterosexual counterparts. *American Journal of Public Health*, *92*(5), 773-777. Retrieved from http://ajph.aphapublications.org/

Collazo, A., Austin, A., & Craig, S. (2013). Facilitating transition among transgenderclients: Components of effective clinical practice. *Clinical Social Work Journal*, *41*(3), 228-237. doi:10.1007/s10615-013-0436-3

Crossley, S. (2015). Come out come out wherever you are: A content analysis of homeless transgender youth in social service literature. *PSU McNair Scholars Online Journal, 9*(1), 4. doi:10.15760/mcnair.2015.44

Cruz, T. M. (2014). Assessing access to care for transgender and gender nonconforming people: A consideration of diversity in combating discrimination. *Social Science & Medicine, 110,* 65-73. doi:10.1016/j.socscimed.2014.03.032

DeBoer, T., Distasio, J., Isaak, C. A., Roos, L. E., Bolton, S. L., Medved, M., ... & Sareen, J. (2015). What are the predictors of volatile substance use in an urban community of adults who are homeless*? Canadian Journal of Community Mental Health, 34*(2), 37-51. doi:10.7870/cjcmh-2015-003

Donley, A., & Jackson, E. (2014). Blending in: The presentation of self among homeless men in a gentrifying environment. *Theory in Action, 7*(1), 46. doi:10.3798/tia.1937-0237.14003

Durso, L. E., & Gates, G. J. (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*. Los Angeles, CA: The

Williams Institute.

Emerson, R. W. (2015). Convenience sampling, random sampling, and snowball sampling: How does sampling affect the validity of research? *Journal of Visual Impairment & Blindness*, *109*(2), 164-168. Retrieved from http://www.afb.org/info/publications/jvib/12

Erickson-Schroth, L. (2013). Update on the biology of transgender identity. *Journal of Gay & Lesbian Mental Health, 17*(2), 150-174. Retrieved from http://www.tandfonline.com/loi/wglm20

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), 1-25. doi: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. doi:10.1007/s10508-014-0368-1

Fredriksen-Goldsen, K. I., Hoy-Ellis, C. P., Goldsen, J., Emlet, C. A., & Hooyman, N. R. (2014). Creating a vision for the future: Key competencies and strategies for culturally competent practice with lesbian, gay, bisexual, and transgender (LGBT) older adults in the health and human services. *Journal of Gerontological Social Work, 57*(2-4), 80-107. doi:10.1080/01634372.2014.890690

Friga, P., & Chapas, R. (2008). Make better business decisions. *Research Technology Management, 51*(4), 8-16. doi:10.0895-6308/08

Gattis, M. N. (2013). An ecological systems comparison between homeless sexual minority youths and homeless heterosexual youths. *Journal of Social Service Research, 39*(1), 38-49. doi:10.1080/01488376.2011.633814

Gazzola, S. B., & Morrison, M. A. (2014). Cultural and personally endorsed stereotypes of transgender men and transgender women: Notable correspondence or disjunction? *International Journal of Transgenderism, 15*(2), 76-99. doi:10.1080/15532739.2014.937041

Glaser, B. G. (1992). *Emergence vs. forcing: Basics of grounded theory analysis*. Mill Valley, CA: Sociology Press.

Gleason, H. (2014). *Effects of state transgender legal protections on perceived community stigma and mental health.* Paper presented at the APHA 142nd Annual Meeting and Expo: New Orleans, LA.

Glesne, C., & Peshkin, A. (1992). *Becoming qualitative researchers: An introduction*. White Plains, NY: Longman.

Grant, J. M., Mottet, L. A., & Tannis, J. (2011). *National transgender discrimination survey.* Washington, DC: National Center for Transgender Equality and the National Gay and Lesbian Task Force.

Groenewald, T. (2004). A phenomenological research design illustrated. *International Journal of Qualitative Methods, 3*(1), 1-26. Retrieved from http://journals.sagepub.com/home/ijq

Ha, Y., Narendorf, S. C., Santa Maria, D., & Bezette-Flores, N. (2015). Barriers and facilitators to shelter utilization among homeless young adults. *Evaluation and Program Planning, 53*(1)*,* 25-33. doi:10.1016/j.evalprogplan.2015.07.001

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. doi:10.1016/j.psychres.2014.07.072

Herek, G. M. (2007). Confronting sexual stigma and prejudice: Theory and practice. *Journal of Social Issues, 63*(4), 905-925. doi:10.1111/j.1540-4560.2007.00544.x

Hoffman, B. (2014). An overview of depression among transgender women. *Depression Research & Treatment*, *2014,* 1-9. doi:10.1155/2014/394283

Homelessness Research Institute. (2015). *State of homelessness in America 2015 report.* Retrieved from http://www.endhomelessness.org/page/-/files/State_of_Homelessness_2015_FINAL_online.pdf

Hunter, E. (2008). What's good for the gays is good for the gander: Making homeless youth housing safer for lesbian, gay, bisexual, and transgender youth. *Family Court Review, 46*(3), 543-557. doi:10.1111/j.1744-1617.2008.00220.x

Hotton, A. L., Garofalo, R., Kuhns, L. M., & Johnson, A. K. (2013). Substance use as a mediator of the relationship between life stress and sexual risk among young transgender women. *AIDS Education and Prevention*, *25*(1), 62. doi:10.1521/aeap.2013.25.1.62

Istar Lev, A. (2010). How queer! The development of gender identity and sexual orientation in LGBTQ-headed families. *Family Process*, *49*(3), 268-290. doi:10.1111/j.1545-5300.2010.01323.x

Johnstone, M., Jetten, J., Dingle, G. A., Parsell, C., & Walter, Z. C. (2015). Discrimination and well-being amongst the homeless: The role of multiple group membership. *Frontiers in Psychology, 6*, 739. doi:10.3389/fpsyg.2015.00739

Judge, C. (2015). Thrown away for being gay: The abandonment of LGBT youth and their lack of legal recourse. *Indiana Journal of Law and Social Equality, 3*(2), 5. Retrieved from http://www.repository.law.indiana.edu/ijlse/

Kantayya, V. S., Hawkins, A. O., & Koon, A. D. (2014). Homelessness and physical health in the United States. In *The Wiley Blackwell Encyclopedia of Health, Illness, Behavior, and Society.* doi:10.1002/9781118410868.wbehibs281

Kattari, S. K., Walls, N. E., Whitfield, D. L., & Langenderfer-Magruder, L. (2015). Racial and ethnic differences in experiences of discrimination in accessing health services among transgender people in the United States. *International Journal of Transgenderism, 16*(2), 68-79. doi:10.1080/15532739.2015.1064336

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. doi:10.1037/h0098852.

Klein, A. A., & Ross, B. L. (2014). Substance use and mental health severity among LGBTQ individuals attending Minnesota model-based residential treatment. *Journal of Gay & Lesbian Social Services, 26*(3), 303-317. doi:10.1080/10538720.2014.924459

Kline, L. I. (2014). *Health care provision to transgender individuals: Understanding clinician attitudes and knowledge acquisition* (Graduate dissertation). Available at UVM Scholarworks Dissertations and Theses (Paper 338).

Knecht, T., & Martinez, L. M. (2012). Engaging the reluctant? Service learning, interpersonal contact, and attitudes toward homeless individuals. *PS: Political Science & Politics, 45*(01), 106-111. doi:10.1017/S104909651100179X

Kryda, A. D., & Compton, M. T. (2009). Mistrust of outreach workers and lack of confidence in available services among individuals who are chronically street homeless. *Community Mental Health Journal*, *45*(2), 144-150. doi:10.1007/s10597-008-9163-6

Leedy, P. D., & Ormond, J. E. (2010). *Practical research: Planning and design* (9th ed.). Upper Saddle River, NJ: Prentice Hall.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.

Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology, 27,* 363-385. Retrieved from http://www.annualreviews.org/journal/soc

Linton, K. F., & Shafer, M. S. (2014). Factors associated with the health service utilization of unsheltered, chronically homeless adults. *Social Work in Public Health*, *29*(1), 73-80. doi:10.1080/19371918.2011.619934.

Lolai, D. (2015). You're going to be straight or you're not going to live here: Child support for LGBT. *Tulane Law School Journal, 24*, 35. Retrieved from http://www.law.tulane.edu/tlsstudentlife/index.aspx?id=618

Love, A. (2014). Room of one's own: Safe placement for transgender youth in foster care. *New York University Law Review, 89*, 2265. Retrieved from http://www.nyulawreview.org/

Lyons, T., Shannon, K., Pierre, L., Small, W., Krüsi, A., & Kerr, T. (2015). A qualitative study of transgender individuals' experiences in residential addiction treatment settings: stigma and inclusivity. *Substance Abuse Treatment, Prevention, and Policy, 10*(1), 17. doi:10.1186/s13011-015-0015-4

Maness, D. L., & Khan, M. (2014). Care of the homeless: An overview. *American Family Physician*, *89,* 634-640. Retrieved from http://www.aafp.org/journals/afp.html

Manning, D. (2015). Transgender-related stigmatization (TRS) and psychological distress in a diverse sample of transgender women. *LGBT Health, 2*(4), 306-12. Retrieved from http://www.liebertpub.com/overview/lgbt-health/618/

Marshall, C., & Rossman, G. B. (2006*). Designing qualitative research* (4th ed.). Thousand Oaks, CA: Sage.

Mason, M. (2010). Sample size and saturation in PhD studies using qualitative interviews. *Forum: Qualitative Social Research, 11*(3), 1-10. Retrieved from http://www.qualitative-research.net

McCann, E., & Sharek, D. (2015). Mental health needs of people who identify as transgender: A review of the literature. *Archives of Psychiatric Nursing, 30*(2), 280-85. doi:10.1016/j.apnu.2015.07.003

McIntyre, J., Daley, A., Rutherford, K., & Ross, L. (2011). Systems-level barriers in accessing supportive mental health services for sexual and gender minorities: Insights from the provider's perspective. *Canadian Journal of Community Mental Health, 30*(2), 173-186. Retrieved from http://www.cjcmh.com

Meanwell, E. (2012). Experiencing homelessness: A review of recent literature. *Sociology Compass, 6*(1), 72-85. doi:10.1111/j.1751-9020.2011.00432.x

Mitchell, M. L., & Jolley, J. M. (2012). *Research design explained*. Boston, MA: Cengage Learning.

Mizock, L., & Mueser, K. T. (2014). Employment, mental health, internalized stigma, and coping with transphobia among transgender individuals. *Psychology of Sexual Orientation and Gender Diversity, 1*(2), 146. Retrieved from http://www.apa.org/pubs/journals/sgd/

Mizuno, Y., Frazier, E. L., Huang, P., & Skarbinski, J. (2015). Characteristics of transgender women living with HIV receiving medical care in the United States. *LGBT Health*, *2*(3), 228-234. Retrieved from http://www.liebertpub.com/overview/lgbt-health/618/

Mokonogho, J., Mittal, S., & Quitangon, G. (2010). Treating the transgender homeless population: Experiences during residency training. *Journal of Gay & Lesbian Mental Health*, *14*(4), 346-354. doi:10.1080/19359705.2010.504422

Moretti, F., van Vliet, L., Bensing, J., Deledda, G., Mazzi, M., Rimondini, M., ... & Fletcher, I. (2011). A standardized approach to qualitative content analysis of focus group discussions from different countries. *Patient Education and Counseling*, *82*(3), 420-428. doi:10.1016/j.pec.2011.01.005

Mottet, L., & Ohle, J. (2006). Transitioning our shelters: Making homeless shelters safe for transgender people. *Journal of Poverty*, *10*(2), 77-101. Retrieved from http://www.tandfonline.com/loi/wpov20

Moustakas, C. (1994). *Phenomenological research methods.* Thousand Oaks, CA: Sage.

Nadal, K. L., Davidoff, K. C., & Fujii-Doe, W. (2014). Transgender women and the sex work industry: Roots in systemic, institutional, and interpersonal discrimination. *Journal of Trauma & Dissociation, 15*(2), 169-183. doi:10.1080/15299732.2014.867572

Nadal, K. L., Skolnik, A., & Wong, Y. (2012). Interpersonal and systemic microaggressions toward transgender people: Implications for counseling. *Journal of LGBT Issues in Counseling, 6*(1), 55-82. doi:10.1080/15538605.2012.648583

National Alliance to End Homelessness. (2015). *The state of homelessness in America 2015.* Retrieved from http://www.endhomelessness.org/library/entry/the-state-of-homelessness-in-america-2015

National Coalition for the Homeless. (2009). *Foreclosure to homelessness 2009.* Retrieved from http://www.nationalhomeless.org/advocacy/Foreclosureto Homelessness0609.pdf

National Coalition for the Homeless. (2014). *LGBT homelessness*. Retrieved from http://nationalhomeless.org/issues/lgbt/

Neville, S. J., Adams, J., Bellamy, G., Boyd, M., & George, N. (2015). Perceptions towards lesbian, gay and bisexual people in residential care facilities: A qualitative study. *International Journal of Older People Nursing, 10*(1), 73-81. doi:10.1111/opn.12058

Newman-Valentine, D. D., & Duma, S. E. (2014). Transsexual women's journey towards a heteronormative health care system: Gender and equity. *African Journal for Physical Health Education, Recreation and Dance: Contemporary Issues in Health Professionals' Education and Research in South Africa*, *S1*(20), 385-394. doi:10.4102/phcfm.v6i1.574

Norton, A. T., & Herek, G. M. (2013). Heterosexuals' attitudes toward transgender people: Findings from a national probability sample of U.S. adults. *Sex Roles*, *68*(11-12), 738-753. doi:10.1007/s11199-011-0110-6

Nyamathi, A., Reback, C. J., Salem, B. E., Zhang, S., Shoptaw, S., Branson, C. M., & Leake, B. (2014). Correlates of self-reported incarceration among homeless gay and bisexual stimulant-using young adults. *Western Journal of Nursing Research*, *37*(6), 799-811. doi:10.1177/0193945914530521

O'Toole, T. P., Conde-Martel, A., Gibbon, J. L., Hanusa, B. H., Freyder, P. J., & Fine, M. J. (2007). Where do people go when they first become homeless? A survey of homeless adults in the USA. *Health & Social Care in the Community, 15*(5), 446-453. doi:10.1111/j.1365-2524.2007.00703.x

Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage.

Patton, M. Q. (2015). *Qualitative research and evaluation methods* (4th ed.). Thousand Oaks, CA: Sage.

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. doi:10.1037/a0036487

Polit, D. F., & Beck, C. T. (2010). Generalization in quantitative and qualitative research: Myths and strategies. *International Journal of Nursing Studies*, *47*(11), 1451-1458. doi:10.1016/j.ijnurstu.2010.06.004

Poteat, T., German, D., & Kerrigan, D. (2013). Managing uncertainty: A grounded theory of stigma in transgender health care encounters. *Social Science & Medicine, 84,* 22-29. doi:10.1016/j.socscimed.2013.02.019

Pringle, J., Drummond, J., McLafferty, E., & Hendry, C. (2011). Interpretative phenomenological analysis: A discussion and critique. *Nurse Researcher, 18*(3), 20-24. doi:10.7748/nr2011.04.18.3.20.c8459

Rayburn, R. L., & Guittar, N. A. (2013). "This is where you are supposed to be": How homeless individuals cope with stigma. *Sociological Spectrum*, *33*(2), 159-174. doi:10.1080/02732173.2013.732876

Reback, C. J., Shoptaw, S., & Downing, M. J. (2012). Preventive case management improves socieoeconomic standing and reduce symptoms of psychological and emotional distress among transgender women. *Journal of AIDS Care, 24*(9), 1136-1144. doi:10.1080/09540121.2012.687817.

Reed, O. M., Franks, A. S., & Scherr, K. C. (2015). Are perceptions of transgender individuals affected by mental illness stigma? A moderated mediation analysis of anti-transgender prejudice in hiring recommendations. *Psychology of Sexual Orientation and Gender Diversity, 1*(1), 15. doi:10.1037/sgd0000138

Riggle, E. D., & Mohr, J. J. (2015). A proposed multi factor measure of positive identity for transgender identified individuals. *Psychology of Sexual Orientation and Gender Diversity, 2*(1), 78. Retrieved from http://www.apa.org/pubs/journals/sgd/

Roche, S. (2015). The salvaging of identities among homeless men: Reflections for social work. *Australian Social Work, 68*(2), 228-243. doi:10.1080/0312407X.2014.955807

Roche, K., & Keith, C. (2014). How stigma affects healthcare access for transgender sex workers. *British Journal of Nursing, 23*(21), 1147-1152. doi:10.12968/bjon.2014.23.21.1147.

Rogers, L. E. (2015). Helping the helpless help themselves: How volunteers and employees create a moral identity while sustaining symbolic boundaries within a homeless shelter. *Journal of Contemporary Ethnography, 45*(2), 230-60. doi:10.1177/0891241615603450

Roller, C. G., Sedlak, C., & Draucker, C. B. (2015). Navigating the system: How

transgender individuals engage in health care services. *Journal of Nursing Scholarship, 47*(5), 417-424. doi:10.1111/jnu.12160

Rukmana, D. (2010). Gender differences in the residential origins of the homeless: Identification of areas with high risk of homelessness. *Planning, Practice & Research, 25*(1), 95-116. doi:10.1080/02697451003625422

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

Sadler, G., Lee, H., Lim, R., & Fullerton, J. (2010). Recruitment of hard-to-reach population subgroups via adaptations of the snowball sampling strategy. *Nursing & Health Sciences*, *12*(3), 369-374. doi:10.1111/j.1442-2018.2010.00541.x

Salisbury, M. E., & Dentato, M. P. (2015). An exploratory study examining needs, access, and competent social services for the transgender community in Phoenix, Arizona. *Journal of Human Behavior in the Social Environment*, 1-20. doi:10.1080/10911359.2015.1052911

Santos, G. M., Rapues, J., Wilson, E. C., Macias, O., Packer, T., Colfax, G., & Raymond, H. F. (2014). Alcohol and substance use among transgender women in San Francisco: Prevalence and association with human immunodeficiency virus infection. *Drug and Alcohol Review, 33*(3), 287-295. doi:10.1111/dar.12116

Schneider, B., & Remillard, C. (2013). Caring about homelessness: How identity work maintains the stigma of homelessness. *Text & Talk, 33*(1), 95-112. doi:10.1515/text-2013-0005

Seidman, I. (2013). *Interviewing as qualitative research: A guide for researchers in education and the social sciences* (4th ed). New York, NY: Teachers College Press.

Seidman, L. J., Schutt, R. K., Caplan, B., Tolomiczenko, G. S., Turner, W. M., & Goldfinger, S. M. (2014). The effect of housing interventions on neuropsychological functioning among homeless persons with mental illness. *Psychiatric Services, 54*(6), 905-908. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/12773609

Sevelius, J. (2013). Gender affirmation: A framework for conceptualizing risk behavior among transgender women of color. *Sex Roles*, *68*(11/12), 675-689. doi:10.1007/s11199-012-0216-5

Shaw, R. L. (2010). On being thrown into phenomenological research: A book review. *Journal of Health Psychology*, *15*(2), 310-312. doi:10.1177/1359105309355859

Shelton, J. (2015). *Understanding programmatic barriers for homeless transgender youth through the lens of cisnormativity.* Paper presented at the Society for Social Work and Research 19th Annual Conference: The Social and Behavioral Importance of Increased Longevity, New Orleans, LA.

Shelton, J., & Winkelstein, J. (2014). Librarians and social workers: Working together for homeless LGBTQ youth. *Young Adult Library Services, 13*(1), 20. Retrieved from http://www.ala.org/yalsa/

Shepard, B. (2013). From community organization to direct services: The street trans action revolutionaries to Sylvia Rivera Law Project. *Journal of Social Service*

Research, 39(1), 95-114. doi:10.1080/01488376.2012.727669

Shires, D. A., & Jaffee, K. (2015). Factors associated with health care discrimination experiences among a national sample of female-to-male transgender individuals. *Health & Social Work, 40*(2), 134-141. doi:10.1093/hsw/hlv025

Silverman, D. (2011). *Qualitative methodology* (3rd ed.). Thousand Oaks, CA: Sage.

Singh, A. A., Hays, D. G., & Watson, L. S. (2011). Strength in the face of adversity: Resilience strategies of transgender individuals. *Journal of Counseling & Development*, *89*(1), 20-27. doi:10.1002/j.1556-6678.2011.tb00057.x

Skosireva, A., Patricia, O., Zerger, S., Chambers, C., Gapka, S., & Stergiopoulos, V. (2014). Different faces of discrimination: Perceived discrimination among homeless adults with mental illness in healthcare settings. *BMC Health Services Research, 14*(1), 376. doi:10.1186/1472-6963-14-376

Smith, M. S. (2015). *Necessity not choice: Worker and homeless adult perspectives on shelter usage* (Graduate dissertation). Available at St. Catherine University Theses and Dissertations (Paper 523).

Smith, J., Flowers, P., & Larkin M. (2009). *Interpretative phenomenological analysis: Theory, method, and research.* Thousand Oaks, CA: Sage.

Socías, M. E., Marshall, B. D., Arístegui, I., Romero, M., Cahn, P., Kerr, T., & Sued, O. (2014). Factors associated with healthcare avoidance among transgender women in Argentina. *International Journal of Equity Health, 13*(1), 81. doi:10.1186/s12939-014-0081-7

Spicer, S. S. (2010). Healthcare needs of the transgender homeless population. *Journal of Gay & Lesbian Mental Health*, *14*(4), 320-339. doi:10.1080/19359705.2010.505844

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. doi:10.1080/19359705.2010.509004

Stotzer, R. L., Silverschanz, P., & Wilson, A. (2013). Gender identity and social services: Barriers to care. *Journal of Social Service Research*, *39*(1), 63-77. doi:10.1080/01488376.2011.637858

Sullivan, K. M. (2014). Acceptance in the domestic environment: The experience of senior housing for lesbian, gay, bisexual, and transgender seniors. *Journal of Gerontological Social Work, 57*(2-4), 235-250. doi:10.1080/01634372.2013.867002

Toolis, E. E., & Hammack, P. L. (2015). The lived experience of homeless youth: A narrative approach. *Qualitative Psychology, 2*(1), 50. Retrieved from http://www.apa.org/pubs/journals/features/qua

Tompkins, T. L., Shields, C. N., Hillman, K. M., & White, K. (2015). Reducing stigma toward the transgender community: An evaluation of the humanizing and perspective-taking intervention. *Psychology of Sexual Orientation and Gender Diversity, 2*(1), 34-42. doi:10.1037/sgd0000088

Tsai, J., Kasprow, W., Kane, V., & Rosenheck, R. A. (2014). Street outreach and other forms of engagement with literally homeless veterans. *Journal of Health Care for the Poor and Underserved, 25*(2), 694-704. doi:10.1353/hpu.2014.0087

Tsai, J., Mares, A. S., & Rosenheck, R. A. (2012). Does housing chronically homeless adults lead to social integration? *Psychiatric Services*, *63*(5), 427-434. doi:10.1176/appi.ps.201100047

Tufford, L., & Newman, P. (2012). Bracketing in qualitative research. *Qualitative Social Work*, *11*(1), 80-96. doi:10.1177/1473325010368316

U.S. Department of Housing and Urban Development. (2009). *The 2009 annual homelessness assessment report to Congress.* Retrieved from https://www.hudexchange.info/resources/documents/5thHomelessAssessmentRep

U.S. Department of Housing and Urban Development. (2013). *HUDs: Homeless assistance programs.* Retrieved from https://www.hudexchange.info/resources /documents/DefiningChronicHomeless.pdfort.pdf

Urquhart, C., Lehmann, H., & Myers, M. D. (2010). Putting the "theory" back into grounded theory: Guidelines for grounded theory studies in information systems. *Information Systems Journal, 20*(4), 357-381. doi:10.1111/j.1365-2575.2009.00328.x

Villar, F., Serrat, R., Fabà, J., & Celdrán, M. (2015). Staff reactions toward lesbian, gay, or bisexual (LGB) people living in residential aged care facilities (RACFs) who actively disclose their sexual orientation. *Journal of Homosexuality, 62*(8), 1126-1143. doi:10.1080/00918369.2015.1021637

Walch, S. E., Ngamake, S. T., Francisco, J., Stitt, R. L., & Shingler, K. A. (2012). The attitudes toward transgendered individuals scale: Psychometric properties. *Archives of Sexual Behavior*, *41*(5), 1283-1291. doi:10.1007/s10508-012-9995-6

Walker, J. L. (2012). Research column: The use of saturation in qualitative research. *Canadian Journal of Cardiovascular Nursing*, *22*(2), 37-41. Retrieved from http://pappin.com/journals/cjcn.php

Wallerstein, J. A. (2014). Elusive reconciliations: Ideological conflict in youth homeless shelters. *Journal of Social Distress and the Homeless, 23*(1), 19-31. doi:10.1179/1573658X14Y.0000000001

Weber, S. (2010). A stigma identification framework for family nurses working with parents who are lesbian, gay, bisexual, or transgendered and their families. *Journal of Family Nursing, 16*(4), 378-393. doi:10.1177/1074840710384999

Wiles, R., Crow, G., & Pain, H. (2011). Innovation in qualitative research methods: A narrative review. *Qualitative Research*, *11*(5), 587-604. doi:10.1177/1468794111413227

Williams, S., & Stickley, T. (2011). Stories from the streets: People's experiences of homelessness. *Journal of Psychiatric and Mental Health Nursing, 18*(5), 432-439. doi:10.1111/j.1365-2850.2010.01676.x

Winetrobe, H. (2014, November). *"I'm not homeless, I'm houseless": Self-identification of being homeless and accessing shelter/housing services.* Paper presented at 142nd APHA Annual Meeting and Exposition: New Orleans, LA.

Yang, M. F., Manning, D., van den Berg, J. J., & Operario, D. (2015). Stigmatization and

mental health in a diverse sample of transgender women. *LGBT Health, 2*(4), 306-12. doi:10.1089/lgbt.2014.0106

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health, 15*, 215-228. doi:10.1080/08870440008400302

Yu, V. (2010). Shelter and transitional housing for transgender youth. *Journal of Gay & Lesbian Mental Health, 14*(4), 340-345. Retrieved from http://www.tandfonline.com/loi/wglm20

Appendix A: Invitation to Help Find Potential Participants

August 10, 2016

Hello!

This email is an invitation to consider participating in a study I am conducting as part of my Doctoral degree in the Department of Social Work at Walden University under the supervision of Andrew Garland-Forshee, Ph.D. Information about this project and what your involvement would entail if you decide to take part is below.

The phenomenon of homelessness among transgender women is the focus of this study. Homelessness is one pressing issue that society should address because of its negative implications, not just to the homeless, but also to the people and communities around them. In order to understand this potentially devastating issue, I wish to seek out and study the views and experiences of the homeless. I wish to study chronically homeless transgender women who are trying to gain access to social services from outreach workers. Homeless transgender women experience additional challenges other than those related to having no home, because of gender-related societal stigma and discrimination. Exploring the lives and experiences of homeless transgender women is especially pressing because of the complexity and uniqueness of their situation. This examination of the lives of chronically homeless transgender women will benefit society by means of providing relevant information that may enlighten others regarding the possible struggles and problems of this population. The result of this study may be the basis for identification and development of interventions to help these homeless people in improving themselves, which will in turn influence the betterment of their community and society.

I would like your help on this study to find potential participants associated with your organization, as you advertise as a registered mental health facility in the State of Florida. I believe that because you are a professional facility, you are best suited to speak to potential participants about the various issues mentioned above and will know best how to contact them. There are specific requirements for potential participants to be a part of this study. They must be:

- U.S. Department of Housing and Urban Development's (2013) definition of chronically homeless.
- Aged 30-60.
- Can self-identify as a transgender woman.
- Those with psychological or physical disorders will be excluded

Participation in this study is voluntary. It will involve a face-to-face interview of approximately 90 minutes in length to take place in a mutually agreed upon location of your choosing. If possible, I will also conduct follow-up interviews of available participants for approximately 45 minutes each. This will be to answer the central question to this study: What are the experiences of chronically homeless transgender women who try to obtain social services from outreach workers?

The interview questions will be as follows:

1. Please describe your experience in obtaining services from outreach workers.
2. What type of services do you obtain from outreach workers?
3. What challenges, if any, have you experienced in obtaining services?
4. In thinking about your experiences, what has been most useful or effective in obtaining services?
5. How do you think can the process of obtaining services be improved for transgender women?

Your help would be greatly appreciated in contacting potential participants. I want to inform you that these questions represent a baseline intended to lead to a conversational style interview. Participants may decline to answer any of the interview questions if they so wish. Further, they may decide to withdraw from this study at any time by advising me of the decision to withdraw. With their permission, the interview will be tape-recorded to facilitate collection of information, and later transcribed for analysis. Shortly after the interview has been completed, I will send them a copy of the transcript to give them an opportunity to confirm the accuracy of our conversation and to add or clarify any points that they wish. All information they provide is considered completely confidential. Their name will not appear in my dissertation or any other report resulting from this study, however, with their permission, anonymous quotations may be used. Data collected during this study will be retained for five years and be in my personal, locked office. Anticipated risks are minimal to participants in this study.

I would like to assure you that this study has been reviewed and received clearance through the Internal Review Board (IRB) at Walden University**.** If you have any questions regarding this study, or would like additional information to assist you in reaching a decision about helping to contact potential participants, please contact me by email at XXX@waldenu.edu or by phone at XXX. You can also contact my supervisor, Andrew Garland-Forshee, Ph.D. at XXX@waldenu.edu

There may not be any immediate benefits to participants or you from this study, but I hope to learn more from the study and it may help develop the available knowledge for social work in the future.

I very much look forward to hearing from you and thank you in advance for your consideration in helping in this project. If you do decide to help me contact potential participants, please reply to this email. Further information will be forthcoming, such as an informed consent form and logistics. Please feel free to share this information with potential participants or contact me directly with their contact information.

Sincerely,

Larry J. Cameron, MSW, BAS

Ph.D. candidate, Social Work, Walden University

Appendix B: Recruitment Flyer Volunteer Participants Needed

The purpose of this study is to understand the lived experiences of chronically homeless transgender women obtaining services from outreach workers.

Participants needed are individuals who: (a) belong to U.S. Department of Housing and Urban Development's (2013) definition of chronically homeless, (b) are aged 30-60, and (c) can self-identify as a transgender woman.

If you agree to be in this study, you will be asked to:

- Sign an informed consent form,
- Participate in a 90-minute audio-recorded interview session, and
- Review and validate transcribed interviews.

Interested participants may contact the researcher at XXX or email at XXX@waldenu.edu.

Thank you!

Appendix C: Interview Protocol

1. What is your age?
2. What is your ethnicity?
3. What is your highest level of education?
4. Are you currently homeless?
5. Please describe your experience in obtaining services from outreach workers.
6. What type of services do you obtain from outreach workers?
7. What challenges, if any, have you experienced in obtaining services?
8. In thinking about your experiences, what has been most useful or effective in obtaining services?
9. How do you think can the process of obtaining services be improved for transgender women?